APPENDIX A

Christian Education Health Plan and Trust

Employee Name: ____

Certificate Number: ______________________________________

Welcome to Your Group Benefit Program

Contract Effective Date: September 1, 2005

This Benefit Booklet has been specifically designed with your needs in mind, providing easy access to the information you need about the benefits to which you are entitled.

Group Benefits are important, not only for the financial assistance they provide, but for the security they provide for you and your family, especially in case of unforeseen needs.

For questions about your benefits, or how to submit a claim, contact:

Manulife Group Benefits Call Centre at 1-800-268-6195
Or
Christian Education Employee Benefits Team at 1-877-274-8796 ext. 230

Or log on to
www.manulife.ca

This booklet produced: November 9, 2022

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Christian Education Benefit Solutions (CEB Solutions), at the direction of its Benefits Trustees and in conjunction with member schools, collects, uses and discloses personal information about you and your dependents in order to arrange for the benefits which are described in this booklet. These benefits and the service and insurance providers may change from time to time. The following service and insurance providers will be given your personal information as required: insurers, benefit providers, consultants, plan administrators, and auditors.

Protecting your privacy is important to CEB Solutions and all the service and insurance providers it retains on your behalf. CEB Solutions and the service and insurance providers collect, use, disclose and share personal information, and maintain confidential files in their offices for the following purposes relating to the benefits described in this booklet:

- assessing eligibility,
- providing benefit coverage to you and your dependents in accordance with the various policies in place from time to time,
- managing and administering the benefits plans described,
- determining which service and insurance providers will be retained, and
- determining and maintaining appropriate financial terms for the benefits described.

Access to your personal information is limited to people who need to see it in order to achieve these purposes, or any other person who you authorize in writing.

At Manulife Financial, the privacy and protection of personal information is important to us. As a provider of financial products and services, the collection and use of customers' personal information is fundamental to our day-to-day business operations.

Therefore, we have established corporate privacy principles to govern the actions of the Manulife Financial group of companies, our employees and representatives as they relate to the collection, use, retention and disclosure of personal information. Each Manulife Financial company, employee and representative must abide by our commitment to privacy in the handling of personal information.

Further information about Manulife Financial's privacy policies and practices is available on our website at www.manulife.ca.

If you have any questions or concerns about our privacy policies and practices, or you want to know more about the process for accessing and/or correcting your personal information, or opting-out of marketing offers, please contact us:

Mail:

Chief Privacy Office
Manulife Financial
P.O. Box 1602
Del Stn 500-4-A
Waterloo, Ontario N2J 4C6

Phone:

Manulife Group Benefits: 1-800-268-6195

Privacy Guidelines

In respect of all other benefits, submit a written request to:

Christian Education Health Plan and Trust
2969 Prairie St SW
Suite 102
Grandville MI 49418 USA

Phone: 1-877-274-8796 ext. 230

Designed with Your Needs in Mind

The Benefit Booklet provides the information you need about your Group Benefits and has been specifically designed with YOUR needs in mind. It includes:

- a detailed Table of Contents, allowing quick access to the information you are searching for,
- Definitions, which provides a brief explanation of the terms used throughout this Benefit Booklet,
- a clear, concise explanation of your Group Benefits, and
- information you need, and simple instructions, on how to submit a claim.

Important Note

The purpose of this booklet is to outline the benefits for which you are eligible. The information in this booklet is a summary of the provisions of the Group Policy for the Employee Life Insurance, Employee Optional Life Insurance, Dependent Life Insurance, Spousal Optional Life Insurance, Child Optional Life Insurance, Accidental Death and Dismemberment, Dependent Accidental Death and Dismemberment, Short Term Disability, Long Term Disability, Employee Optional Critical Illness Insurance, Spousal Optional Critical Illness Insurance Benefits, and Child Optional Critical Illness Insurance, and the Plan Document for the Extended Health Care, Dental Care, and Health Care Spending Account.

Benefits are administered under the terms of the Christian Education Health Plan and Trust by a Board of Trustees. The Trust is a not-for-profit employee life and health trust exclusively dedicated to providing certain employee benefits and services related to those benefits. The Trust is not an insurance company and is not subject to regulation under the relevant insurance legislation of some provinces, including British Columbia, Alberta and Manitoba.

The Extended Health Care, Dental Care, and Health Care Spending Account benefits are funded by the Trust and Manulife Financial serves as the claim administrator. The Short Term Disability Benefit is administered and funded by the Trust. The Employee/Family Assistance Plan is provided by Ceridian Corporation. The Student Occupational Plan Benefits are provided by the American Home Assurance Company of Canada. All other benefits are underwritten by Manulife Financial.

Possession of this booklet alone does not mean that you or your dependents are covered. The Group Policy and Plan Document must be in effect and you must satisfy all the requirements of the Plan.

Where required by law, you or any claimant under the Group Policy and/or Plan Document has the right to request a copy of any or all of the following items:

- the Group Policy and/or Plan Document,
- your application for group benefits, and
- any Evidence of Insurability you submitted as part of your application for benefits.

In the case of a claimant, access to these documents is limited to that which is relevant to the filing of a claim, or the denial of a claim under the Group Policy and/or Plan Document.

Manulife Financial reserves the right to charge you for such documentation after your first request.

We suggest you read this Benefit Booklet carefully, then file it in a safe place with your other important documents or reference the website for the most updated version.

How to Use Your Benefit Booklet

Your School's Representative

Your School is responsible for ensuring that all employees are covered for the Benefits to which they are entitled by reporting all new enrolments, terminations, changes, etc., and keeping all records up to date.

As a member of this Group Benefit Program, it is up to you to provide your School with the necessary information to perform such duties.

Your School's representative is ______________________________________
Phone Number: ____

Please record the name of your representative and the contact number in the space provided.

Your Group Benefit Card

Your Group Benefit Card is the most important document issued to you as part of your Group Benefit Program. It is the only document that identifies you as a Plan Member. The Group Policy Number, Plan Document Number and your personal Certificate Number may be required before you are admitted to a hospital, or before you receive dental or medical treatment.

The Group Policy Number, Plan Document Number and your Certificate Number are also necessary for ALL correspondence with Manulife Financial. Please note that you can download or print your digital Group Benefits card available on the Manulife mobile app or the Plan Member site.

Your Group Benefit Card is an important document. Please be sure to carry it with you at all times.

The following is an explanation of the terms used in this Benefit Booklet.

Accident

an unexpected or unforeseen happening or event involving an external force, causing loss or injury, independently of all other causes.

Actively at Work

at work for a member school at your usual place of work, for one full working day or shift.

Adherence

use drug, service or supply in accordance with the terms for which it was prescribed.

Administrator

the organization which Christian Education Health Plan and Trust may from time to time appoint for purposes of performing services for the Plan.

Advisory Body

Manulife Financial approved external experts that may provide Manulife Financial with recommendations, applying a pharmacoeconomic or cost effectiveness evaluation.

Benefit Percentage (Co-insurance)

the percentage of Covered Expenses which is payable by the plan.

Benefit Year

September 1st to August 31st

Birth

the complete live delivery of a child from its mother.

Change in Life Event

a Change in Life Event is:

- marriage
- divorce
- new common-law relationship
- remarriage
- adoption
- birth of a child
- regaining custody of children
- spouse’s coverage ceases

- spouse's coverage decreases
- other group coverage ceases
- other group coverage decreases
- overage dependent returning to school
- separation
- reconciliation of a legally married couple
- a change in salary of 20% or more

Chiropractor

a member of the Canadian Chiropractic Association or of a provincial association affiliated with it.

Covered Expenses

expenses that will be considered in the calculation of payment due under your Extended Health Care or Dental Care benefit.

Deductible

the amount of Covered Expenses that must be incurred and paid by you or your dependents before benefits are payable by the plan.

Dependent

your Spouse or Child who is covered under the Provincial Plan.

-Spouse

your legal spouse, or a person continuously living with you in a role like that of a marriage partner.

- Child

- your natural or adopted child, or stepchild, who is:
    - not married or in any other formal union recognized by law,
    - under age 21, or under age 25 if a student at an accredited* college or university full-time,
    - not employed on a full-time basis, and
    - not eligible for coverage as an employee under this or any other Group Benefit Program.
- A child who is incapacitated on the date he or she reaches the age when coverage would normally terminate will continue to be an eligible dependent. However, the child must have been covered under this Benefit Program immediately prior to that date.

  A child is considered incapacitated if he or she is incapable of engaging in any substantially gainful activity and is dependent on the employee for support, maintenance and care, due to a mental or physical handicap.

  The Christian Education Health Plan may require written proof of the child's condition as often as may reasonably be necessary.

- A stepchild must be living with you to be eligible.
- A newborn child shall become eligible from the moment of birth.

*Manulife Financial assumes that any college or university that is licensed in the jurisdiction in which it resides is accredited.

Disease Management Programs

an approach to healthcare that teaches patients how to manage a chronic disease. A system of coordinated healthcare interventions and communications for patients with conditions in which patient self-care efforts are significant in the management of their condition.

Drug

a medication that has been approved for use by Health Canada and has a Drug Identification Number.

Due Diligence

a process employed by Manulife Financial to assess new drugs, existing drugs with new indications, services or supplies to determine eligibility under the Plan Document. This process may use pharmacoeconomics, cost effectiveness analysis reference information from existing Federal or Provincial formularies, recognized clinical practice guidelines, or an advisory body.

Dynamic Therapeutic Formulary

a listing of all drug products and diabetic supplies which qualify for payment under ESI Canada Inc.'s Dynamic Therapeutic Formulary (DTF).

The Formulary, compiled and maintained by ESI Canada Inc., includes all drug products and diabetic supplies eligible for reimbursement, available strengths and dosage forms, the drug identification numbers, and the cost for each product.

Earnings

your regular rate of pay from your School (prior to deductions), excluding regular bonuses, regular overtime pay and regular commissions.

For the purposes of determining the amount of your benefit at the time of claim, your earnings will be the lesser of:

- the amount reported on your claim form, or
- the amount reported by your School to Manulife Financial and for which premiums have been paid.

Exclusive Distribution

Manulife Financial approved vendors.

Experimental or Investigational

not approved as an effective, appropriate and essential treatment of an illness or injury.

Definitions

Hospital

a legally licensed institution which is operated for the care and treatment of sick and injured persons as in-patients, and which:

- is eligible to receive payments under a provincial hospital plan;
- provides organized facilities for diagnosis, major surgery, or rehabilitation;
- provides 24-hour nursing service by registered nurses, and has a Physician in regular attendance;
- is not primarily operated as a nursing home or a place for rest, or for the care and treatment of the aged, the blind or deaf; and
- is not primarily operated as a place for the care and treatment of alcoholics, drug addicts, or the mentally ill, unless the institution is eligible to receive payments under a provincial hospital plan.

For the purpose of this Policy, the chronic beds of a Hospital are not considered to be part of that Hospital.

Immediate Family Member

you, your spouse or child, your parent or your spouse’s parent, your brother or sister, or your spouse’s brother or sister.

Indefinite Lay-Off

a period during which the Employee is laid off work and for which there is no fixed recall date.

Interchangeable Drug

includes but is not limited to:

- a generic equivalent to the brand name drug deemed to be interchangeable by law where the drug is dispensed;
- a drug that contains the same active ingredient that has not been deemed interchangeable in the province where the drug is dispensed; but has been identified as interchangeable by Manulife Financial

Leave of Absence

a period of absence from work for which the dates are fixed by legislation or by mutual agreement between the School and the Employee. Leave of absence includes Maternity and Parental Leave of Absence.

Licensed, Certified, Registered

the status of a person who legally engages in practice by virtue of a license or certificate issued by the appropriate authority, in the place where the service is provided.

Life-Sustaining Drugs

non-prescription drugs which are necessary to sustain life.

Lower Cost Alternative

if two or more drugs, supplies or services result in therapeutically similar results, or prescribing guidelines recommend alternate drugs, supplies or services be tried first that are lower in cost, the lower cost alternative will be considered.

Massage Therapist

a person licensed by the appropriate provincial licensing body or in the absence of a provincial licensing body, a person whose qualifications we determine to be comparable with those required by a licensing body.

Maternity Leave of Absence

the period of formal maternity leave to which an Employee is entitled by legislation governing the School, or a longer period, if the School's normal practice permits.

For the purposes of this Contract, Maternity Leave of Absence will be deemed to commence on the earlier of:

- the date fixed by mutual agreement between the Employee and the School; and
- the date the child is born.

Medically Necessary

accepted and recognized by the Canadian medical profession and Manulife Financial as effective, appropriate and essential treatment of an illness or injury. Manulife Financial has the right after due diligence has been completed to determine whether the drug, service or supply is covered under the Plan Document.

Naturopath

a member of the Canadian Naturopathic Association or any provincial association affiliated with it.

Net Earnings

the employee's Earnings, less deductions normally made for federal and provincial income tax.

Non-Evidence Limit

you must submit satisfactory medical evidence to Manulife Financial for Benefit Amounts greater than this amount.

Osteopath

a person who holds the degree of doctor of osteopathic medicine from a college of osteopathic medicine approved by the Canadian Osteopathic Association.

Out-of-Pocket Maximum

the portion of eligible expenses, consisting of deductibles and the covered person's portion of the Benefit Percentage, which must be paid out by you before the plan will pay 100%.

Definitions

Parental Leave of Absence

the period of formal child care leave to which an Employee is entitled by legislation governing the School, or a longer period, if the School's normal practice permits.

Patient Assistance Program

a program that provides assistance to you or your dependents who are prescribed select drugs, supplies or services. Manufacturers and distributors may provide patient assistance programs that include financial support, along with education and training.

Pharmacoeconomics

the scientific discipline that evaluates the value of pharmaceutical drugs, clinical services or supplies. This discipline includes but is not limited to clinical evaluations, risk analysis, economic value and the cost consequences to plans. Pharmacoeconomic studies serve to guide optimal healthcare resource allocation, in a standardized and scientifically grounded manner as determined by Manulife Financial.

Physician

a doctor of medicine, licensed to practice medicine in the place where the services are provided.

Physiotherapist

a member of the Canadian Physiotherapy Association or any provincial association affiliated with it.

Podiatrist

a person licensed by the appropriate provincial licensing authority or in these provinces where there is no licensing authority, a member of the Canadian Podiatrist Association.

Prior Authorization

a claims management feature applied to a specific list of drugs, supplies or services to determine eligibility based on predefined clinical criteria and a pharmacoeconomic or cost effectiveness evaluation.

Prior Plan

a previous Group Contract which insured all or some of the persons insured under this Contract, and which terminated within 31 days prior to the Effective Date of this Contract.

Provincial Plan

any plan which provides hospital, medical, or dental benefits established by the government in the province where the covered person lives.

Psychologist

a permanently certified psychologist who is listed on the appropriate provincial registry in the province in which the service is rendered.

Qualifying Period

a period of continuous total disability, starting with the first day of total disability, which you must complete in order to qualify for disability benefits.

Reasonable and Customary

the lowest of:

- the prevailing amount charged for the same or comparable service or supply in the area in which the charge is incurred, as determined by Manulife Financial,
- the amount shown in the applicable professional association fee guide, or
- the maximum price established by law.

Registered Nurse

a nurse who is listed in the appropriate provincial registry.

Speech Therapist

a person who holds a Master's Degree in speech language therapy and is a member or is qualified to be a member of the Canadian Speech and Hearing Association or any provincial association affiliated with it.

Take Home Pay (Net Earnings)

your earnings, less deductions normally made for federal and provincial income tax.

Temporary Lay-Off

a period during which the Employee is laid off work and for which there is a fixed recall date.

Waiting Period

the period of continuous employment with your School which you must complete before you are eligible for Group Benefits.

Ward

a hospital room with 3 or more beds which provides standard accommodation for patients.

Eligibility

Active Member

You are eligible for Group Benefits if you:

- are a full-time or part-time employee of an eligible School and work at least the Required Number of Hours,
- are a member of an eligible class,
- are at least 18 years old but less than the Termination Age shown in the Summary of Coverage,
- are eligible for insurance under the Group Policy,
- are covered under the Provincial Plan, and
- are a resident of Canada.

The Termination Age may vary from benefit to benefit. For this information, please refer to each benefit in the Summary of Coverage

Dependent

Your dependents are eligible for coverage on the date you become eligible or the date you first acquire a dependent, whichever is later. You must apply for coverage for yourself in order for your dependents to be eligible.

Retiree

Note: Where used in this Benefit Booklet, the term employee shall also mean retiree.

You are an eligible retiree if you:

- are age 55 or over,
- are covered under a Provincial Plan, and
- meet one of these requirements:
    - you were covered with extended health and dental under the Christian Education Health Plan for at least 3 years immediately prior to your retirement with no gap in coverage as an active employee and coverage as a retiree; or
    - you were covered with extended health and dental under the Christian Education Health Plan for less than 3 years immediately prior to your retirement or there is a gap in your coverage as an employee and coverage as a retiree with satisfactory evidence of insurability, or
    - you were covered, but waived health and dental, under the Christian Education Health Plan immediately prior to your retirement or there is a gap in your coverage as an employee and coverage as a retiree, with satisfactory evidence of insurability, or
    - you are receiving a retirement benefit under the Christian Education Pension Plan with satisfactory evidence of insurability.

Required Number of Hours

As elected by each School annually:

- normal work schedule of at least 40% of full-time - that is, 16 hours per week for non-educational employees and 400 classroom hours per year for educational employees; or

- normal work schedule of at least 50% of full-time - that is, 20 hours per week for non-educational employees and 500 classroom hours per year for educational employees; or

- normal work schedule of at least 60% of full-time - that is, 24 hours per week for non-educational employees and 600 classroom hours per year for educational employees; or

- normal work schedule of at least 75% of full-time - that is, 30 hours per week for non-educational employees and 750 classroom hours per year for educational employees.

Participation

100% of eligible employees must be enrolled in the Plan for the following benefits:

- Employee Life Insurance
- Dependent Life Insurance
- Accidental Death & Dismemberment Insurance
- Extended Health Care
- Dental Care
- Short Term Disability
- Long Term Disability

Employees covered under a health and/or dental plan provided through another employer or their spouse's employer may be excluded for Extended Health Care and/or Dental Care under the Flex plan.

Applying for Benefits - Schools Electing Coverage

When a School enrolls in the plan, they must elect:

- Employee Life Insurance, Dependent Life Insurance and Accidental Death & Dismemberment Insurance, Option 1 or 2 (same Option for all benefits)
- Extended Health Care, as described below
- Dental Care, as described below
- Short Term Disability, Option 1 and Long Term Disability Option 1 or 4; or
- Short Term Disability, Option 2 and Long Term Disability Option 2 or 5; or
- Short Term Disability, Option 3 and Long Term Disability Option 3 or 6

For Extended Health Care and Dental Care, a School must elect one of the following Choices:

- Choice A - Non Flex with Flex 1 only, Flex 2 only, or Flex 3 only
- Choice B - Flex with all Flex options available
- Choice C - Flex with any combination of Flex option, provided one of Flex 1, 2 or 3 is included

The School may elect to include a Health Care Spending Account option. The Health Care Spending Account must be the same for each class of employee.

The School may elect to include an Occupational Plan for employees who do not work the Required Number of Hours and eligible employees covered under a health plan provided through another employer or their spouse's employer who have been excluded for Extended Health Care under the Flex Plan.

On any September 1st, a School may elect to change its coverage within these parameters. If a School does not elect Options on a subsequent September 1st, it will continue to be covered for the same Options for which it had been covered in the previous benefit year.

Eligibility: Who Qualifies for Coverage?

Applying for Benefits - Employees Electing Coverage

You must be covered for the Employee Life Insurance, Dependent Life Insurance, Accidental Death & Dismemberment Insurance, Short Term Disability and Long Term Disability options selected by your School.

If your School has elected Choice A for Extended Health Care and Dental Care, you must be covered for the Flex Option selected by your School.

If your School has elected Choice B or C for Extended Health Care and Dental Care:

a) You must elect one of the Flex options outlined in the Schedule of Benefits, as elected by the School. If you do not elect a Flex option at initial enrolment, you will be covered for the lowest offered by the School of Flex 1, 2 or 3.

b) You may elect to change your coverage on any September 1st. You may also elect to do so within 31 days of a change in life event.

c) If you do not elect to change your coverage on a September 1st but the School has elected a Choice that does not permit you to continue in your previous coverage, you will be covered for the lowest offered by the School of Flex 1, 2 or 3.

You may elect Employee Optional Life Insurance, Spousal Optional Life Insurance, Child Optional Life Insurance, Employee Optional Critical Illness Insurance, Spousal Optional Critical Illness Insurance or Child Optional Critical Illness Insurance, or any combination thereof.

You may elect to apply for or increase this optional coverage within 31 days of being eligible, on any September 1st or within 31 days of a change in life event.

If you are covered under the Retiree Enhanced Plan, you may elect to move down to the Retiree Basic Plan or opt out of coverage entirely. If you move down to the Retiree Basic Plan you will not have the option to move back up. If you opt out of coverage, you will not have the option to opt back in.

If you are covered under the Retiree Basic Plan, you may elect to opt out of coverage entirely at any time. If you opt out of coverage, you will not have the option to opt back in.

Schools Electing Coverage

A school may apply for coverage by submitting Extended Health Care and Dental Care premium, claims and rate history from the current benefits provider. In the absence of this history, an Evidence of Insurability form can be submitted for each eligible employee. In either case, further medical evidence may be requested by Manulife Financial. Acceptance for Coverage under the Flex Plan is determined by Manulife Financial based on the information submitted.

If Manulife Financial determines that the School will not be eligible for coverage under the Flex Plan, the School may join the Restricted Plan. The School may also join the Restricted Plan without submitting premium, claims, rate history and/or evidence as indicated above. The Restricted Plan is effective until September first following two complete benefit years after joining the plan. At any time during this period a School may apply to participate in the Flex Plan by providing an Evidence of Insurability form for each eligible employee.

Evidence of Insurability

Medical evidence is required when you apply for coverage in excess of the Non-Evidence Limit.

Medical evidence can be submitted by completing the Evidence of Insurability form, available on the Plan Member site at www.manulife.ca/groupbenefits. Further medical evidence may be requested by Manulife Financial.

Effective Date of Coverage

- If medical evidence is not required, your Group Benefits will be effective on the date you are eligible.
- If medical evidence is required, your Group Benefits will be effective on the date you become eligible or the date the evidence is approved by Manulife Financial, whichever is later.

You must be actively at work for plan benefit coverage to become effective. If you are not actively at work on the date your coverage would normally become effective, your coverage will take effect on the next day on which you are again actively at work.

Your dependent's coverage becomes effective on the date the dependent becomes eligible, or the date any required medical evidence on the dependent is approved by Manulife Financial, whichever is later.

Your dependent's coverage will not be effective prior to the date your coverage becomes effective. This does not apply to Spousal Optional Life Insurance, which may still become effective if you are declined for Employee Optional Life, or to Spousal Optional or Child Optional Critical Illness Insurance, which may still become effective if you are declined for Employee Optional Critical Illness.

Changes in Coverage

If you apply for Extended Health Care and Dental Care benefits within 31 days of a change in life event, the coverage will commence on the date of the change in life event.

If you change coverage at re-enrolment if the School has elected Choice B or C, the coverage will commence on September 1.

If you are requesting an increase in the amount of Employee Optional Life insurance, you must submit evidence of insurability. If you are requesting an increase in the amount of Spousal Optional Life insurance, you must submit evidence of insurability for your spouse. The increase in the amount of insurance will be effective on the date of approval of evidence of insurability.

If Manulife Financial doesn't approve an increase in the amount of Employee Optional Life or Spousal Optional Life insurance, any future increase in the Non-Evidence Limit will not be effective unless evidence of insurability is approved. An increase in coverage for such an employee due to an increase in the Non-Evidence Limit will be effective on the date Manulife Financial approves the evidence of insurability.

Termination of Coverage

Your Group Benefit coverage will terminate on the earliest of:

- the end of the month in which you cease to be an eligible employee for reasons other than retirement,
- the date you cease to be actively at work, unless the Group Policy or the Plan Document allows for your coverage to be extended beyond this date,
- the date your School terminates coverage,
- the date you enter the armed forces of any country on a full-time basis,
- the date the Group Policy or Plan Document terminates or coverage on the class to which you belong terminates,
- the date you reach the Termination Age,
- the date of your death, or
- for Critical Illness, the date the Critical Illness benefit is paid out as described under the Multiple Event Coverage.

Your dependents' coverage terminates on the date your coverage terminates or the date the dependent ceases to be an eligible dependent, whichever is earlier.

This Summary of Coverage provides information about the specific benefits supplied by Manulife Financial that are part of your Group Plan.

Employee Life Insurance

Option as Elected by the School

Benefit Amount

Option 1 - $25,000

Option 2 - 1.5 times your annual earnings, to a maximum of $250,000

Non-Evidence Limit - $250,000

Qualifying Period for Waiver of Premium - 164 days

Termination Age - your benefit amount terminates at retirement. On retirement your coverage may continue under the Retiree Plan.

Employee Optional Life Insurance

Benefit Amount - increments of $10,000 to a maximum of $500,000

Non-Evidence Limit

All amounts are subject to Evidence of Insurability. However, evidence of insurability will be waived for the first $20,000 of Optional Life Insurance if applied for within 31 days of eligibility.

Qualifying Period for Waiver of Premium - 164 days

Termination Age - age 70 or retirement, whichever is earlier

Dependent Life Insurance

Option as Elected by the School

Benefit Amount

Option 1 - $2,500 spouse; $2,500 each dependent child

Option 2 - $10,000 spouse; $5,000 each dependent child

Qualifying Period for Waiver of Premium - 164 days

Termination Age - employee’s retirement

Spousal Optional Life Insurance

Benefit Amount - Spouse - increments of $10,000 to a maximum of $500,000

Non-Evidence Limit - All amounts are subject to Evidence of Insurability.

Qualifying Period for Waiver of Premium - 164 days

Termination Age - employee’s age 70 or retirement, whichever is earlier

Child Optional Life Insurance

Benefit Amount - Child - increments of $5,000 to a maximum of $50,000

Termination Age - employee’s age 70 or retirement, whichever is earlier

Accidental Death and Dismemberment

Option as Elected by the School

Benefit Amount

Option 1 - $25,000

Option 2 - 1.5 times your annual earnings, to a maximum of $250,000

Non-Evidence Limit - $250,000

Qualifying Period for Waiver of Premium - 164 days

Termination Age - retirement

Dependent Accidental Death and Dismemberment

Option as Elected by the School

Benefit Amount

Option 1

- Spouse - $2,500

- Child - $2,500

Option 2

- Spouse - $10,000

- Child - $5,000

Qualifying Period for Waiver of Premium - 164 days

Termination Age - employee’s retirement

Extended Health Care

The Benefit

Flex options available as Elected by the School

Overall Benefit Maximum

Flex 1, 2, 3, 4 and 5 - Unlimited

Deductible

Flex 1 and 5

- Nil

Flex 2

- $15 Individual, $30 Family, per benefit year
Not applicable to:
  Out-of-Province/Canada Emergency Medical Treatment
  Out-of-Canada - Referrals

Note: *The deductible is not applicable to Emergency Travel Assistance.*

Flex 3

- $25 Individual, $50 Family, per benefit year
Not applicable to:
  Out-of-Province/Canada Emergency Medical Treatment
  Out-of-Canada - Referrals

Note: *The deductible is not applicable to Emergency Travel Assistance.*

Flex 4

- $600 Individual, $1,600 Family, per benefit year
Not applicable to:
  Out-of-Province/Canada Emergency Medical Treatment
  Out-of-Canada - Referrals

Note: *The deductible is not applicable to Emergency Travel Assistance.*

Drug Dispensing Fee Maximum - $9.00 per prescription

Out-of-Pocket Maximum

Flex 1 - $150 per family per benefit year

Flex 2 - $200 per family per benefit year

Flex 3 - $250 per family per benefit year

Flex 4 - $1,000 per single coverage per benefit year, and $2,000 per family per benefit year

Flex 5 - Not applicable

Summary of Coverage - Flex Plan

Flex 1 and 2
Not applicable to:
- Hospital Care
- Vision
- Drugs (Dynamic Therapeutic Formulary Drugs)
- Professional Services
- Medical Supplies and Services
- Out-of-Canada Emergency Medical Treatment
- Referral outside Canada

Flex 3
Not applicable to:
- Vision
- Out-of-Canada Emergency Medical Treatment
- Referral outside Canada

Flex 4
Not applicable to:
- Drugs (Dynamic Therapeutic Formulary Drugs)
- Medical Supplies and Services
- Out-of-Canada Emergency Medical Treatment
- Referral outside Canada

Benefit Percentage (Co-insurance)

Flex 1 and 2

100% for
- Hospital Care
- Vision
- Professional Services
- Medical Services and Supplies

100% for Dynamic Therapeutic Formulary Drugs and 80% for ManuScript Generic Drug Plan 2, up to the Out-Of-Pocket Maximum. Once the Out-Of-Pocket Maximum is reached, 100% for all Drugs.

Note:
The Benefit Percentage for Out-of-Canada Emergency Medical Treatment is 100%.
The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.
The Benefit Percentage for Emergency Travel Assistance is 100%.

Flex 3

90% for
- Vision

90% of expenses up to the Out-Of-Pocket Maximum, and 100% thereafter for
- Hospital Care
- Professional Services
- Medical Services and Supplies

90% for Dynamic Therapeutic Formulary Drugs and 70% for ManuScript Generic Drug Plan 2, up to the Out-Of-Pocket Maximum. Once the Out-Of-Pocket Maximum is reached, 100% for all Drugs.

Note:
The Benefit Percentage for Out-of-Canada Emergency Medical Treatment is 100%.
The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.
The Benefit Percentage for Emergency Travel Assistance is 100%.

Flex 4

100% for
    Medical Services and Supplies

100% for Dynamic Therapeutic Formulary Drugs and 80% for ManuScript Generic Drug Plan 2, up to the Out-Of-Pocket Maximum. Once the Out-Of-Pocket Maximum is reached, 100% for all Drugs.

Note:
The Benefit Percentage for Out-of-Canada Emergency Medical Treatment is 100%.
The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.
The Benefit Percentage for Emergency Travel Assistance is 100%.

Flex 5

20% for
    Drugs
    Hospital Care
    Professional Services
    Medical Services and Supplies

Note:
The Benefit Percentage for Out-of-Canada Emergency Medical Treatment is 100%.
The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.
The Benefit Percentage for Emergency Travel Assistance is 100%.

Termination Age - retirement. On retirement your coverage may continue under the Retiree Plan.

Dynamic Therapeutic Formulary

Drugs as outlined in the Formulary:

Covered Drug Expenses: Unlimited

Drug Payment Type: Direct Claims Payment

ManuScript Generic Drug Plan 2 - Prescription Drugs

- Drug Maximums

Fertility drugs - $15,000 per lifetime

Anti-smoking drugs - $500 per lifetime

All other covered drug expenses - Unlimited

Vision Care

Flex 1

Eye Exams, Prescription Glasses and Elective Contact Lenses: $250 per 24 months

Contact Lenses (where medically necessary): $200 per lifetime

Visual Training: $200 per lifetime

Flex 2

Eye Exams, Prescription Glasses and Elective Contact Lenses: $200 per 24 months

Contact Lenses (where medically necessary): $200 per lifetime

Visual Training: $200 per lifetime

Flex 3

Eye Exams, Prescription Glasses and Elective Contact Lenses: $150 per 24 months

Contact Lenses (where medically necessary): $200 per lifetime

Visual Training: $200 per lifetime

Flex 4 and 5

- Not covered

Professional Services

Services provided by the following licensed practitioners:

Flex 1

- Chiropractor - $1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist, including one x-ray per benefit year
- Osteopath - $1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist, including one x-ray per benefit year
- Podiatrist - $1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist, including one x-ray per benefit year
- Massage Therapist - $1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist
- Naturopath - $1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist
- Speech Therapist - $1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist
- Physiotherapist - $1,000 per benefit year combined for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist
- Psychologist - $1,250 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist
- Masters of Social Work - $1,250 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

- Clinical Counsellor - $1,250 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

- Psychotherapist - $1,250 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

Flex 2

- Chiropractor - $300 per benefit year including one x-ray per benefit year

- Osteopath - $300 per benefit year including one x-ray per benefit year

- Podiatrist - $300 per benefit year including one x-ray per benefit year

- Naturopath - $300 per benefit year

- Massage Therapist - $300 per benefit year

- Speech Therapist - $750 per benefit year

- Physiotherapist - $750 per benefit year

- Psychologist - $750 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

- Masters of Social Work - $750 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

- Clinical Counsellor - $750 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

- Psychotherapist - $750 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

Flex 3

- Chiropractor - $400 per benefit year, including one x-ray per benefit year, up to a combined maximum of $750 for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist

- Osteopath - $400 per benefit year, including one x-ray per benefit year, up to a combined maximum of $750 for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist

- Podiatrist - $400 per benefit year, including one x-ray per benefit year, up to a combined maximum of $750 for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist

- Naturopath - $400 per benefit year up to a combined maximum of $750 for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist

- Massage Therapist - $400 per benefit year up to a combined maximum of $750 for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist

- Speech Therapist - $400 per benefit year up to a combined maximum of $750 for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist

- Physiotherapist - $400 per benefit year up to a combined maximum of $750 for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist

- Psychologist - $500 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

- Masters of Social Work - $500 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

- Clinical Counsellor - $500 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

- Psychotherapist - $500 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

Flex 4

- Not covered

Flex 5

- Chiropractor - $300 per benefit year, including one x-ray per benefit year, up to a combined maximum of $500 for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist

- Osteopath - $300 per benefit year, including one x-ray per benefit year, up to a combined maximum of $500 for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist

- Podiatrist - $300 per benefit year, including one x-ray per benefit year, up to a combined maximum of $500 for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist

- Naturopath - $300 per benefit year up to a combined maximum of $500 for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist

- Massage Therapist - $300 per benefit year up to a combined maximum of $500 for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist

- Speech Therapist - $300 per benefit year up to a combined maximum of $500 for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist

- Physiotherapist - $300 per benefit year up to a combined maximum of $500 for services of a chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist and physiotherapist

- Psychologist - $300 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

- Masters of Social Work - $300 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

- Clinical Counsellor - $300 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

- Psychotherapist - $300 per benefit year combined for services of a psychologist, masters of social work, clinical counsellor and psychotherapist

Dental Care

The Benefit

Flex options available as Elected by the School

Deductible

Flex 1 and 5 - Nil

Flex 2 - $25 Individual, $50 Family, per benefit year

Flex 3 and 4 - $50 Individual, $100 Family, per benefit year

Dental Fee Guide

Flex 1 and 5

- Current Fee Guide for General Practitioners for the Province in which the services are rendered

Flex 2, 3 and 4

- Fee Guide for General Practitioners which was in effect 1 year prior to the current Fee Guide for the Province in which the services are rendered

Benefit Percentage (Co-insurance)

Flex 1 and 2

- 100% for Level I - Basic Services

- 100% for Level II - Supplementary Basic Services

- 50% for Level III - Dentures

- 50% for Level IV - Major Restorative Services

- 50% for Level V - Orthodontics

Flex 3

- 90% for Level I - Basic Services

- 90% for Level II - Supplementary Basic Services

- 50% for Level III - Dentures

- 50% for Level IV - Major Restorative Services

- 50% for Level V - Orthodontics

Flex 4

- 90% for Level I - Basic Services

Flex 5

- 20% for Level I - Basic Services

- 20% for Level II - Supplementary Basic Services

- 50% for Level III - Dentures

- 50% for Level IV - Major Restorative Services

- 50% for Level V - Orthodontics

Benefit Maximums

Flex 1

- $2,500 per benefit year combined for Level I, Level II, Level III and Level IV

- $2,500 per lifetime for Level V

Flex 2

- $2,000 per benefit year combined for Level I, Level II, Level III and Level IV

- $1,500 per lifetime for Level V

Flex 3

- $1,500 per benefit year combined for Level I, Level II, Level III and Level IV

- $1,500 per lifetime for Level V

Flex 4

- $1,000 per benefit year for Level I

Flex 5

- $1,000 per benefit year combined for Level I, Level II, Level III and Level IV

- $1,000 per lifetime for Level V

Recall Frequency

Flex 1 and 2 - once every 6 months

Flex 3, 4 and 5 - once every 6 months for dependent children under age 18 and once every 9 months for any other person

Termination Age - retirement. On retirement your coverage may continue under the Retiree Plan.

Health Care Spending Account

Maximum Benefit

For Flex 4 - $600 single, $1,200 family, per benefit year

For Flex 5 - $1,000 single, $2,000 family, per benefit year

Optional HCSA (applies only if elected by the School) - the amount reported by the School to Manulife Financial.

Benefit Percentage - 100%

Termination Age - retirement

Long Term Disability

Option as Elected by the School

Benefit Amount

Options 1 and 4 - 60% of monthly earnings, up to a maximum benefit of $6,000 (non-taxable)

Options 2 and 5 - 66.67% of monthly earnings, up to a maximum benefit of $6,000 (non-taxable)

Options 3 and 6 - 66.67% of monthly earnings, up to a maximum benefit of $6,000 (taxable)

Non-Evidence Limit - $6,000

Cost of Living Adjustment

Options 1, 3 and 5 - not covered

Options 2, 4 and 6 - the Change in the Consumer Price Index, or 3%, whichever is less

Qualifying Period - 164 days

Maximum Benefit Period - to age 65

Termination Age - age 65 less the Qualifying Period, or retirement, whichever is earlier

Employee Optional Critical Illness Insurance

Benefit Amount - increments of $5,000, to a maximum of $250,000 (minimum benefit of $10,000)

Non-Evidence Limit - All amounts are subject to Evidence of Insurability. However, evidence of insurability will be waived for an amount of Optional Critical Illness Insurance which is $50,000 or less.

Termination Age - your benefit amount terminates at the earlier of your age 70, your retirement, or as described under the Termination of Coverage section of the Policy.

Spousal Optional Critical Illness Insurance

Benefit Amount - increments of $5,000, to a maximum of $250,000 (minimum benefit of $10,000)

Non-Evidence Limit - All amounts are subject to Evidence of Insurability. However, evidence of insurability will be waived for an amount of Optional Critical Illness Insurance which is $50,000 or less.

Termination Age - your spouse's benefit amount terminates at the earlier of your age 70, your spouse's age 70, your retirement or as described under the Termination of Coverage section of the Policy.

Child Optional Critical Illness Insurance

Benefit Amount - $5,000 each child

Termination Age - your benefit terminates at the earlier of your age 70, your retirement, your child's limiting age as specified under Definitions or your Child Optional Critical Illness benefit is paid out.

Short Term Disability

Benefit Amount:

Option as Elected by the School

Option 1 - 66.7% of monthly earnings (non-taxable)

Option 2 - 75% of monthly earnings (non-taxable)

Option 3 - 75% of monthly earnings (taxable)

Qualifying Period - 7 calendar days

Benefit Period - 157 days

Termination Age - retirement

This Summary of Coverage provides information about the specific benefits supplied by Manulife Financial that are part of your Group Plan.

Employee Life Insurance

Benefit Amount - Based on your participation under this plan immediately prior to retirement:

Less than 5 consecutive years - $5,000 prior to age 62, reducing by $1,000 per year starting at age 62, $1,000 for age 65 and over

5 to 9 consecutive years - $10,000 prior to age 62, reducing by $1,000 per year starting at age 62, $1,000 for age 70 and over

10 consecutive years and over - $15,000 prior to age 62, reducing by $1,000 per year starting at age 62, $1,000 for age 75 and over

Non-Evidence Limit - $15,000

Termination Age - none

Extended Health Care

The Benefit

Overall Benefit Maximum - $10,000 per benefit year, up to $50,000 per lifetime, for expenses incurred in the province of residence and Referral outside Canada. However, up to $1,000 of a person's benefit year reimbursement will be re-established as part of that person's overall benefit maximum. $1,000,000 per lifetime for Emergency Out-of-Province/Out-of-Canada and Emergency Travel Assistance expenses. Internal limits also apply.

Not applicable to:
- Hospital Care

Deductible - $15 Individual, $30 Family, per benefit year
Not applicable to:
- Hospital Care
- Drugs
- Out-of-Province/Canada Emergency Medical Treatment

Note: *The deductible is not applicable to Emergency Travel Assistance.*

Drug Dispensing Fee Maximum - $9.00 per prescription

Out-of-Pocket Maximum - not applicable

Benefit Percentage (Co-insurance)

100% for
- Hospital Care
- Vision
- Drugs
- Professional Services
- Medical Supplies and Services

Summary of Coverage - Retiree Enhanced

Note:
The Benefit Percentage for Out-of-Canada Emergency Medical Treatment is 100%.
The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.
The Benefit Percentage for Emergency Travel Assistance is 100%.

Termination Age - none

ManuScript Generic Drug Plan 2 - Prescription Drugs

- Drug Maximums

Fertility drugs - $15,000 per lifetime

Anti-smoking drugs - $500 per lifetime

All other covered drug expenses - Subject to the Overall Benefit Maximum

Vision Care

Eye Exams, Prescription Glasses and Elective Contact Lenses: $150 per 12 consecutive months for persons under age 19 and $150 per 24 consecutive months for persons age 19 and over

Contact Lenses (where medically necessary): $200 per lifetime

Visual Training: $200 per lifetime

Professional Services

Services provided by the following licensed practitioners:

- Chiropractor - $300 per benefit year including one x-ray per benefit year
- Osteopath - $300 per benefit year including one x-ray per benefit year
- Podiatrist - $300 per benefit year including one x-ray per benefit year
- Naturopath - $300 per benefit year
- Massage Therapist - $300 per benefit year
- Speech Therapist* - $500 per benefit year
- Physiotherapist - $500 per benefit year
- Psychologist* - $500 per benefit year combined for services of a psychologist and masters of social work
- Masters of Social Work* - $500 per benefit year for services of a psychologist and masters of social work
- Clinical Counsellor - not covered
- Psychotherapist - not covered

**Physician's referral required.*

Dental Care

The Benefit

Deductible - $25 Individual, $50 Family, per benefit year
Not applicable to:
Level III
Level IV

- Deductible Carry-Forward

Covered Expenses used to satisfy the deductible in the last 3 months of the benefit year may also be used to satisfy the deductible in the following benefit year.

Dental Fee Guide - Fee Guide for General Practitioners which was in effect 1 year(s) prior to the current Fee Guide for your Province of Residence

Benefit Percentage (Co-insurance)

- 100% for Level I - Basic Services

- 100% for Level II - Supplementary Basic Services

- 50% for Level III - Dentures

- 50% for Level IV - Major Restorative Services

Benefit Maximums

- $2,000 per benefit year combined for Level I, Level II, Level III and Level IV

Recall Frequency - once every 6 months

Termination Age - none

This Summary of Coverage provides information about the specific benefits supplied by Manulife Financial that are part of your Group Plan.

Employee Life Insurance

Benefit Amount - Based on your participation under this plan immediately prior to retirement:

Less than 5 consecutive years - $5,000 prior to age 62, reducing by $1,000 per year starting at age 62, $1,000 for age 65 and over

5 to 9 consecutive years - $10,000 prior to age 62, reducing by $1,000 per year starting at age 62, $1,000 for age 70 and over

10 consecutive years and over - $15,000 prior to age 62, reducing by $1,000 per year starting at age 62, $1,000 for age 75 and over

Non-Evidence Limit - $15,000

Termination Age - none

Extended Health Care

The Benefit

Overall Benefit Maximum - $10,000 per benefit year, up to $50,000 per lifetime. However, up to $1,000 of a person's benefit year reimbursement will be re-established as part of that person's overall benefit maximum.

Deductible - $100 Individual, $200 Family, per benefit year

Drug Dispensing Fee Maximum - $9.00 per prescription

Out-of-Pocket Maximum - $500 per family coverage per benefit year

Benefit Percentage (Co-insurance)

80% of expenses up to the Out-Of-Pocket maximum, and 100% thereafter for

Hospital Care
Drugs
Medical Supplies and Services

Termination Age - none

ManuScript Generic Drug Plan 2 - Prescription Drugs

- Drug Maximums

Fertility drugs - $15,000 per lifetime

Anti-smoking drugs - $500 per lifetime

All other covered drug expenses - Subject to the Overall Benefit Maximum

Vision Care

- Not covered

Professional Services

- Not covered

Dental Care

The Benefit

Deductible - $50 Individual, $100 Family, per benefit year
Not applicable to:
Level III
Level IV

- Deductible Carry-Forward

Covered Expenses used to satisfy the deductible in the last 3 months of the benefit year may also be used to satisfy the deductible in the following benefit year.

Dental Fee Guide - Fee Guide for General Practitioners which was in effect 1 year(s) prior to the current Fee Guide for your Province of Residence

Benefit Percentage (Co-insurance)

- 80% for Level I - Basic Services

- 80% for Level II - Supplementary Basic Services

- 50% for Level III - Dentures

- 50% for Level IV - Major Restorative Services

Benefit Maximums

- $1,000 per benefit year combined for Level I, Level II, Level III and Level IV

Recall Frequency - once every 9 months

Termination Age - none

Summary of Coverage - Restricted Plan

This Summary of Coverage provides information about the specific benefits supplied by Manulife Financial that are part of your Group Plan.

Employee Life Insurance

Benefit Amount - $25,000

Non-Evidence Limit - $25,000

Qualifying Period for Waiver of Premium - 164 days

Termination Age - your benefit amount terminates at retirement. On retirement your coverage may continue under the Retiree Plan.

Employee Optional Life Insurance

Benefit Amount - increments of $10,000 to a maximum of $500,000

Non-Evidence Limit

All amounts are subject to Evidence of Insurability. However, evidence of insurability will be waived for the first $20,000 of Optional Life Insurance if applied for within 31 days of eligibility.

Qualifying Period for Waiver of Premium - 164 days

Termination Age - age 70 or retirement, whichever is earlier

Dependent Life Insurance

Benefit Amount - $2,500 spouse; $2,500 each dependent child

Qualifying Period for Waiver of Premium - 164 days

Termination Age - retirement

Spousal Optional Life Insurance

Benefit Amount - Spouse - increments of $10,000 to a maximum of $500,000

Non-Evidence Limit - All amounts are subject to Evidence of Insurability.

Qualifying Period for Waiver of Premium - 164 days

Termination Age - employee’s age 70 or retirement, whichever is earlier

Child Optional Life Insurance

Benefit Amount - Child - increments of $5,000 to a maximum of $50,000

Termination Age - employee’s age 70 or retirement, whichever is earlier

Accidental Death and Dismemberment

Benefit Amount - $25,000

Non-Evidence Limit - $25,000

Qualifying Period for Waiver of Premium - 164 days

Termination Age - retirement

Dependent Accidental Death and Dismemberment

Benefit Amount

- Spouse - $2,500

- Child - $2,500

Qualifying Period for Waiver of Premium - 164 days

Termination Age - employee's retirement

Extended Health Care

The Benefit

Overall Benefit Maximum - $500 per benefit year, for expenses incurred in the province of residence and Referral outside Canada. $1,000,000 per lifetime for Emergency Out-of-Province/Out-of-Canada and Emergency Travel Assistance expenses. Internal limits also apply.

Deductible - $15 Individual, $30 Family, per benefit year
Not applicable to:
Hospital Care
Drugs
Out-of-Province/Canada Emergency Medical Treatment
Out-of-Canada - Referrals

Note: *The deductible is not applicable to Emergency Travel Assistance.*

Drug Dispensing Fee Maximum - $9.00 per prescription

Out-of-Pocket Maximum - not applicable

Benefit Percentage (Co-insurance)

100% for
Hospital Care
Drugs
Professional Services
Medical Supplies and Services

Note:
The Benefit Percentage for Out-of-Canada Emergency Medical Treatment is 100%.
The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.
The Benefit Percentage for Emergency Travel Assistance is 100%.

Termination Age - retirement. On retirement your coverage may continue under the Retiree Plan.

Summary of Coverage - Restricted Plan

ManuScript Generic Drug Plan 2 - Prescription Drugs

- Drug Maximums

Fertility drugs - $15,000 per lifetime

Anti-smoking drugs - $500 per lifetime

All other covered drug expenses - Unlimited

Vision Care

- Not covered

Professional Services

Services provided by the following licensed practitioners:

- Chiropractor - $500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist, psychologist and masters of social work
- Osteopath - $500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist, psychologist and masters of social work
- Podiatrist - $500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist, psychologist and masters of social work
- Naturopath - $500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist, psychologist and masters of social work
- Massage Therapist - $500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist, psychologist and masters of social work
- Speech Therapist* - $500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist, psychologist and masters of social work
- Physiotherapist - $500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist, psychologist and masters of social work
- Psychologist* - $500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist, psychologist and masters of social work
- Masters of Social Work* - $500 per benefit year combined for services of a chiropractor, osteopath, podiatrist, naturopath, massage therapist, speech therapist, physiotherapist, psychologist and masters of social work
- Clinical Counsellor - not covered
- Psychotherapist - not covered

**Physician's referral required.*

Dental Care

The Benefit

Deductible - $25 Individual, $50 Family, per benefit year
Not applicable to:
Level III
Level IV
Level V

Dental Fee Guide - Fee Guide for General Practitioners which was in effect 1 year(s) prior to the current Fee Guide for the Province in which the services are rendered

Benefit Percentage (Co-insurance)

- 100% for Level I - Basic Services

- 100% for Level II - Supplementary Basic Services

- 50% for Level III - Dentures

- 50% for Level IV - Major Restorative Services

- 50% for Level V - Orthodontics

Benefit Maximums

- $300 per benefit year combined for Level I, Level II, Level III, Level IV and Level V

Recall Frequency - once every 6 months

Termination Age - retirement. On retirement your coverage may continue under the Retiree Plan.

Health Care Spending Account

This Benefit will apply if Elected by the School

Maximum Benefit - The amount reported by the School to Manulife Financial

Benefit Percentage - 100%

Termination Age - retirement

Long Term Disability

Benefit Amount:

Option as Elected by the School

Option 1 - 60% of monthly earnings, up to a maximum benefit of $6,000 (non-taxable)

Option 2 - 66.67% of monthly earnings, up to a maximum benefit of $6,000 (non-taxable)

Option 3 - 66.67% of monthly earnings, up to a maximum benefit of $6,000 (taxable)

Non-Evidence Limit - $6,000

Cost of Living Adjustment - not covered

Qualifying Period - 164 days

Maximum Benefit Period - to age 65

Termination Age - age 65 less the Qualifying Period, or retirement, whichever is earlier

Short Term Disability

Benefit Amount:

Option as Elected by the School

Option 1 - 66.7% of monthly earnings (non-taxable)

Option 2 - 75% of monthly earnings (non-taxable)

Option 3 - 75% of monthly earnings (taxable)

Qualifying Period - 7 calendar days

Benefit Period - 157 days

Termination Age - retirement

This Plan applies where elected by the School, to employees who do not work the Required Number of Hours. For Extended Health Care only, this Plan applies where elected by the School, to eligible employees covered under a health plan provided through another employer or their spouse's employer who have been excluded for Extended Health Care under the Flex Plan.

Accidental Death and Dismemberment

Applies only to employees who do not work the Required Number of Hours

Benefit Amount

Weekly Indemnity

Benefit Amount - 75% of earnings to $1,000 per week (taxable)

Permanent and Total Disability

Benefit Amount - Principal Sum of $25,000

Non-Evidence Limit - $25,000

Qualifying Period for Waiver of Premium - 164 days

Termination Age - retirement

Extended Health Care

The Benefit

Overall Benefit Maximum - $20,000 per occupational incident

Deductible - $15 Individual, $30 Family, per benefit year
Not applicable to:
- Hospital Care
- Drugs

Drug Dispensing Fee Maximum - $9.00 per prescription

Out-of-Pocket Maximum - $200 per single coverage per benefit year

Benefit Percentage (Co-insurance)

100% for
- Hospital Care
- Professional Services
- Medical Supplies and Services

100% for Dynamic Therapeutic Formulary Drugs and 80% for ManuScript Generic Drug Plan 2, up to the Out-Of-Pocket Maximum. Once the Out-Of-Pocket Maximum is reached, 100% for all Drugs.

Termination Age - retirement. On retirement your coverage may continue under the Retiree Plan.

Summary of Coverage - Occupational Plan

Dynamic Therapeutic Formulary

Drugs as outlined in the Formulary:

Covered Drug Expenses: Unlimited

Drug Payment Type: Direct Claims Payment

ManuScript Generic Drug Plan 2 - Prescription Drugs

- Drug Maximums

Fertility drugs - $15,000 per lifetime

Anti-smoking drugs - $500 per lifetime

All other covered drug expenses - Unlimited

Vision Care

- Not covered

Professional Services

Services provided by the following licensed practitioners:

- Chiropractor - $300 per benefit year including one x-ray per benefit year
- Osteopath - $300 per benefit year including one x-ray per benefit year
- Podiatrist - $300 per benefit year including one x-ray per benefit year
- Naturopath - $300 per benefit year
- Massage Therapist - $300 per benefit year
- Speech Therapist* - $500 per benefit year
- Physiotherapist - $500 per benefit year
- Psychologist* - $500 per benefit year combined for services of a psychologist and masters of social work
- Masters of Social Work* - $500 per benefit year for services of a psychologist and masters of social work
- Clinical Counsellor - not covered
- Psychotherapist - not covered

**Physician's referral required.*

Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0035664.

If you die while insured, this benefit provides financial assistance to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

The Benefit

Details are outlined in the Summary of Coverage.

Waiver of Premium

Not available to the Retiree Plans

If you become Totally Disabled while insured and prior to age 65 and meet the Entitlement Criteria outlined below, your Life Insurance will continue without payment of premium.

To submit a claim for the Waiver of Premium benefit you must complete a Waiver of Premium claim form, which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted within 180 days from the end of the qualifying period.

Definition of Totally Disabled

Totally Disabled means a restriction or lack of ability due to an illness or injury which Disabled prevents you from performing the essential duties of:

- your own occupation, during the Qualifying Period and the 2 years immediately following the Qualifying Period
- any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 2 years specified above

The availability of work will not be considered by Manulife Financial in assessing your disability.

If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.

Entitlement Criteria

To be entitled to Waiver of Premium, you must meet the following criteria:

- you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 30 days due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled.
- Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of:

  - your own occupation, during the Qualifying Period and the following 2 years, and

  - any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 2 years specified above.

- you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial.

At any time, Manulife Financial may require you to submit to a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by Manulife Financial.

Termination of Waiver of Premium

Your Waiver of Premium will cease on the earliest of:

- the date you cease to be Totally Disabled, as defined under this benefit.
- the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of:

  - your own occupation, during the Qualifying Period and the following 2 years, and

  - any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 2 years specified above.
- the date you are no longer receiving from a physician, regular, ongoing care and treatment appropriate for the disabling condition, as determined by Manulife Financial.
- the date you do not attend an examination by an examiner selected by Manulife Financial.
- the date of your death.
- the date of your 65th birthday.

Recurrent Disability

If you become Totally Disabled again from the same or related causes as those for which premiums were previously waived, and such disability recurs within 6 months of cessation of the Waiver of Premium benefit, Manulife Financial will waive the Qualifying Period.

Your amount of insurance on which premiums were previously waived will be reinstated.

If the same disability recurs more than 6 months after cessation of your Waiver of Premium benefit, such disability will be considered a separate disability.

Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.

Death Benefit

If you die while Totally Disabled, Manulife Financial will pay the Employee Life Insurance benefit in effect at the date disability commenced, subject to any reductions, provided:

- death occurs:
  - while premiums are being waived, or
  - within the 31 day conversion option period, or
  - after the 31 day conversion option period but within the first 12 months of total disability, and
- proof of death is submitted within 12 months from the date of death, and
- proof of total disability, if not already submitted, is submitted within 12 months from the date of death and establishes that total disability commenced while the employee was covered under this policy and under age 65.

Compassionate Assistance

A terminally ill employee is entitled to a Compassionate Assistance benefit provided:

- Manulife Financial receives proof that you are terminally ill (life expectancy of 2 years or less), and
- Consent is provided by any beneficiary designated as irrevocable by you.

The amount of benefit payable is 50% of the Employee Life Insurance benefit amount to a maximum of $50,000, in a single sum.

When you die, Manulife Financial will pay to your beneficiary an amount equal to the Employee Life Insurance benefit amount in effect on the date of your death, less any amount paid as Compassionate Assistance.

- the effective date of the individual policy will be the 32nd day after the date of termination of the Group Insurance under this Benefit; and
- if the person elects to convert a lesser amount than that which he is entitled to convert, the individual policy cannot be less than the current minimum for which Manulife Financial will issue the policy.

Death during Conversion Period

If you die within 31 days of the date your Employee Life Insurance terminates, on receipt of due proof, Manulife Financial will pay the amount you were eligible to convert to your beneficiary. This will be done even if you did not apply for an individual policy. If you had applied for the individual policy, any premium paid will be refunded.

Subsequent Eligibility Under this Policy

If you obtain an individual policy through this privilege and later become eligible for insurance under this group policy, the amount for which you are eligible will be reduced by the amount of insurance remaining in force under the individual policy.

Conversion for Residents of Quebec

If you reside in the province of Quebec, the minimum amount of the life insurance that may be converted is $10,000. The maximum amount that may be converted is the lesser of:

- $400,000; or
- the amount of insurance that terminated less the amount of insurance under any replacing group policy within 31 days of the termination if any.

Employee Optional Life Insurance

The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0035664.

If you die while insured, this benefit provides financial assistance to your beneficiary, in addition to your Employee Life Insurance Benefit. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

The Benefit

Details are outlined in the Summary of Coverage.

To apply for Employee Optional Life Insurance, you must complete the Application for Optional Life form which is available from your Plan Administrator.

Conversion Privilege

For details on Conversion Privilege, please refer to Employee Life Insurance.

Waiver of Premium

If your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium).

Exclusions

If death results from suicide any amount of Optional Life Insurance that has been in effect for less than one year will not be payable.

Dependent Life Insurance

The Dependent Life Insurance Benefit is insured under Manulife Financial's Policy G0035664.

If one of your dependents dies while insured, the amount of this benefit is paid to you.

The Benefit

Details are outlined in the Summary of Coverage.

Waiver of Premium

If your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium).

Conversion Privilege

If your spouse's insurance terminates, you may be eligible to convert the terminated insurance to an individual policy, without medical evidence. Your spouse application for the individual policy, along with the first monthly premium, must be received by Manulife Financial, within 31 days of the termination date. If your spouse dies during this 31-day period, the amount of spousal Life Insurance available for conversion will be paid to you, even if you didn't apply for conversion.

Conversion for Residents of Quebec

If you reside in the province of Quebec and if your dependent child's insurance terminates, you may be eligible to convert the terminated insurance as outlined above by the Conversion Privilege for spousal coverage.

The minimum amount of the life insurance that may be converted for your dependents is $5,000. The maximum amount that may be converted is the lesser of:

- $400,000; or
- the amount of insurance that terminated less the amount of insurance under any replacing group policy within 31 days of the termination if any.

Spousal Optional Life Insurance

The Spousal Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0035664.

If your spouse dies while insured, the Spousal Optional Life benefit is payable to you unless you have specifically designated a separate beneficiary. If a specifically designated beneficiary dies before your spouse, this benefit is payable to you, or if you should predecease your spouse, to your estate.

The Benefit

Details are outlined in the Summary of Coverage.

To apply for Spousal Optional Life Insurance, you must complete the Application for Optional Life form which is available from your Plan Administrator.

Waiver of Premium

If your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium).

- Exception

If you are not insured for Employee Optional Life, the Waiver of Premium provision
will not apply to your spouse's Dependent Optional Life Insurance, unless:

- at the time you applied for Spousal Optional Life Insurance on your spouse, you also provided Manulife Financial with evidence of insurability for yourself, and
- Manulife Financial approved your evidence of insurability

Conversion Privilege

For more information on the conversion privilege, please refer to Dependent Life Insurance.

Exclusions

If death results from suicide any amount of Spousal Optional Life Insurance that has been in effect for less than one year will not be payable.

Child Optional Life Insurance

The Child Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0035664.

If your child dies while insured, the Child Optional Life benefit is payable to you unless you have specifically designated a separate beneficiary. If a specifically designated beneficiary dies before your child, this benefit is payable to you, or if you should predecease your child, to your estate.

The Benefit

Details are outlined in the Summary of Coverage.

To apply for Child Optional Life Insurance, you must complete the Application for Optional Life form which is available from your Plan Administrator.

Exclusions

If death results from suicide any amount of Child Optional Life Insurance that has been in effect for less than one year will not be payable.

Accidental Death and Dismemberment

The Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0035664.

If you sustain an accidental injury while insured and suffer a loss specified in the Schedule of Losses below, this benefit provides financial assistance to you or your beneficiary. In the event of your death, the benefit is payable to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate. For losses other than Loss of Life, the benefit is payable to you.

The Benefit

Details are outlined in the Summary of Coverage.

Schedule of Losses

A loss shown in this schedule is covered provided it:

- is a direct result of the accidental injury
- occurs within 365 days from the date of the accidental injury
- is total and irreversible or irrecoverable

In the case of loss of speech or hearing, or loss of use of an arm, hand or leg, the loss must be continuous for 12 months and determined to be permanent, after which time the benefit is payable.

The amount payable for each loss is a percentage of your Accidental Death and Dismemberment benefit amount which was in effect as of the date of the injury.

- Loss of Life - 100%
- Loss of or Loss of Use of Both Hands or Both Feet - 100%
- Loss of Sight of Both Eyes - 100%
- Loss of One Hand and One Foot - 100%
- Loss of One Hand and Sight of One Eye - 100%
- Loss of One Foot and Sight of One Eye - 100%
- Loss of Hearing in Both Ears and Speech - 100%
- Loss of or Loss of Use of One Arm or One Leg - 75%
- Loss of or Loss of Use of One Hand or One Foot - 66 2/3%
- Loss of Sight of One Eye - 66 2/3%
- Loss of Speech or Hearing in Both Ears - 66 2/3%
- Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33 1/3%
- Loss of All Toes of One Foot - 25%
- Loss of Hearing in One Ear - 25%
- Hemiplegia, Paraplegia or Quadriplegia - 200%

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accident.

No more than 100% will be paid for all losses due to any one accidental injury, except in the case of hemiplegia, paraplegia or quadriplegia, where the total amount paid will not exceed 200% (provided the benefit is paid while you are living).

Exposure and Disappearance

If a loss occurs due to unavoidable exposure to the elements, after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit will be payable for that loss. The amount payable will be determined in accordance with the Schedule of Losses.

If you disappear after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit for loss of life will be payable if your body is not found within 365 days after the incident occurred.

Rehabilitation Expenses

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and require participation in a formal rehabilitation program in order to return to gainful employment, Manulife Financial will pay incurred expenses, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of $10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

Repatriation Expenses

If you die as a direct result of an accidental injury which occurs while travelling 150 kilometres or more from your place of residence, Manulife Financial will pay for expenses incurred for the preparation and transportation of your body to your place of residence.

The amount payable is subject to a maximum of $10,000.

Dependent Education Expenses

If you die as a direct result of an accidental injury, Manulife Financial will pay the tuition for each child who is enrolled as a full-time student:

- in a school for higher learning above the secondary school level, or
- at the secondary school level, but who enrols as a full-time student in a school for higher learning within 365 days after your death

A school for higher learning means any accredited university, private college, collèges d'enseignement général et professionel (CEGEP), community college or trade school.

The maximum payable each year for each child is the lesser of:

- 5% of your Accidental Death and Dismemberment benefit amount, or
- $5,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

- tuition expenses incurred prior to your death
- room and board expenses, or other living, travelling or clothing expenses

Spousal Occupational Training Expenses

If you die as a direct result of an accidental injury and your spouse must participate in a formal occupational training program to become qualified for employment for which he or she would not otherwise have sufficient qualifications, Manulife Financial will pay for expenses incurred by your spouse, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of $10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

Weekly Indemnity Benefit

Applicable to Employees who do not work the Required Number of Hours and who are covered under the Occupational Plan

The Company shall pay a Weekly Accident Indemnity during a period of continuous total disability of an Insured Person resulting from injury, provided that:

- such period of disability commences within thirty days after the date of the accident causing such injury; and
- such indemnity shall be payable at 75% of earnings to a maximum of $1,000 (taxable); and
- the maximum period for which such indemnity shall be payable for any one such period of disability shall not exceed 26 weeks.

The term “total disability” as used in this Coverage shall mean disability which wholly and continuously prevents such person from performing every duty pertaining to his assignment.

Permanent and Total Disability Benefit

Applicable to Employees who do not work the Required Number of Hours and who are covered under the Occupational Plan

Principal Sum of $25,000

When as the result of injury and commencing within 365 days of the date of the accident an Insured Person is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he is reasonably qualified by reason of his education, training or experience, the Company shall pay, provided such disability has continued for a period of twelve consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum less any other amount paid or payable under the Accidental Death and Dismemberment Indemnity Coverage of the policy as the result of the same accident.

Non-Duplication of Expenses

Expenses which are eligible under this benefit and for which you are also eligible under any other benefit, policy, or plan providing similar coverage will be paid first under such other benefit, policy or plan. Any expenses not paid will then be considered under this benefit, subject to any stated maximum.

The total amount of payments from all coverages combined will not exceed 100% of the eligible expenses incurred.

Waiver of Premium

If, while the Group Policy is in force, your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium). Waiver of Premium for this benefit ceases if the benefit terminates.

Exclusions

No Accidental Death & Dismemberment benefits are payable if the loss results from:

- suicide or self-inflicted injuries
- war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion
- an infection (except pyogenic infections from an accidental cut or wound), illness or disease, or the medical treatment of any illness or disease, or bodily or mental infirmity
- riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew
- riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your School
- committing or attempting to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, or if the person's blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury
- for Employees who do not work the Required Number of Hours covered under the Occupational Plan, any injuries that are not as a result of an occupational accident

Dependent Accidental Death and Dismemberment

The Dependent Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0035664.

If one of your dependents sustains an accidental injury while insured and suffers a loss specified in the Schedule of Losses below, this benefit provides financial assistance.

The Benefit

Details are outlined in the Summary of Coverage.

Schedule of Losses

A loss shown in this schedule is covered provided it:

- is a direct result of the accidental injury
- occurs within 365 days from the date of the accidental injury
- is total and irreversible or irrecoverable

In the case of loss of speech or hearing, or loss of use of an arm, hand or leg, the loss must be continuous for 12 months and determined to be permanent, after which time the benefit is payable.

The amount payable for each loss is a percentage of your Dependent Accidental Death and Dismemberment benefit amount which was in effect as of the date of the injury.

- Loss of Life - 100%
- Loss of or Loss of Use of Both Hands or Both Feet - 100%
- Loss of Sight of Both Eyes - 100%
- Loss of One Hand and One Foot - 100%
- Loss of One Hand and Sight of One Eye - 100%
- Loss of One Foot and Sight of One Eye - 100%
- Loss of Hearing in Both Ears and Speech - 100%
- Loss of or Loss of Use of One Arm or One Leg - 75%
- Loss of or Loss of Use of One Hand or One Foot - 66 2/3%
- Loss of Sight of One Eye - 66 2/3%
- Loss of Speech or Hearing in Both Ears - 66 2/3%
- Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33 1/3%
- Loss of All Toes of One Foot - 25%
- Loss of Hearing in One Ear - 25%
- Hemiplegia, Paraplegia or Quadriplegia - 200%

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accident.

No more than 100% will be paid for all losses due to any one accidental injury, except in the case of hemiplegia, paraplegia or quadriplegia, where the total amount paid will not exceed 200% (provided the benefit is paid while the insured person is living).

Exposure and Disappearance

If a loss occurs due to unavoidable exposure to the elements, after a conveyance in which the insured person was travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit will be payable for that loss. The amount payable will be determined in accordance with the Schedule of Losses.

If the insured person disappears after a conveyance in which he was travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit for loss of life will be payable if the insured person’s body is not found within 365 days after the incident occurred.

Rehabilitation Expenses

For Flex Plan

If, as a direct result of an accidental injury, the insured person suffer a loss specified in the Schedule of Losses and require participation in a formal rehabilitation program in order to return to gainful employment, Manulife Financial will pay incurred expenses, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of $10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

Common Accident

Not Applicable to Flex Plans

If, as a direct result of a common accident, you and your spouse both die within 365 days of such common accident, the amount of the benefit payable under this policy for loss of life of your spouse will be automatically increased to equal the amount of the benefit payable for your loss of life. However, in no event will the amount paid for both lives exceed the combined benefit maximum of $50,000.

Repatriation Expenses

If the insured person dies as a direct result of an accidental injury which occurs while travelling 150 kilometres or more from his place of residence, Manulife Financial will pay for expenses incurred for the preparation and transportation of the insured person’s body to his place of residence.

The amount payable is subject to a maximum of $10,000.

Dependent Education Expenses

For Flex Plan

If the insured person dies as a direct result of an accidental injury, Manulife Financial will pay the tuition for each child who is enrolled as a full-time student:

- in a school for higher learning above the secondary school level, or
- at the secondary school level, but who enrols as a full-time student in a school for higher learning within 365 days after your death

A school for higher learning means any accredited university, private college, collèges d’enseignement général et professionel (CEGEP), community college or trade school.

The maximum payable each year for each child is the lesser of:

- 5% of your Accidental Death and Dismemberment benefit amount, or
- $5,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

- tuition expenses incurred prior to the insured persons death
- room and board expenses, or other living, travelling or clothing expenses

Spousal Occupational Training Expenses

For Flex Plan

If the insured person dies as a direct result of an accidental injury and your spouse must participate in a formal occupational training program to become qualified for employment for which he or she would not otherwise have sufficient qualifications, Manulife Financial will pay for expenses incurred by your spouse, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial
- incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of $10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

Non-Duplication of Expenses

Expenses which are eligible under this benefit and for which the insured person is also eligible under any other benefit, policy, or plan providing similar coverage will be paid first under such other benefit, policy or plan. Any expenses not paid will then be considered under this benefit, subject to any stated maximum.

The total amount of payments from all coverages combined will not exceed 100% of the eligible expenses incurred.

Waiver of Premium

If, while the Group Policy is in force, your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premium). Waiver of Premium for this benefit ceases if the Group Policy terminates.

Exclusions

No Dependent Optional Accidental Death & Dismemberment benefits are payable if the loss results from:

- suicide or self-inflicted injuries
- war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion
- an infection (except pyogenic infections from an accidental cut or wound), illness or disease, or the medical treatment of any illness or disease, or bodily or mental infirmity
- riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew
- riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your School

- committing or attempting to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, or if the person's blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury

Extended Health Care

Your Extended Health Care Benefit is provided directly by the Christian Education Health Plan and Trust. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet.

If you or your dependents incur charges for any of the Covered Expenses specified, your Extended Health Care benefit can provide financial assistance.

Payment of Covered Expenses is subject to any maximum amounts shown below under The Benefit and in the expenses listed under Covered Expenses.

Claim amounts that will be applied to the maximum are the amounts paid after applying the Deductible, Benefit Percentage, and any other applicable provisions.

Drug Benefit and Pharmacy Services for Quebec Residents

Group benefit plans that provide prescription drug coverage to Quebec residents must meet certain requirements under Quebec's prescription drug insurance and pharmacy services insurance legislation (An Act Respecting Prescription Drug Insurance and the Health Insurance Act And Amending Various Legislative Provisions). If you and your dependents reside in Quebec, the provisions specified under Drug Benefit and Pharmacy Services For Persons Who Reside In Quebec, will apply to your drug benefit.

The Benefit

Details are outlined in the Summary of Coverage.

Covered Expenses

The expenses specified are covered to the extent that they are reasonable and customary, as determined by Manulife Financial, provided they are:

- medically necessary for the treatment an illness or injury and recommended by a physician
- incurred for the care of a person while covered under this Group Benefit Program
- reasonable taking all factors into account
- not covered under the Provincial Plan or any other government-sponsored program
- legally insurable
- for Occupational Plan, related to an occupational injury
- used as prescribed or recommended by a physician
- associated with any drug, supply or service that was subject to the due diligence process, the process has been completed with the result that expenses for that drug, supply or service are eligible under the plan as of the date of approval as determined by the administrator and shared with your employer as required.

In the event that a provincial plan or government-sponsored program or plan or legally mandated program excludes, discontinues or reduces payment for any services, treatments or supplies formerly covered in full or in part by such plan or program, this policy will not automatically assume coverage of the charges for such treatments, services or supplies, but will reserve the right to determine, at the time of change, whether the expenses will be considered eligible or not.

This plan will not automatically assume eligibility for all drugs, services and supplies. New drugs, existing drugs with new indications, services and supplies are reviewed by Manulife Financial using the due diligence process. Once this process has been completed, the decision will be made by Manulife Financial to include as a covered expense, include with prior authorization criteria, exclude or apply maximum limits.

Manulife Financial maintains a list of drugs, services and supplies that require prior authorization. Prior authorization is applied to ensure that the therapy prescribed is medically necessary. Where there are lower cost alternative treatments or prescribing guidelines recommend alternative drugs be tried first that are lower in cost, you or your eligible dependents will be required to have tried an alternative treatment unless medical contraindications to alternative treatments exist.

At Manulife Financial's discretion, medical information, test results or other documentation will be required from your physician to determine the eligibility of the drug, service or supply.

Manulife Financial has the right to ensure you or your dependents access Manulife Financial's exclusive distribution channels where applicable when purchasing a drug, service or supply. Manulife Financial may decline a drug, service or supply purchased from a provider outside the exclusive distribution channel.

Adherence

Non-compliance may result in the drug, service or supply no longer being eligible for reimbursement.

Patient Assistance Programs

Manulife Financial may require you or your dependents to apply to and participate in any patient assistance program to which you or your dependents are entitled. Manulife Financial reserves the right to reduce the amount of a covered expense by the amount of financial assistance you or your dependents are entitled to receive under a patient assistance program.

Disease Management Programs

Participation in a disease management program may be required. Participation will be at the discretion of Manulife Financial.

Advance Supply Limitation

Payment of any Covered Expenses under this benefit which may be purchased in large quantities will be limited to the purchase of up to a 3 months' supply at any one time.

- Drug Expenses

The maximum quantity of drugs that will be payable for each prescription will be limited to the lesser of:

a) the quantity prescribed by your physician or dentist, or

b) a 34-day supply.

A quantity of up to a 100-day supply may be payable in long term therapy cases, where the larger quantity is recommended as appropriate by your physician and pharmacist.

Hospital Care

Not applicable to Flex 4

- charges, in excess of the hospital's public ward charge, for semi-private accommodation (Retiree Basic Plan subject to a maximum of $200 per day) provided:

  - the person was confined to hospital on an in-patient basis, and

  - the accommodation was specifically elected in writing by the patient

- charges for any portion of the cost of ward accommodation, utilization or co-payment fees (or similar charges) are not covered

Dynamic Therapeutic Formulary

Charges for any Drug, medicine or diabetic supply which is included as a benefit in the current Dynamic Therapeutic Formulary, when prescribed in writing by a Physician or Dentist and dispensed by a licensed Pharmacist.

Charges for the following expenses are not covered:

- charges made by a practitioner or Physician to administer injectable medications; and
- Drugs, biologicals and related preparations which are administered in Hospital on an in-patient or out-patient basis; and
- Drugs determined to be ineligible as a result of Due Diligence;

- Payment of Covered Expenses

The maximum amount for any Covered Expense is the price of the Lower Cost Alternative Drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a Lower Cost Alternative that provides therapeutically similar results as identified by Manulife Financial.

Manulife Financial can limit the Covered Expense for any Drug to that of a lower cost Interchangeable Drug at the time the Drug is purchased.

If there is no Lower Cost Alternative Drug for the prescribed Drug, the amount payable is based on the cost of the prescribed Drug if it is a Covered Expense under the Dynamic Therapeutic Formulary.

The amount payable is subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for Dynamic Therapeutic Formulary Drugs and any maximum for the Dynamic Therapeutic Formulary, as shown in the Summary of Coverage.

- No Substitution Prescriptions

Where a prescription contains a written direction from the Physician or Dentist that the prescribed Drug is not to be substituted with another product, the full cost of the prescribed product is covered if it is a Covered Expense under the Dynamic Therapeutic Formulary.

The amount payable is subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for Dynamic Therapeutic Formulary Drugs and any maximum for the Dynamic Therapeutic Formulary, as shown in the Summary of Coverage.

- Payment of Drug Claims

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and

b) pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy
- you do not have your Pay Direct Drug Card with you at that time
- the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

ManuScript Generic Drug Plan 2 - Prescription Drugs

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

- drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist
- compound prescriptions where one of the ingredients is an eligible drug expense
- oral contraceptives
- injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)
- life-sustaining drugs
- preventive vaccines and medicines (oral or injected)
- standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)
- for Retiree Plans, sclerotherapy

Charges for the following expenses are not covered:

- drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis
- drugs determined to be ineligible as a result of due diligence
- anti-obesity drugs
- drugs used in the treatment of a sexual dysfunction
- intrauterine devices and diaphragms
- expenses for dietary supplements, vitamins (other than injectable vitamins that require a prescription) and infant foods. For Retiree Plans, injectable vitamins that do not require a prescription and prescription vitamins are covered.

- Drug Maximums

Fertility drugs - $15,000 per lifetime

Anti-smoking drugs - $500 per lifetime

All other covered drug expenses - Unlimited

- Payment of Covered Expenses

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

Covered expenses for any prescribed drug will not exceed the price of the lower cost alternative drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a lower cost alternative that provides therapeutically similar results as identified by Manulife Financial.

Manulife Financial can limit the covered expense for any drug to that of a lower cost interchangeable drug at the time the drug is purchased.

If there is no lower cost alternative drug for the prescribed drug, the amount payable is based on the cost of the prescribed drug.

- No Substitution Prescriptions

If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product and the drug is a covered expense under this benefit, the full cost of the prescribed product is covered.

When you have a “no substitution prescription”, please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

Payment of Drug Claims

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and

b) pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy
- you do not have your Pay Direct Drug Card with you at that time
- the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

Vision Care

For Flex 1, 2, 3 and Retiree Enhanced Plan

- eye exams, purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to the Eye Exams, Prescription Glasses and Elective Contact Lenses maximum outlined in the Summary of Coverage
- purchase of contact lenses required due to a surgical procedure or to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, Contact Lenses maximum outlined in the Summary of Coverage
- visual training as outlined in the Summary of Coverage

Charges for services of an oculist are not covered.

Professional Services

Not available under the Retiree Basic Plan:

Services provided by the licensed practitioners specified in the Summary of Coverage.

Expenses for some of these Professional Services may be payable in part by Provincial Plans. Coverage for the balance of such expenses prior to reaching the Provincial Plan maximum may be prohibited by provincial legislation. In those provinces, expenses under this Benefit Program are payable after the Provincial Plan's maximum for the benefit year has been paid.

Recommendation by a physician for Professional Services is not required.

Medical Services and Supplies

For all medical equipment and supplies covered under this provision, Covered Expenses will be limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

Private Duty Nursing

Not available under the Restricted Plan:

Services which are deemed to be within the practice of nursing and which are provided in the patient's home by a registered nurse. For Retiree Basic and Enhanced Plans, services of a registered nurse, licensed practical nurse or registered nursing assistant are covered.

Covered Expenses are subject to the following maximums:

Flex Plans

Flex 1 and 2 - $25,000 per benefit year

Flex 3 - $15,000 per benefit year

Flex 4 and 5 - $10,000 per benefit year

Retiree Basic Plan - $15,000 per lifetime

Retiree Enhanced Plan - $25,000 per lifetime

All other Plans - $25,000 per benefit year

Charges for the following services are not covered:

- service provided primarily for custodial care, homemaking duties, or supervision
- service performed by a nursing practitioner who is an immediate family member or who lives with the patient
- service performed while the patient is confined in a hospital, nursing home, or similar institution
- service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household

Pre-Determination of Benefits

Before the services begin, it is advisable that you submit a detailed treatment plan with cost estimates. You will then be advised of any benefit that will be provided.

Ambulance

- licensed ambulance service provided in the patient's province of residence, including air ambulance, to transfer the patient to the nearest hospital where adequate treatment is available

Medical Equipment

- rental or, when approved by Manulife Financial, purchase of:

  - Mobility Equipment: crutches, canes, walkers, and wheelchairs

  - Durable Medical Equipment: manual hospital beds, respiratory and oxygen equipment, and other durable equipment usually found only in hospitals

Non-Dental Prostheses, Supports and Hearing Aids

- external prostheses. For Retiree and Flex Plans, replacement prostheses will be reimbursed at a Benefit Percentage of 50%.

For the Restricted Plan:

  - mammary prostheses are limited to $200 per benefit year, and

  - other prostheses are limited to $200 per benefit year.

- surgical stockings, up to a maximum of 4 pairs per benefit year

- surgical brassieres, up to a maximum of 4 per benefit year

- braces (other than foot braces), trusses, collars, leg orthosis, casts and splints

- casted, custom-made orthotics, subject to the below limitation and to a maximum of $500 per pair (recommendation of either a physician, a podiatrist or a chiropractor is required)

Flex 1, 2, 3, 5 and for all other Plans - 1 pair per 12 months for persons under 18 years of age, and 1 pair per 24 months for any other person

Flex 4 - Not covered

- cost, installation, repair and maintenance of hearing aids, (including charges for batteries) to the following maximum of:

Flex 1 - $1,500 per 5 benefit years

Flex 2, 3 and 5 - $500 per 5 benefit years

Flex 4 - Not covered

Retiree Basic Plan - $300 per 5 benefit years

Retiree Enhanced Plan - $750 per 5 benefit years

All other Plans - $500 per 5 benefit years

Other Supplies and Services

- ileostomy, colostomy and incontinence supplies

- medicated dressings and burn garments

- oxygen

- Neovisc
- microscopic and other similar diagnostic tests and services rendered in a licensed laboratory in the province of Quebec
- charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 12 months of the accident, excluding injuries due to biting or chewing

Out-of-Province/Out-of-Canada

Not applicable to Occupational Plan and Retiree Basic Plan

- treatment required as a result of a medical emergency which occurs during the first 90 days while temporarily outside the province of residence, provided the covered person who receives the treatment is also covered by the Provincial Plan during the absence from the province of residence. Expenses are payable up to a maximum of $5,000,000 per lifetime (unless otherwise stated under Summary of Coverage).

  A Medical Emergency is:

  - a sudden, unexpected injury or a new medical condition which occurs while a covered person (you or your dependent) is travelling outside of his province of residence, or

  - a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure.

  Stable means that, in the 90 days before departure, the covered person (you or your dependent) has not:

  - been treated or tested for any new symptoms or conditions

  - had an increase or worsening of any existing symptoms

  - changed treatments or medications (other than normal adjustments for ongoing care)

  - been admitted to the hospital for treatment of the condition

  Coverage is not available if you (or your dependents) have future non-routine tests, investigations or new treatment planned for a previously identified medical condition or future medical appointment planned with respect to an undiagnosed medical condition.

  Coverage is also available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date.

  A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to his home province or territory.

  You and your covered dependents must return to your province of residence for at least 1 full day before becoming eligible for another 90 days of coverage.

  A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to his home province or territory.

  You and your covered dependents must return to your province of residence for at least 1 full day before becoming eligible for another 90 days of coverage.

- referral outside Canada for treatment which may or may not be available in Canada. Expenses are payable up to a maximum of $3,000 every 3 years.

For all non-emergency medical treatment out of Canada:

- the treatment must be recommended by a physician practicing in Canada, and
- it is advisable that you submit a detailed treatment plan with cost estimates before treatment begins. You will then be notified of any benefit that will be provided.

Charges for the following are payable under this expense:

- physician's services
- hospital room and board at standard ward rates. Charges in excess of ward rates are payable, if hospital coverage is provided under this Benefit Program.
- the cost of special hospital services
- hospital charges for out-patient treatment
- licensed ambulance services, including air ambulance, to transfer the patient to the nearest medical facility or hospital where adequate treatment is available
- medical evacuation for admission to a hospital or medical facility in the province where the patient normally resides

The amount payable for these expenses will be the reasonable and customary charges less the amount payable by the Provincial Plan.

Charges incurred outside the province of residence for all other Covered Extended Health Care Expenses are payable on the same basis as if they were incurred in the province of residence.

Student Out-of-Canada Coverage

The 90 day travel period limit under the Extended Health Care - Out-of-Province/Out-of-Canada and Emergency Travel Assistance benefit provision is waived for children who are full - time students and are attending accredited educational institutions outside of Canada.

The coverage is provided under the following terms, and in accordance with all other provisions of this plan:

- Only children of Canadian members are eligible.
- For the purposes of this agreement, we assume that any school that is licensed as a school in the jurisdiction in which it resides is accredited. We will accept any registered college or university, as well as an educational institution that a high-school student may be attending as part of a rotary student-exchange program.
- Proof of full-time student status must be available to us at any time. Benefits may be declined if such proof is not available.
- Eligible students must comply with all plan provisions, including the requirement that the student be covered under a provincial health care plan and the plan's claim submission rules for out-of-province claims.

Out-of-Province/Out-of-Canada Coverage Extension:

Coverage can be extended for up to 1 year beyond the 90 day period at no additional cost. The main criteria to be met for an employee to qualify for the extended coverage are:

- Provincial Medicare must be in effect for the period of coverage
- Christian Education Health Plan medical coverage must be in effect for the period of coverage
- All family members must be under age 65, and
- Pre-existing medical conditions are excluded from coverage

Emergency Travel Assistance

Not applicable to Occupational Plan and Retiree Basic Plan

Emergency Travel Assistance is a travel assistance program available for you and your covered dependents. The assistance services are delivered through an international organization, specializing in travel assistance. The following services are provided, when required as a result of a medical emergency during the first 90 days while travelling outside your province of residence.

Details on your Emergency Travel Assistance benefit are provided below, as well as in your Emergency Travel Assistance brochure.

Medical Emergency Assistance

A Medical Emergency is:

- a sudden, unexpected injury or a new medical condition which occurs while a covered person (you or your dependent) is travelling outside of his province of residence, or

- a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure.

Stable means that, in the 90 days before departure, the covered person (you or your dependent) has not:

- been treated or tested for any new symptoms or conditions

- had an increase or worsening of any existing symptoms

- changed treatments or medications (other than normal adjustments for ongoing care)

- been admitted to the hospital for treatment of the condition

Coverage is not available if you (or your dependents) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition.

Coverage is also available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date.

A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to his home province or territory.

a) **24-Hour Access**

Multilingual assistance is available 24 hours a day, seven days a week, through telephone (toll-free or call collect), telex or fax.

b) **Medical Referral**

Referral to the nearest physician, dentist, pharmacist or appropriate medical facility, and verification of coverage, is provided.

c) **Claims Payment Service**

If a hospital or other provider of medical services requires a deposit or payment in full for services rendered, and the expenses exceed $200 (Canadian), payment of such expenses will be arranged and claims co-ordinated on behalf of the covered person.

Payment and co-ordination of expenses will take into account the coverage that the covered person is eligible for under a Provincial Plan and this benefit. If such payments are subsequently determined to be in excess of the amount of benefits to which the covered person is entitled, the administrator shall have the right to recover the excess amount by assignment of Provincial Plan benefits and/or refund from you.

d) **Medical Care Monitoring**

Medical care and services rendered to the covered person will be monitored by medical staff who will maintain contact, as frequently as necessary, with the covered person, the attending physician, the covered person's personal physician and family.

e) **Medical Transportation**

If medically necessary, arrangements will be made to transfer a covered person to and from the nearest medical facility or to a medical facility in the covered person's province of residence. Expenses incurred for the medical transportation will be paid, as described under Medical Services and Supplies - Ambulance.

If medically necessary for a qualified medical attendant to accompany the covered person, expenses incurred for round-trip transportation will be paid.

f) **Return of Dependent Children**

If dependent children are left unattended due to the hospitalization of a covered person, arrangements will be made to return the children to their home. The extra costs over and above any allowance available under pre-paid travel arrangements will be paid.

If necessary for a qualified escort to accompany the dependent children, expenses incurred for round-trip transportation will be paid.

g) **Trip Interruption/Delay**

If a trip is interrupted or delayed due to an illness or injury of a covered person, one-way economy transportation will be arranged to enable each covered person and a Travelling Companion (if applicable) to rejoin the trip or return home.

Expenses incurred, over and above any allowance available under pre-paid travel arrangements will be paid.

A Travelling Companion is any one person travelling with the covered person, and whose fare for transportation and accommodation was pre-paid at the same time as the covered person's fare.

If the covered person chooses to rejoin the trip, further expenses incurred which are related directly or indirectly to the same illness or injury, will not be paid.

h) **After Hospital Convalescence**

If a covered person is unable to travel due to medical reasons following discharge from a hospital, expenses incurred for meals and accommodation after the originally scheduled departure date will be paid, subject to the maximum shown in part l) of this provision.

i) **Visit of Family Member**

Expenses incurred for round-trip economy transportation will be paid for an immediate family member to visit a covered person who, while travelling alone, becomes hospitalized and is expected to be hospitalized for longer than 7 days. The visit must be approved in advance by the administrator.

j) **Vehicle Return**

If a covered person is unable to operate his owned or rented vehicle due to illness, injury or death, expenses incurred for a commercial agency to return the vehicle to the covered person's home or nearest appropriate rental agency will be paid, up to a maximum of $1,000 (Canadian).

k) **Identification of Deceased**

If a covered person dies while travelling alone, expenses incurred for round-trip economy transportation will be paid for an immediate family member to travel, if necessary, to identify the deceased prior to release of the body.

l) **Meals and Accommodation**

Under the circumstances described in parts f), g), h), i) and k) of this provision, expenses incurred for meals and accommodation will be paid, subject to a combined maximum of $2,000 (Canadian) per medical emergency.

Non-Medical Assistance

a) **Return of Deceased to Province of Residence**

In the event of the death of a covered person, the necessary authorizations will be obtained and arrangements made for the return of the deceased to his province of residence. Expenses incurred for the preparation and transportation of the body will be paid, up to a maximum of $5,000 (Canadian). Expenses related to the burial, such as a casket or an urn, will not be paid.

b) **Lost Document and Ticket Replacement**

Assistance in contacting the local authorities is provided, to help a covered person in replacing lost or stolen passports, visas, tickets or other travel documents.

c) **Legal Referral**

Referral to a local legal advisor, and if necessary, arrangement for cash advances from the covered person's credit cards, family or friends, is provided.

d) **Interpretation Service**

Telephone interpretation service in most major languages is provided.

e) **Message Service**

Telephone message service is provided for messages to or from family, friends or business associates. Messages will be held for up to 15 days.

f) **Pre-trip Assistance Service**

Up-to-date information is provided on passport and visa, vaccination and inoculation requirements for the country where the covered person plans to travel.

Exceptions

The administrator, and the company contracted by the administrator to provide the travel assistance services described in this benefit, will not be responsible for the availability, quality, or results of any medical treatment, or the failure of a covered person to obtain medical treatment or emergency assistance services for any reason.

Emergency assistance services may not be available in all countries due to conditions such as war, political unrest or other circumstances which interfere with or prevent the provision of any services.

How to Access Emergency Travel Assistance - Your Emergency Travel Assistance Card

Your Emergency Travel Assistance card lists the toll-free numbers to call in case of an emergency, while travelling outside your province. The toll-free number will put you in touch with the international travel assistance organization.

Your Emergency Travel Assistance card also lists your I.D. number and plan document number, which the travel assistance organization needs to confirm that you are covered by Emergency Travel Assistance.

If you do not have an Emergency Travel Assistance Card, please contact Manulife Financial.

Subrogation (Third Party Liability)

If your medical expenses result from an injury caused by another person and you have the legal right to recover damages, Christian Education Health Plan and Trust may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgement of your legal action, you will be required to reimburse Christian Education Health Plan and Trust those amounts you recover which, when added to the payments you received from Christian Education Health Plan and Trust, exceed 100% of your incurred expenses.

Maximum Benefit

For Retiree Basic and Enhanced Plans only

The Benefit Maximum is the most that will be payable for Covered Expenses incurred for the care of a covered person.

When a person first becomes covered for this Benefit, the Benefit Maximum is the Overall Benefit Maximum shown in the Summary of Coverage. At the start of each benefit year, the Benefit Maximum is decreased by the benefits payable for Expenses incurred in the previous benefit year and increased by the least of:

- $1,000; and
- an amount which would bring the Benefit Maximum to the Overall Benefit Maximum.

Exclusions

No Extended Health Care benefits are payable for expenses related to:

- for Out-of-Province or Out-of-Canada and Emergency Travel Assistance only, self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness
- war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion
- committing or attempting to commit an assault or criminal offence
- an illness or injury for which benefits are payable under workers' compensation coverage
- an illness or injury for which benefits are payable under any government plan
- charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms
- services or supplies provided by the School's medical or dental department
- services or supplies for which no charge would normally be made in the absence of group benefit coverage
- services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of coverage
- services or supplies which are not permitted by law to be paid
- services or supplies which are required for recreation or sports
- services or supplies which would have been payable by the Provincial Plan if proper application had been made
- medical treatment which is not usual or customary, or is experimental or investigational in nature
- medical or surgical care which is cosmetic (except sclerotherapy for Retiree Plans only)
- services or supplies which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person
- services or supplies which are provided while confined in a hospital on an in-patient basis
- services or supplies which are not specified as a covered expense under this benefit

Continuation of Coverage

If a person is disabled when coverage under this Extended Health Care benefit terminates, covered expenses related to the treatment will continue to be payable by Manulife Financial, for up to 90 days, but not after the termination date of ASO Contract 84168. However, coverage will terminate if the disabled person becomes eligible for coverage under another group plan.

You will be considered disabled if you are eligible for disability benefits under any other provision of the group benefit program.

Your dependent will be considered disabled if he or she is receiving medical treatment from a physician and confined to a hospital or to his or her home.

Drug Benefit and Pharmacy Services For Persons Who Reside In Quebec

If you and your dependents reside in Quebec, the following provisions apply to your drug benefit coverage.

Covered Expenses

The following expenses are covered:

- drugs that are on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List), provided such drugs are on the list at the time the expense is incurred; and

- covered pharmacy services that are to be paid when the drug is on the RAMQ List, and

- drugs that are listed as a covered expense in this Benefit Booklet, but are not on the RAMQ List.

Coverage for drugs on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List) and pharmacy services published for private plans

The following provisions apply to the coverage of drugs that are on the RAMQ List and pharmacy services for private plans, as legislated by An Act Respecting Prescription Drug Insurance and the Health Insurance Act (R.S.Q. c., A-29-01). Coverage for all other drugs will be subject to the regular provisions included in this Benefit Booklet:

a) **Benefit Percentage**

Prior to the annual out-of-pocket maximum being reached, the percentage of covered drug expenses payable under this benefit will be as follows:

i) for any drugs on the RAMQ list which are not otherwise covered under the terms of the plan, the percentage as set out by the then applicable Legislation.

ii) for any Legislated pharmacy services which are not otherwise covered under the terms of the plan, the percentage payable is as set out by the then applicable Legislation.

iii) for any drug on the RAMQ List which is covered under the terms of the plan, the greater of:

- the benefit percentage stated under The Benefit, and

- the percentage as set out by the then applicable Legislation.

After the annual out-of-pocket maximum has been reached, the percentage of covered drug expenses payable under this benefit will be 100%.

b) **Annual Out-of-Pocket Maximum**

The annual out-of-pocket maximum is a portion of covered drug expenses or covered pharmacy services which must be paid by you and your spouse in a benefit year, before the percentage payable under this benefit will be 100%. Amounts that will be applied to the annual out-of-pocket maximum are:

i) deductible amounts, and

ii) the portion of covered drug expenses that is paid by a covered person, when the percentage of covered expenses payable under this benefit is less than 100%, and

iii) covered pharmacy services that are performed by pharmacists for drugs on the RAMQ formulary.

The annual out-of-pocket maximum for you and your spouse is as stipulated in the Legislation and includes those portions of covered drug expenses and covered pharmacy services relating to a drug on the RAMQ formulary paid for your dependent children.

For the purposes of calculating the out-of-pocket maximum for you and your spouse, those portions of covered drug expenses and covered pharmacy services paid for your dependent children will be applied to the person who is closest to reaching the annual out-of-pocket maximum.

c) **Deductible**

Deductible amounts (if any) for the drug benefit will apply, until the annual out-of pocket maximum is reached. Thereafter, the deductible will not apply.

d) **Lifetime Maximums**

Lifetime maximums (if any) will not apply to drugs on the RAMQ List or covered pharmacy services. Drug and covered pharmacy service coverage provided after the lifetime maximum amount stated under the benefit is reached is subject to the following conditions:

i) only drugs that are on the RAMQ List are covered, and

ii) only covered pharmacy services that are performed for drugs on the RAMQ List are covered, and

iii) the percentage payable by the Administrator for covered expenses is the percentage as set out by the then applicable Legislation.

e) **Eligible Dependent Children**

Your eligible dependent children who are in full-time attendance at an accredited educational institution will be covered until the later of:

i) the age specified in this Benefit Booklet (please refer to definition of child in the Explanation of Common Insurance Terms), and

ii) age 26.

Drug coverage and covered pharmacy services provided for dependent children after the age stated in this Benefit Booklet is subject to the following conditions:

i) only drugs that are on the RAMQ List are covered, and

ii) only covered pharmacy services performed for a drug on the RAMQ List are covered, and

iii) the percentage payable by the Administrator for covered expenses is the percentage as set out by the then applicable Legislation.

f) **Termination Age for Covered Drug and Pharmacy Service Expenses**

Provided you are otherwise eligible for the drug benefit, the Termination Age (if any) for the drug benefit will not apply. Drug coverage provided after the Termination Age specified under the benefit is subject to the following conditions:

i) only drugs that are on the RAMQ List are covered,

ii) only covered pharmacy services related to a drug on the RAMQ List are covered,

iii) the percentage payable by the Administrator for covered expenses is the percentage as stipulated in the then applicable Legislation,

iv) the Annual Out-of-Pocket Maximum is as stipulated in the then applicable Legislation, and

v) the cost required for the drug coverage is the cost of the Extended Health Care benefit.

Coverage for drugs that are listed as a covered expense in this Benefit Booklet but are not on the RAMQ List

Coverage for drugs that are listed as a covered expense under this Benefit but not on the RAMQ List will be subject to all the standard provisions included in this Benefit Booklet.

Dental Care

Your Dental Care Benefit is provided directly by the Christian Education Health Plan and Trust. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet.

If you or your dependents require any of the dental services specified under Covered Expenses, your Dental Care benefit can provide financial assistance.

Payment of Covered Expenses is subject to any maximum amounts shown below under The Benefit and in the expenses listed under Covered Expenses.

Claim amounts that will be applied to the maximum are the amounts paid after applying the Deductible, Benefit Percentage, and any other applicable provisions.

The Benefit

Details are outlined in the Summary of Coverage.

Satisfying the Deductible

The Deductible is satisfied:

- when Covered Expenses incurred for the care of a covered person exceed the Individual Deductible; or
- when expenses applied to Individual Deductibles for a covered person's family exceed the Family Deductible.

Covered Expenses

The following expenses are covered if they:

- are incurred for the necessary dental care of a covered person while covered under this benefit
- are incurred for services provided by a dentist, a dental hygienist working within the scope of his license, or a denturist working within the scope of his license
- are reasonable as determined by Manulife Financial, taking all factors into account, and
- do not exceed the fees recommended in the Dental Fee Guide, or reasonable and customary charges as determined by or Manulife Financial, if the expenses are not listed in the Dental Fee Guide.

Alternate Treatment

Where any two or more courses of treatment covered under this benefit would produce professionally adequate results for a given condition, the Plan will pay benefits as if the least expensive course of treatment were used. Manulife Financial will determine the adequacy of the various courses of treatment available, through a professional dental consultant.

Level I - Basic Services

For Flex 4

- complete and panoramic x-rays, once every 24 months
- one unit of light scaling and one unit of polishing subject to the Recall Frequency outlined in the Summary of Coverage, when the service is performed outside Quebec, or prophylaxis (polishing) subject to the Recall Frequency outlined in the Summary of Coverage, when the service is performed in Quebec
- recall exams, bitewing x-rays, and fluoride treatments, subject to the Recall Frequency outlined in the Summary of Coverage
- scaling not covered above, and root planing, up to a combined maximum of 16 units per benefit year

For all other Plans and Flex 1, 2, 3 and 5

- complete oral exam, one per 2 benefit years
- for Retiree Plans, complete and panoramic x-rays, once per 2 benefit years
- for All Other Plans, complete and panoramic x-rays, once every 24 months
- one unit of light scaling and one unit of polishing subject to the Recall Frequency outlined in the Summary of Coverage, when the service is performed outside Quebec, or prophylaxis (polishing) subject to the Recall Frequency outlined in the Summary of Coverage, when the service is performed in Quebec
- recall exams, bitewing x-rays, and fluoride treatments, subject to the Recall Frequency outlined in the Summary of Coverage
- routine diagnostic and laboratory procedures
- initial oral hygiene instruction, plus one recall
- pit and fissure sealants for dependents under 19 years of age only
- fillings and retentive pins. Replacement fillings are covered provided:
    - the existing filling is at least 12 months old and must be replaced either due to significant breakdown of the existing filling or recurrent decay, or
    - the existing filling is amalgam and there is medical evidence indicating that the patient is allergic to amalgam
- pre-fabricated full coverage restorations (metal and plastic)
- space maintainers (appliances placed for orthodontic purposes are not covered)
- minor surgical procedures and post surgical care
- extractions (including impacted and residual roots)
- anaesthesia and conscious sedation when rendered in conjunction with oral surgery
- consultations
- denture repairs, relines and rebases, only if the expense is incurred later than 3 months after the date of the initial placement of the denture
- injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery

Level II - Supplementary Services

Not applicable to Flex 4

- non-surgical periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including:
  - scaling not covered under Level I, and root planing, up to a combined maximum of 16 units per benefit year;
  - provisional splinting; and
  - occlusal equilibration, up to a maximum of 8 units per benefit year
- endodontic services which include root canals and therapy, root amputation, apexifications and periapical services
  - root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime
  - re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment

Level III - Dentures

Not applicable to Flex 4

- surgical procedures not included in Level I (excluding implant surgery)
- surgical periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth
- initial provision of full or partial removable dentures
- replacement of removable dentures, provided the dentures are required because:
  - a natural tooth is extracted, and the existing appliance cannot be made serviceable;
  - the existing appliance is at least 60 months old and cannot be made serviceable; or
  - the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation

Level IV - Major Restorative Services

Not applicable to Flex 4

- crowns and onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay
- inlays, covering at least 3 surfaces, provided the tooth cusp is missing
- initial provision of fixed bridgework

- replacement of bridgework, provided the new bridgework is required because:
    - a natural tooth is extracted, and the existing appliance cannot be made serviceable;
    - the existing appliance is at least 60 months old and cannot be made serviceable; or
    - the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation

Level V - Orthodontics

Not available to Retiree Plans and Flex 4

- orthodontic services

Pre-Determination of Benefits

If the cost of any proposed dental treatment is expected to exceed $500, it is suggested that you submit a detailed treatment plan, available from your dentist, before the treatment begins. You can then be advised of the amount you are entitled to receive under this benefit.

Work in Progress When Coverage Terminates

Covered expenses related to dental treatment that was in progress at the time your dental benefits terminate (for reasons other than termination of the Plan Document or the Dental Care Benefit) are payable, provided the expense is incurred within 31 days after your benefit terminates.

Subrogation (Third Party Liability)

If your dental expenses result from an injury caused by another person and you have the legal right to recover damages, Christian Education Health Plan and Trust may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgement of your legal action, you will be required to reimburse Christian Education Health Plan and Trust those amounts you recover which, when added to the payments you received from Christian Education Health Plan and Trust, exceed 100% of your incurred expenses.

Exclusions

No Dental Care benefits will be payable for expenses resulting from:

- war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion
- dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was covered under this benefit
- anti-snoring or sleep apnea devices
- broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms
- services which are payable by any government plan
- services or supplies provided by the School’s medical or dental department
- services or supplies for which no charge would normally be made in the absence of group benefit coverage

- treatment rendered for a full mouth reconstruction, for a vertical dimension or for a correction of temporomandibular joint dysfunction
- replacement of removable dental appliances which have been lost, mislaid or stolen
- laboratory fees which exceed reasonable and customary charges
- services or supplies which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person
- implants, or any services rendered in conjunction with implants. However, where an implant is the choice of treatment and a denture or bridge would produce professionally adequate results for the condition, the plan will pay the cost of the implant expense and any related services, at a cost equal to the least expensive cost of a denture or bridge.
- treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition
- services or supplies which are not specified as a covered expense under this benefit

Health Care Spending Account

For Employees in Restricted and Flex Plans only.

Your benefit program includes a health care spending account, which provides you and your dependents with financial assistance for medical and dental expenses. Please refer to your **Health Care Spending Account - Plan Member Guide** for complete details on this benefit.

Survivor Extended Benefit

If you die while your dependents are covered under this Group Benefit Program, your School will continue the Extended Health Care and Dental Care benefits without requiring any contribution from you, until the earliest of:

- the date your dependent is no longer a dependent, according to the definition of dependent (see Definitions),
- if the School which had employed the deceased active Employee is no longer in the Christian Education Health Plan,
- the date similar coverage is obtained elsewhere,
- the date which is the end of the month following the month in which you die, or
- the date the Plan Document terminates.

However, a surviving Dependent may elect to further continue coverage subject to the following:

- All requests for the Survivor Extended Benefit must be submitted within 31 days of the date of the Employee's death.
- The Survivor Extended Benefit must be elected for both Extended Health Care and Dental Care Benefits.

- Benefits are extended for survivors of deceased active Employees for a maximum of 2 years, as long as the school which employed the deceased person remains in the Christian Education Health Plan. Benefits are extended for life for surviving Spouses who are age 55 and older, and who are survivors of a Retiree.

- Where there is no surviving Spouse and more than one surviving Dependent Child, only one plan selection can be made. All surviving Dependent Children will be covered under the same Extended Health Care and Dental Care plans.

The coverage continued on a Dependent will be the same as that which was in effect on the date of the Employee's death, with the following exceptions for survivors of active Employees:

- If the school changes its plan with Christian Education Health Plan, the change will apply to the survivors.

- If the deceased Employee was 55 or older and had a minimum of 3 years in the Christian Education Health Plan, and the surviving Spouse was 55 or over at the date of the Employee's death, the surviving Spouse may elect to continue his or her current coverage or move to the Christian Education Health Retiree Plan.

  Once an election has been made, the surviving spouse may not change this election at a later date. The plan selected by the surviving Spouse will apply to any surviving Children. Coverage will not be extended to a new Spouse of the surviving Spouse nor the Children of the new Spouse.

This coverage will be subject to any age reduction or termination shown in the Plan at that time.

Long Term Disability

The Long Term Disability Benefit is insured under Manulife Financial's Policy G0034004 or G0035664.

If you become Totally Disabled while insured and meet the Entitlement Criteria for this benefit, Manulife Financial will pay a disability benefit.

Definition of Totally Disabled

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of:

- your own occupation, during the Qualifying Period and the 2 years immediately following the Qualifying Period

- any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above

The availability of work will not be considered by Manulife Financial in assessing your disability.

If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.

The Benefit

Details are outlined in the Summary of Coverage.

- Benefits are payable from the end of the Qualifying Period. Benefits are not payable for or during the Qualifying Period.
- You must be receiving regular, ongoing care and treatment from a physician during the Qualifying Period in order for benefits to be payable at the end of the Qualifying Period.

Entitlement Criteria

To be entitled to disability benefits, you must meet the following criteria:

- you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 30 days due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled.
- Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of:
  - your own occupation, during the Qualifying Period and the following 2 years, and
  - any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above.
- you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial.

At any time, Manulife Financial may require you to submit to a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by Manulife Financial.

Periods for Which You are Not Entitled to Benefits

You are not entitled to benefit payments for any period that you are:

- not receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial
- receiving Employment Insurance maternity or parental benefits
- on lay-off during which you become Totally Disabled
- on leave of absence during which you become Totally Disabled, unless your School is required to pay benefits during this period as a result of legislation, regulation or case law
- receiving benefits under a School-sponsored salary continuance or short term wage loss replacement plan
- working in any occupation, except as provided for under the Rehabilitation Assistance provision
- incarcerated in a prison, correctional facility, or mental institution by order of authority of a criminal court

Amount of Disability Benefit Payable

The amount of disability benefit payable to you is the Benefit Amount shown above reduced by any disability benefits you receive or are entitled to receive from the following sources for the same or related disability:

- Workers' Compensation or similar coverage
- Canada or Quebec Pension Plans, excluding dependent benefits
- any government motor vehicle automobile insurance plan or policy, unless prohibited by law

If necessary, the amount of your benefit will be further reduced so that your total income from all sources does not exceed 85% of your pre-disability gross earnings (net earnings, if your benefit is non-taxable). All sources include those sources stated above and any benefit you are entitled to receive from:

- any group, association or franchise plan
- any retirement or pension plan
- earnings or payments from any employer, including severance payments and vacation pay
- self-employment
- any government plan, excluding Employment Insurance Benefits
- Canada or Quebec Pension Plans' dependent benefits

Once benefits become payable, the amount of your benefit will not be affected by any subsequent cost of living increase in benefits you are receiving from other sources.

Benefit Calculation Rules

Manulife Financial will apply the following rules in determining your disability benefit:

- benefits payable from other sources which began before the commencement of your current Disability will not be taken into account;
- benefits payable from other sources will not be adjusted to take into account any difference between the tax status of those benefits and the benefit payable by Manulife Financial;
- subsequent changes in benefits from other sources, other than cost of living increases, will be taken into consideration and a new benefit amount may be established;
- benefits payable under individual disability income insurance will not be taken into account;
- for benefits payable other than on a monthly basis, a monthly equivalent of such benefit will be estimated by Manulife Financial; and
- if you do not apply for a benefit for which you are eligible, the amount of such benefit will be estimated by Manulife Financial and assumed to be paid.

Cost of Living Adjustment

For Options 2, 4 and 6

Commencing with your January payment after benefits have been payable for 12 months and with each subsequent January payment, you are eligible for a cost of living adjustment in your disability benefit.

The increase will be calculated as a ratio of:

- the average of the Consumer Price Index for the 12 month period ending on the previous June 30th, to
- the average of the Consumer Price Index for the 12 month period ending June 30th of the year that the disability began,

to a maximum of 3%.

If, in a benefit year, the increase in the Consumer Price Index is more than 3%, the excess over 3% is carried forward to a subsequent benefit year when the increase in the Consumer Price Index is less than 3%.

Subrogation

If your disability is caused by another person and you have a legal right to recover damages, Manulife Financial will request that you complete a subrogation reimbursement agreement when you submit your Long Term Disability claim.

On settlement or judgement of your legal action, you will be required to reimburse Manulife Financial those amounts you recover which, when added to the disability benefits that Manulife Financial paid to you, exceed 100% of your lost income.

Tax Status of Benefits

The tax position of any payments you receive under this benefit depends on whether you or your School pays the cost of the benefit.

If your School pays a portion or all of the cost, then any disability benefit payments you receive will be taxable. If you pay the full cost of the benefit, then any disability benefit payments you receive will be non-taxable.

Payment of Disability Benefits

Disability benefit payments will be made monthly in arrears. Any payment for a period of less than one month will be made at a daily rate of one-thirtieth of your monthly benefit amount.

Rehabilitation Assistance

Once Manulife Financial determines that you are Totally Disabled, if appropriate, and at Manulife Financial's discretion, you may be offered rehabilitation to assist you in returning to gainful employment, either to your pre-disability occupation or to another occupation.

In considering whether Rehabilitation Assistance is appropriate for you, Manulife Financial will take into account:

- the nature, extent and expected duration of your disability
- your level of education, training or experience
- the nature, scope, objectives and cost of a Vocational Plan

- Vocational Plan

A Vocational Plan is a training or job placement program that is expected to facilitate your return to gainful employment.

If it is determined that Rehabilitation Assistance is appropriate for you, in partnership with you and your School, Manulife Financial will provide a structured Vocational Plan that will prepare you for a return to work, either:

- with your School
- with an alternate employer
- in a self-employed capacity

- Disability Benefits During Rehabilitation

You will continue to be entitled to disability benefits while participating in the Vocational Plan. If you receive any earnings as part of the plan, your disability benefit will be reduced once your total income (your disability benefit plus your earnings) exceeds 100% of your pre-disability gross earnings; net earnings if your benefit is not taxable.

If you cease to participate in the Vocational Plan because of a change in your medical status, Manulife Financial will require medical evidence documenting how your current medical status prevents you from continuing with the Vocational Plan.

If you are not available or do not co-operate or participate in the Vocational Plan, you will no longer be entitled to disability benefits.

Termination of Benefit Payments

Your disability benefit payments will cease on the earliest of:

- the date you cease to be Totally Disabled, as defined under this benefit.
- the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restrictions or lack of ability such that you are prevented from performing the essential duties of:
    - your own occupation, during the Qualifying Period and the following 2 years, and
    - any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above.
- the date you do not attend an examination by an examiner selected by Manulife Financial.
- the date on which benefits have been paid up to the Maximum Benefit Period for this benefit.
- the date of your death.

Recurrent Disability

If you become Totally Disabled again from the same or related causes within 6 months from the end of the period for which Long Term Disability benefits were paid, Manulife Financial will treat the disability as a continuation of your previous disability.

You will not be required to satisfy the Qualifying Period again. The benefit payable to you will be based on your earnings as at the date of your previous disability. Benefits for all such recurrent disabilities will not be paid for a combined period longer than the Maximum Benefit Period for this benefit.

If the same disability recurs more than 6 months after the end of the period for which benefits were paid, such disability will be considered a separate disability.

Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.

Waiver of Premium

The premium for your Long Term Disability benefit will be waived during any period you are entitled to receive Long Term Disability benefit payments.

Survivor Benefit

If you die while disability benefits are payable, Manulife Financial will pay a benefit to your surviving dependents. If there are no surviving dependents, the benefit is payable to your estate.

The amount of the Survivor Benefit payable is 3 times your last monthly benefit payment, less the amount of any outstanding benefit overpayments.

Exclusions

No benefits are payable for any disability related to:

- self-inflicted injuries or illnesses, unless medical evidence establishes that the injuries are related to a mental health illness.
- war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion.
- the committing of or the attempt to commit an assault or criminal offence.
- abuse of addictive substances, including drugs and alcohol, unless you are actively participating and co-operating in an in-patient or out-patient medical treatment program for substance abuse which has been approved by Manulife Financial.

Critical Illness Benefits

Your Plan Contract number for Critical Illness benefits is G0034119.

For Employees in Flex Plans, all Options.

Please refer to your **Critical Illness Employee Brochures** for more details on this benefit.

Employee Optional Critical Illness Insurance

If, while you are insured for this benefit, you are diagnosed with one of the covered Critical Illness conditions shown in the Covered Critical Illness Conditions Appendix, you can submit a claim for your Employee Optional Critical Illness benefit. You must have survived your illness for 14 days or more past the date you were first diagnosed. Some Critical Illness conditions have a specific qualifying period. For those conditions, the survival period will be described in the covered conditions below.

The Covered Critical Illness Conditions Appendix can be found on the Plan Member website at www.manulife.ca/groupbenefits.

The Benefit

Benefit Amount - increments of $5,000, to a maximum of $250,000 (minimum benefit of $10,000)

Non-Evidence Limit - All amounts are subject to Evidence of Insurability. However, evidence of insurability will be waived for an amount of Optional Critical Illness Insurance which is $50,000 or less.

Termination Age - your benefit amount terminates at the earlier of age 70, your retirement or as described under the Termination of Coverage section of the Policy.

Spousal Optional Critical Illness Insurance

If, while you are insured for this benefit, your spouse is diagnosed with one of the covered Critical Illness conditions shown in the Covered Critical Illness Conditions Appendix, you can submit a claim for your Spousal Optional Critical Illness benefit. Your spouse must have survived their illness for 14 days or more past the date they were first diagnosed. Some Critical Illness conditions have a specific qualifying period. For those conditions, the survival period will be described in the covered conditions below.

The Covered Critical Illness Conditions Appendix can be found on the Plan Member website at www.manulife.ca/groupbenefits.

The Benefit

Benefit Amount - increments of $5,000, to a maximum of $250,000 (minimum benefit of $10,000)

Non-Evidence Limit - All amounts are subject to Evidence of Insurability. However, evidence of insurability will be waived for an amount of Optional Critical Illness Insurance which is $50,000 or less.

Termination Age - your spouse’s benefit amount terminates at the earlier of your age 70, your spouse’s age 70, your retirement or as described under the Termination of Coverage section of the Policy.

Child Optional Critical Illness Insurance

If, while you are insured for this benefit, your child is diagnosed with one of the covered Critical Illness conditions shown in the Covered Critical Illness Conditions Appendix, you can submit a claim for your Child Optional Critical Illness benefit. Your child must have survived their illness for 14 days or more past the date they were first diagnosed. Some Critical Illness conditions have a specific qualifying period. For those conditions, the survival period will be described in the covered conditions below.

The Covered Critical Illness Conditions Appendix can be found on the Plan Member website at www.manulife.ca/groupbenefits.

The Benefit

Benefit Type - Child

Benefit Amount - $5,000 each child

Termination Age - your child's benefit terminates at the earlier of your age 70, your retirement, your child's limiting age as specified under Definitions or your Child Optional Critical Illness benefit is paid out.

Explanations of Terms Associated with Critical Illness Benefits

Notwithstanding the Definitions section of this booklet, the following is an explanation of the terms used in this section of the Benefit Booklet, specifically as they pertain to the Critical Illness Benefits.

Child

you or your spouse's natural or legally adopted child, or stepchild who:

- is insured under the provincial plan;
- is unmarried;
- is not employed on a full-time basis;
- is not eligible for insurance as an employee under this or any other group policy;
- relies on you for financial support; and
- under age 21, or under age 25 if a full-time student.

Employee

the person having the primary relationship with the policyholder and:

- is at least 18 years old but less than the Termination Age as indicated under this benefit;
- is directly employed by the policyholder on a permanent and full-time basis;
- is compensated for services by the policyholder; and
- is residing in Canada.

Immediate Family Member

an Immediate Family Member is a person who is:

- the Employee; or
- the Employee's Spouse or Child.

Physician

a doctor of medicine, licensed to practice medicine in the place in Canada where the services are provided. For the purposes of this benefit, unless stated otherwise, reference to a Physician also includes Nurse Practitioner within their scope of practice.

Specialist

a licensed medical practitioner who has been trained in the specific area of medicine relevant to the covered Critical Illness condition for which the benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a specialist, and as approved by Manulife, a condition may be diagnosed by a qualified medical practitioner practicing in Canada.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist and internist. The specialist must not be the policyholder, the insured person, a relative of or business associate of the policyholder or of the insured person.

Spouse

a spouse is your legal spouse, or the person continuously living with you in a role like that of a marriage partner, who is insured under the provincial plan. The spouse you indicate on your application for Spousal Optional Critical Illness Insurance will be the only one spouse eligible for Spousal Optional Critical Illness Insurance under this policy. For this coverage, we will not consider a person you have divorced, a person cohabiting with you who is not in the role of a marriage partner, or a person you are separated from, (regardless of whether or not there is a court order or formal separation agreement).

Survival Period

the period starting on the date of diagnosis of the Critical Illness condition and ending 14 days later, except where a covered Critical Illness described below modifies this definition. The survival period does not include the number of days on life support. The insured person must be alive at the end of the survival period and must not have experienced irreversible cessation of all functions of the brain.

Entitlement Criteria

Manulife will apply the following criteria in determining your entitlement to Critical Illness benefits:

- Manulife receives medical evidence documenting your diagnosis of a covered Critical Illness condition;
- the diagnosis of any Critical Illness is made by a physician or a specialist, practicing medicine in Canada in a specialty relating to the applicable Critical Illness;
- the diagnosis is not a recurrence of a previous condition, except as described under the Second Event Cancer benefit;
- any tests or examinations that must be performed in order to satisfy the condition requirements must be conducted by a medical professional who is not you, your policyholder, a relative of or business associate of yours or of your policyholder.

At any time, Manulife may require you to submit to a medical examination or evaluation by an examiner selected by Manulife.

No benefit will be payable when a critical illness condition is diagnosed while the insured person is not covered under this policy.

Once a benefit has become payable, the insured person for whom a claim has been paid out will not be covered for another claim that is the result of the same critical illness condition, except as specified under the Second Event Cancer benefit.

Multiple Event Coverage

Means, you or your spouse could receive additional, separate paid Critical Illness claims. A claim may be eligible from each covered condition category for up to three (3) claims in total, and an additional claim as described in the “Second Event Cancer benefit”.

Once a claim is paid within a category, the covered condition category will be subject to restrictions that prevent the insured person from receiving another payment from the same category, except in the second cancer event.

Second Event Cancer Benefit

We will pay a second event cancer benefit to an eligible insured person if:

- at least 60 months have gone by between the previous cancer and the new cancer;
- the insured person has not received any treatment relating directly or indirectly to the previous cancer within that 60-month period (treatment does not include preventative medications and follow up visits to the doctor);
- there is no evidence, of any continuing presence, recurrence or spread of the previous cancer;
- the insured person does not have any new symptoms during that 60-month period for which they sought medical investigation, diagnosis, treatment, care, medication or medical advice, or for which there were symptoms that would have caused them to seek the above relating to a diagnosis of cancer; and
- the later diagnosis must be made while the insured person is covered under this policy.

Furthermore, for a Second Event Cancer Benefit to be paid out, the subsequent Cancer Diagnosis must:

- not be a secondary cancer or histologically related to the previous cancer; or
- for hematological cancers, the new cancer must be categorized or divided according to defined cell characteristics in a distinctly different manner to the previous cancer.

Covered Conditions by Categories

Group 1: Cancer
a) Cancer (Life-Threatening)

Group 2: Cardiovascular:
b) Aortic Surgery,
c) Coronary Artery Bypass Surgery,
d) Heart Attack,
e) Heart Valve Replacement or Repair,
f) Stroke

Group 3: All others:
g) Aplastic Anemia,
h) Bacterial Meningitis,
i) Benign Brain Tumour, Blindness,
j) Coma,
k) Deafness,
l) Dementia, including Alzheimer's Disease,
m) Kidney Failure,
n) Loss of Speech,
o) Loss of Limbs,
p) Major Organ Failure and on Waiting List,
q) Major Organ Transplant,
r) Motor Neuron Disease,
s) Multiple Sclerosis,
t) Occupational HIV,
u) Paralysis,
v) Parkinson's Disease and Specified Atypical Parkinsonian Disorders,
w) Severe Burns,
x) Loss of Independent Existence and other conditions if also added

What will not be paid under the Multiple Event Coverage

- Any future claim for loss of independent existence (LOIE) after an insured person has received an eligible claim payment from any covered condition category
- Any future claim after an insured person has received an eligible claim payout for LOIE.
- Any claim where, within the first 90 days following the date a previous critical illness condition was diagnosed, the insured person for whom a claim has been paid out has any of the following:
  - signs or symptoms that lead to a critical illness condition, regardless of the date when the diagnosis is made, or
  - medical consultations, tests or any form of medical evaluation, that lead to a critical illness condition, regardless of when the diagnosis is made; or
  - a critical illness condition
- A claim for a Child Critical Illness.

Geographic Limitations

Any critical illness diagnosed outside of Canada following an accident or an illness will only be assessed once the insured person has returned to Canada and has obtained a medical assessment of their condition.

Critical Illness Covered Conditions by Categories

	You and your spouse	Your Child
Cancer Critical Illness conditions		
Cancer (Life-Threatening)	X	X
Cardiovascular Critical Illness conditions		
Aortic Surgery	X	X
Coronary Artery Bypass Surgery	X	X
Heart Attack	X	X
Heart Valve Replacement or Repair	X	X
Stroke (Cerebrovascular Accident)	X	X
Congenital Heart Disease (for which corrective surgery has been performed)		X
Other Critical Illness conditions		
Aplastic Anemia	X	X
Bacterial Meningitis	X	X
Benign Brain Tumour	X	X
Blindness	X	X
Coma	X	X
Deafness	X	X
Dementia, including Alzheimer’s Disease	X	X
Kidney Failure	X	X
Loss Of Independent Existence	X	X
Loss Of Limbs	X	X
Loss Of Speech	X	X
Major Organ Failure and On Waiting List	X	X
Major Organ Transplant	X	X
Motor Neuron Disease	X	X
Multiple Sclerosis	X	X
Occupational HIV Infection	X	X
Paralysis	X	X
Parkinson’s Disease and Specified Atypical Parkinsonian Disorders	X	X
Severe Burns	X	X
Autism		X
Cerebral Palsy		X
Cystic Fibrosis		X
Down Syndrome		X
Muscular Dystrophy		X
Type 1 Diabetes Mellitus		X

Exclusions

No benefits are payable for any Critical Illness related to:

- any specific exclusions associated with a given condition set out in the Covered Critical Illness Conditions Appendix.

The Covered Critical Illness Conditions Appendix can be found on the Plan Member website at www.manulife.ca/groupbenefits.

- self-inflicted injuries or illnesses
- abuse of addictive substances, including drugs and alcohol, including single incidence abuse
- war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion
- the committing of or the attempt to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle, under the influence of drugs or alcohol as prohibited by law
- taking a poisonous substance or inhaling toxic gases or fumes
- a situation where your child is born and diagnosed with a condition within the first ten months of the effective date of child coverage
- a pre-existing condition incurred or diagnosed during the first 24 months of coverage or latest reinstatement of coverage, or an increase in Insurance where no evidence of insurability is required. This limitation applies whether or not the insured person was aware of their condition or had received a diagnosis prior to the effective date of coverage or latest reinstatement

  A pre-existing condition is an illness or injury for which the insured person has exhibited signs or symptoms, received medical treatment, care or services (including diagnostic measures), consulted a physician or has been prescribed medication - or where treatment would have been received by a prudent individual - during the 24 months prior to the effective date of coverage or latest date of reinstatement for this Critical Illness benefit.

- cancer or benign brain tumour, or Parkinson’s disease and specified atypical parkinsonian disorders if within the **first 90 days** of your coverage effective date you have any of the following:
  - signs or symptoms that lead to a diagnosis of cancer or benign brain tumour, or Parkinson’s disease and specified atypical parkinsonian disorders, regardless of the date when the diagnosis is made
  - medical consultations, tests or any form of clinical evaluation, that lead to a diagnosis of cancer or benign brain tumour, or Parkinson’s disease and specified atypical parkinsonian disorders, regardless of when the diagnosis is made
  - a diagnosis of cancer or benign brain tumour, or Parkinson’s disease and specified atypical parkinsonian disorders

Short Term Disability

This benefit is provided directly by the Christian Education Health Plan and Trust, and the services of Acclaim Ability Management are accessed at the discretion of Christian Education Health Plan and Trust for claims adjudication and management.

1 Intent

The Short Term Disability (STD) policy sets out the terms and conditions under which insured active employees of a participating School may receive income protection payments from the Christian Education Health Plan and Trust during the recovery period of illness or injury, and assistance with early and safe return to work.

2 Eligibility

You are eligible under this policy while you are an insured active employee of a participating School.

You are covered under the STD policy when you were actively at work on the last workday before the onset of the illness or injury. Further, you are covered under the STD policy and will be considered for benefit entitlement on the day that you, due to illness or injury, cannot return to active work as scheduled following:

- any period of paid leave (e.g. paid vacation); or
- a temporary lay-off for any period as required by law; or
- any period of statutory unpaid leave (e.g. parental leave).

If you receive pay in lieu of notice you are eligible for coverage under the STD policy for the period of notice you would have otherwise received under employment standards legislation.

2.1 Definition of Disability

The STD Program provides income protection to you for the period of time that you are considered to be totally disabled and meet the requirements set out in this policy.

Totally disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of your own occupation. The availability of work will not be considered in assessing your disability. If you must hold a government permit or licence to perform the duties of your job, you will not be considered totally disabled solely because your permit or licence has been withdrawn or not renewed. Disability benefits are not payable during any period of disability that you engage in any occupation or employment for wage or profit except as part of a rehabilitation program approved by your participating School.

2.2 Recurrent Disability

Continuous periods of total disability include all periods of total disability that meet all of the following conditions:

- Commence while you are eligible and covered under this benefit,
- Are not separated by more than thirty (30) consecutive days, and
- Are due to the same or related cause or causes.

If all the above conditions are met, the recurrence is considered to be the same period of disability with respect to the maximum duration of STD benefits and the terms set out in this policy. The duration of the maximum STD payments will be extended by the number of days during which you returned to full, regular, active work. Any recurrence due to the same illness or injury or a related cause that occurs more than thirty (30) days following your return to full, regular work as an active employee is considered to be a new period of total disability with respect to the maximum duration of STD benefits and the terms set out in this policy.

If you return to full regular work for at least one full day and becomes disabled due to a different cause the disability will be treated as a new disability with respect to the maximum duration of STD benefits and the terms set out in this policy.

In no event will more than 157 days of STD benefit be payable for one period of disability.

2.3 STD Benefits

Once you are eligible to receive benefits and have been confirmed to be totally disabled, STD payments commence from the 8th consecutive day of total disability and continue as long as you comply with the requirements set out in this policy. STD benefit payments are payable semi-monthly, on the following schedule:

- Benefits for the first to 15th day of a calendar month will be paid on the 18th day of the month; and

- Benefits for the 16th to the last day of a calendar month will be paid on the third day of the following month.

In cases where the third or 18th day of a calendar month falls on a weekend, benefits will be paid on the next business day immediately following. A pro rata payment shall be made for any period in which you are not entitled to benefits for the entire semi-monthly period.

The benefit payable is equal to two-thirds or three-fourths of your regular semi-monthly compensation as in effect at the date of occurrence of your disability, in accordance with the option selected by your participating School. If your school pays any portion of the STD premium the STD benefit payable to you will be taxable. If you pay the full cost of the STD premium, the STD benefit payable to you will be non-taxable.

Regular semi-monthly compensation for STD benefits is based on your compensation as in effect at the date of occurrence of your disability. The maximum benefit period, including the waiting period, is 164 consecutive days of total disability. In no event will more than 157 days of STD benefit be payable for one period of disability.

2.4 STD Benefit Reductions

Should you receive or be eligible to receive income from the following other sources, any such amounts will be deducted from your STD benefit:

- for the same or subsequent disability under CPP/QPP disability benefits;

- under CPP/QPP retirement benefits;

- under a motor vehicle insurance plan that pays first, before EI, which provides disability benefits under any government law to the extent that the law does not prohibit such a deduction (At present, the only acceptable such plans are the Quebec Automobile Insurance Plan, The Ontario Motorist Protection Plan, The Automobile Insurance Plan of Saskatchewan, and the Manitoba Autopac).

- under any other group disability plan;
- under a registered pension plan;
- damages for lost earnings recovered by a third party, where allowed by law; or
- severance, termination or damages for pay in lieu of salary or wages, where allowed by law.

2.5 Continuation of STD Benefits

To continue to be entitled to STD benefits you must:

- Be totally disabled;
- Be under the continuous care of a physician licensed to practice medicine in Canada;
- Comply with treatment protocols appropriate for the condition and focused on promotion of recovery and return to work;
- Participate in any reasonable rehabilitative programs designed to assist you to return to work while accommodating the functional limitations related to the total disability;
- Provide regular medical evidence as considered necessary by Christian Education Health Plan and Trust and/or the third party Disability Case Manager for the purposes of determining ongoing entitlement, level of disability and for rehabilitative (i.e. return to work) program planning; and
- Attend a medical examination or abilities assessment, when required (at Christian Education Health Plan and Trust's expense), with a physician or specialty provider for the purposes of assessing your level of disability and the current treatment plan, and/or identifying abilities and limitations.

2.6 Maternity and Parental Leave Supplemental Unemployment Benefit Plan ("SUB Plan") Benefits for members of the Christian Education Health Plan

Christian Education Health Plan SUB Plan benefits are available to members participating in the benefit plan who give birth, or suffer a still birth or miscarriage.

SUB Plan benefits are intended to supplement Maternity and Parental Leave Employment Insurance benefits received by you during the period of disability following childbirth. The combination of SUB Plan benefits and the Employment Insurance benefits will provide you with income equivalent to that payable under our current Short Term Disability plan.

For your reference, as of September 1, 2017, the SUB Plan together with EI benefits provide the following level of income replacement:

First Week:	$0 (waiting period - sick leave may apply)
Next 3 weeks:*	67% or 75% of weekly earnings*
Next 19.4 weeks (with medical proof):*	67% or 75% of weekly earnings*

*depending on the short-term disability plan that your school has elected

The total STD/SUB plan benefit period is 164 days (i.e. 23.4 weeks), including a one week waiting period.

To be eligible, you must generally provide your employer with proof that you have applied for and are in receipt of Employment Insurance benefits in order to receive SUB Plan benefits.

Assuming the other qualification requirements are met, after satisfying the one week waiting period following your delivery date, you will receive SUB Plan benefits for the next 3 weeks (without providing medical proof of disability) because we will assume you are required to be absent from work during this period due to pregnancy-related disability. For periods of pregnancy disability extending beyond this four week period (i.e. 1 week waiting period, plus 3 weeks of benefit), you will be required to provide medical proof of disability.

Short Term Disability benefits are not payable with respect to any period for which you are eligible to receive SUB Plan benefits.

This is a general overview of the SUB Plan only. Please contact Christian Education Employee Benefits Team for more details on the terms and conditions of the SUB Plan.

2.7 STD Exclusions & Limitations

STD benefits are not paid when:

- The illness or injury is covered by workers' compensation;
- You are receiving comparable benefits under the Maternity and Parental leave benefits under the EI Act or the Quebec Parental Insurance Plan;
- The illness or injury occurs while you are not eligible for benefits, except where required by law; and
- You have plastic surgery solely for cosmetic purposes except where attributable to illness or injury;

STD benefits are not paid for illnesses or injuries resulting from:

- service in the armed forces, war, participation in a riot or disorderly conduct;
- intentionally self-inflicted injuries;
- participation in a criminal offence; or
- drug or alcohol abuse unless you are participating in an approved rehabilitation and/or treatment plan and/or unless there is a medical condition that would cause total disability even if drug and alcohol abuse ended.

2.8 Termination of STD Benefits

STD benefits cease when:

- You are no longer under the care of a licensed physician in Canada;
- You are no longer totally disabled;
- The end of the maximum benefit period (164 days) is reached;
- You are not submitting the required medical information in the timelines specified by Christian Education Health Plan and Trust or a third party Disability Case Manager;
- You refuse to return to reasonable, suitable or accommodated work that is within your functional capacity based on objective medical evidence;

- You perform any work for wage or profit unless otherwise approved by Christian Education Health Plan and Trust and your School;
- You are serving a prison sentence;

Furthermore, STD benefits cease on:

- Your last day of active employment;
- The date you retire; or
- The date you die.

2.9 Subrogation

When the disability is caused by another person and you have a legal right to recover damages for lost earnings, Christian Education Health Plan and Trust will require you to complete a subrogation reimbursement agreement provided to you by Acclaim Ability Management when claiming for STD benefits. On settlement or judgement of your legal action, you will be required to reimburse Christian Education Health Plan and Trust those amounts paid in STD benefits from the proceeds of any successful monetary settlement, as Christian Education Health Plan and Trust is second payer in this situation.

3 Application Process for STD Benefits

Application for STD benefits requires completion of two forms – the Absence Notification Form and the Attending Physician Statement Form – both of which are available at https://www.christianeducationbenefitsolutions.org.

Instructions on how and where to remit the forms are indicated on each form.

Your entitlement for STD benefits is reviewed and assessed by the third party Disability Case Manager (currently Acclaim Ability Management). Your School will not have access to your private medical information, unless authorized by you in writing. Christian Education Health Plan and Trust will commence, cease or adjust the STD benefits in accordance with the advice of the Disability Case Manager.

It is important that you provide the required information as soon as possible as no STD benefit payments can be made until the STD claim has been assessed by the Disability Case Manager. You are responsible for the costs associated with the application for STD benefits, including but not limited to the completion of any medical reports requested in order to assess entitlement for STD benefits. Once approved for STD benefits, and during your recovery period, additional medical evidence may be required to support continuing total disability.

4 Rehabilitation Programs and Return to Work

When you are totally disabled, you may be able to perform some of the duties of your own occupation, or of an available alternative occupation. The third party Disability Case Manager may assist with arranging such rehabilitation opportunities. Participation in the Rehabilitation Program will not disqualify you from receiving STD benefits while the rehabilitation program continues as long as you continue to be otherwise eligible and entitled to STD benefits.

The Rehabilitation Program is focused on you achieving a full return to work with your School and could include one or a combination of:

- A gradual return to work by adjustment of work hours;
- Adjustment of duties and/or tasks; or
- Temporary reassignment to another occupation.

When you are participating in a Rehabilitation Program, you are eligible to receive STD benefits and regular earnings during the period of rehabilitation to a maximum total of 100% of pre-disability earnings. During the rehabilitation plan, your School will pay you for the hours/days worked, and the applicable STD benefit amount will be paid for the hours/days you did not work. Where there is rehabilitative work available at your School on an unpaid basis only, you will continue to receive STD benefits for the hours/days worked.

5 Appeals

Where you do not agree with the decision regarding entitlement for STD benefits, you may appeal the decision. All appeals are to be made in writing, with supplementary medical information included, to Christian Education Health Plan and Trust within thirty (30) calendar days from the date of the decision letter. You are responsible for the payment of any costs associated with the provision of medical reports that may be required for the appeal. STD benefits will cease while a claim is under appeal.

If you disagree with the decision rendered on your appeal, you may appeal your case to the Christian Education Health Plan and Trust Board of Trustees, whose decision in the matter shall be final and binding on you and Christian Education Health Plan and Trust.

6 Advisory

Please be advised that the Christian Education Health Plan and Trust Short Term Disability plan has been designed to qualify under the Employment Insurance (EI) Premium Reduction Program, with the intent to ensure eligibility for premium reduction for participating schools.

In any circumstance where this program jeopardizes the eligibility for premium reduction for participating Schools, the EI Premium Reduction Program requirements will take precedence over this plan wording.

Employee/Family Assistance Plan (Optional)

This benefit is provided by Ceridian Corporation. It is an option, to be elected by the school.

The Christian Education Health Plan and Trust includes an Employee/Family Assistance Plan (EAP) called “LifeWorks” which member schools can choose to include in their benefits plan. LifeWorks is offered through Ceridian Corporation, which offers counselling in the following areas:

- Parenting and child care
- Education
- Older adults
- Midlife and retirement
- Disability
- Financial
- Legal

- Everyday issues
- Work
- Managing people
- Health
- Emotional well-being
- Addiction and recovery
- Grief and loss

All communication between you and LifeWorks is **completely confidential**.

The LifeWorks plan offered to employees and their families includes:

- Unlimited telephone and online access to experienced consultants
- Three face-to-face counselling sessions as needed on specific issues
- Confidential, personal support available in more than 140 languages
- English and French counselors available through a toll free number 24 hours a day, seven days a week, 365 days a year
- LifeWorks Online, an informative Web site to give you direct access to the information and resources you need to help you balance your work and personal life
- Booklets, audio recordings, and other materials to help you get the answers you need in the format you want
- Referrals to resources, services, and support in your community

any additional sessions may be eligible for reimbursement under the Supplementary Health Care benefit.

Co-op Student Occupational Coverage (Optional)

Co-op students, when working away from the School, are not covered by the employer's Workers' Compensation insurance if they are not paid. These students are covered by the School's Workers' Compensation insurance, if the School has the insurance. Where a School does not participate in a provincial Workers' Compensation plan (WSIB in Ontario) the student then has no insurance against accidents that occur during the Co-op assignment. Christian Education Health Plan and Trust has arranged an occupational benefit coverage option that Schools who do not participate in Workers' Compensation can elect for their Co-op students.

Participation in Workers' Compensation is provincially regulated and as such, participation requirements are not uniform across Canada. In most provinces, participation in Workers' Compensation is compulsory. In other provinces, mandatory coverage through union groups is sometimes required. Schools in Alberta, Manitoba, Ontario and Nova Scotia that meet the provincial requirements may not have to participate in legislated Workers' Compensation.

To arrange for this coverage, contact Christian Education Employee Benefits Team.

The following chart illustrates the benefits for occupational illness and injury.

American Home Benefit	Christian Education Health Plan and Trust
AD&D Accidental Medical Weekly Indemnity	Co-op Students under the age of 70 whose names are on file with Christian Education Health Plan and Trust.

Eligibility

Co-op students (including those without remuneration) will be covered for benefits if your school elects to participate in this plan. There is no minimum number of hours which must be worked to be eligible for coverage.

Plan Provisions

Coverage for the occupational benefits as noted below will be provided through the American Home Assurance Company of Canada.

The following list provides a summary of the occupational benefit provisions provided by American Home:

Part I: AD&D

Death/Dismemberment Benefit - Principal Sum of $50,000
Repatriation - $10,000
Rehabilitation - $10,000
Family Transportation - $10,000
Home/Vehicle Modification - $10,000
Funeral Expenses - $6,500
Day Care Benefit - 3% of Principal Sum to $5,000

Part II: Accidental Medical

Accidental Medical Benefits - $20,000

Part III: Weekly Indemnity

Weekly Benefits - Flat $100/week for 26 weeks
Permanent Total Disability - Principal Sum of $50,000

Accidental Death and Dismemberment Indemnity

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from injury, provided that:

- such loss occurs (1) within three hundred and sixty-five days after the date of accident causing such loss; or (2) if Weekly Accident Indemnity is provided under the policy with respect to an Insured Person, within a period of continuous total disability resulting from such injury, and for which indemnities are payable with respect to such person under such provision, but within fifty-two weeks after the date of accident causing such loss; and
- the indemnity payable for any such loss shall be the amount stated opposite such loss in said Table, and the Principal Sum stated therein shall be the amount stated as Principal Sum; and
- if more than one loss stated in said Table is sustained as the result of one accident, only one of the amounts so stated in said Table, the largest shall be payable.

Table of Losses

Loss of Life -The Principal Sum
Loss of Both Hands - The Principal Sum
Loss of Both Feet - The Principal Sum
Loss of Entire Sight of Both Eyes - The Principal Sum
Loss of One Hand and One Foot - The Principal Sum
Loss of One Hand and the Entire Sight of One Eye - The Principal Sum
Loss of One Foot and the Entire Sight of One Eye -The Principal Sum
Loss of One Arm - Three-Quarters of The Principal Sum
Loss of One Leg - Three-Quarters of The Principal Sum
Loss of One Hand - Two-Thirds of The Principal Sum
Loss of One Foot - Two-Thirds of The Principal Sum
Loss of The Entire Sight of One Eye - Two-Thirds of The Principal Sum
Loss of Thumb and Index Finger of the Same Hand - One-Third of The Principal Sum
Loss of Speech and Hearing - The Principal Sum
Loss of Speech or Hearing - Two-Thirds of The Principal Sum
Loss of Hearing in One Ear - One-Sixth of The Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs) - Two-Times The Principal Sum
Paraplegia (total paralysis of both lower limbs) - Two-Times The Principal Sum
Hemiplegia (total paralysis of upper and lower limbs of one side of the body) - Two Times The Principal Sum
Loss of Use of Both Arms or Both Hands - The Principal Sum
Loss of Use of One Hand or One Foot - Two-Thirds of The Principal Sum
Loss of Use of One Arm or One Leg - Three-Quarters of The Principal Sum
Loss of Four Fingers of One Hand - One-Third of The Principal Sum
Loss of All Toes of One Foot - One-Eighth of The Principal Sum

“Loss” as above used with reference to quadriplegia, paraplegia, and hemiplegia means the complete and irreversible paralysis of such limbs; as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or knee joint; as used with reference to thumb and index finger means complete severance through or above the first phalange; as used with references to fingers means complete severance through or above the first phalange of all four fingers of one hand; as used with reference to toes means complete severance of both phalanges of all the toes of one foot; and as used with reference to eye means the irrecoverable loss of the entire sight thereof.

“Loss” as above used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing in both ears.

“Loss” as used with reference to “Loss of Use” means the total and irrecoverable loss of use provided the loss is continuous for 12 consecutive months and such loss is determined to be permanent.

All claims submitted under this policy for Loss of Use must be verified by agreement between a licensed practicing physician appointed by the Policyholder and a licensed practicing physician appointed by the Company, or in the event that the two physicians so appointed cannot arrive at an agreement, a third licensed practicing physician shall be selected by the first two physicians and the majority decision of the three physicians shall be binding on the Policyholder and the Company. This procedure may be waived by the Company at its sole discretion.

Indemnity provided under this Section for all losses sustained by any one (1) Insured Person as the result of any one (1) accident, only one of the amounts so stated in said Table, the largest shall be payable.

Disappearance

If the body of an Insured Person has not been found within one year of disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then it shall be deemed subject to all other terms and provisions of the policy, that such Insured Person shall have suffered loss of life within the meaning of the policy.

Beneficiary Designation

In the event of Accidental Loss of Life, benefits shall be payable to the Estate of the Insured Person.

All other benefits shall be payable to the Insured Person.

Repatriation

If accidental death, covered by the plan, occurs more than 200 kilometres away from your permanent place of residence and within 365 days of the date of the accident, the plan will reimburse the actual expenses up to $10,000 which are incurred for the preparation and shipment of the deceased's body to the place of residence.

Rehabilitation

If you suffer an injury listed in the loss Table, this plan will pay up to $10,000 for special training, provided such training is required because of the covered injury and in order to qualify you for an occupation in which you would not be engaged except for the accident. All such expenses must be incurred within two years from the date of the accident and are limited to the cost of the training and materials needed for such training.

Family Transportation

When injuries covered by the policy result in an Insured Person being confined to a hospital, outside 200 Km from his/her permanent city of residence, within 365 days of the accident and the attending physician recommends the personal attendance of a member of the immediate family, the Company shall pay the actual expenses incurred by the immediate family member for transportation by the most direct route by a licensed common carrier to the confined Insured Person but not to exceed the amount of $10,000.00.

The term "member of the immediate family" means the spouse (or common-law spouse) parents, grandparents, children age 18 and over, brother or sister of the Insured Person.

Home Alteration and Vehicle Modification

If an Insured Person receives a payment under the Accidental Death and Dismemberment Section herein and was subsequently required (due to the cause for which payment was made) to use a wheelchair to be ambulatory, then this benefit will pay, upon presentation of proof of payment:

- The one-time cost of alterations to the injured person's residence to make it wheel-chair accessible and habitable; and

- The one-time cost of modifications necessary to a motor vehicle, owned by the injured person, to make the vehicle accessible or driveable for the insured Person.

Benefit payments herein will not be paid unless:

- Home alterations are made on behalf of the Insured Person and carried out by an experienced individual in such alterations and recommended by a recognized organization, providing support and assistance to wheel-chair users; and

- Vehicle modifications are made on behalf of the Insured Person and carried out by an experienced individual in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum payable under this expense will not exceed $10,000.00.

Day Care Benefit

If indemnity becomes payable under the policy for accidental loss of life of an insured employee, the Company will pay an amount equal to the lessor of the following
amounts:

- The actual cost charged by such day care center per year, or

- 3% of the Insured's Principal Sum, or

- $5,000.00 per year,

On behalf of any child who was an Insured's dependent at the time of such loss and is under age 13 and is currently enrolled or subsequently enrolled in an accredited day care center within 90 days following such loss.

The benefit is payable annually for a maximum of four consecutive payments but only if the dependent child continues his or her enrollment in an accredited day care center.

Funeral Expenses

When injuries covered by this policy result in accidental loss of life of an Insured Person, the Company will pay the actual expense incurred for preparing the deceased for burial and funeral expenses subject to a maximum of $6,500.00.

Accidental Medical Treatment Benefit

The Company shall pay the expenses actually incurred by an Injured Person for necessary medical or surgical treatment, services or supplies, including necessary hospital, nursing and ambulance services, furnished to such person within one year after the date of the accident resulting in injury, provided that:

- the first such expense is incurred within twenty-six weeks after the date of the accident;

- with respect to all such expenses incurred as the result of any one accident, such payment shall not exceed $20,000, as applicable to such person and this Coverage; and

- such expenses are in excess of benefits provided by a Provincial or Federal hospital and/or medical plans to the extent permitted by law.

Weekly Accident Insurance

The Company shall pay a Weekly Accident Indemnity during a period of continuous total disability of an Insured Person resulting from injury, provided that:

- such period of disability commences within thirty days after the date of the accident causing such injury; and
- such indemnity shall be payable at flat $100 per week; and
- the maximum period for which such indemnity shall be payable for any one such period of disability shall not exceed 26 weeks.

The term “total disability” as used in this Coverage shall mean disability which wholly and continuously prevents such person from performing every duty pertaining to his assignment.

Permanent Total Disability Indemnity

When as the result of injury and commencing within 365 days of the date of the accident an Insured Person is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he is reasonably qualified by reason of his education, training or experience, the Company shall pay, provided such disability has continued for a period of twelve consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum less any other amount paid or payable under the Accidental Death and Dismemberment Indemnity Coverage of the policy as the result of the same accident.

Exclusions

The accident insurance plan does not cover any loss resulting from:

- Suicide or self-inflicted injuries while sane or insane;
- Full-time service in the Armed Forces of any country;
- Declared or undeclared war or any act thereof; or
- Injuries received during aircraft travel except for the purposes of transportation where the member is travelling as a passenger.

To apply for Group Benefits, you must submit a completed Enrolment form to the Christian Education Health Plan.

Making Changes

To ensure that coverage is kept up to date for yourself and your dependents, it is vital that you report any changes to your School. Such changes could include:

- change in Dependent Coverage
- change in Beneficiary
- applying for coverage previously waived
- change in Name
- change in address
- change in phone number or email
- change in coordination of benefits
- change in marital status

Naming a Beneficiary

Manulife Financial does not accept beneficiary designations for any benefits other than Employee Life Insurance, Employee Optional Life Insurance and Accidental Death and Dismemberment.

This Plan contains a provision removing or restricting the right of the covered person to designate persons to whom or for whose benefit money is to be payable.

How to Submit a Claim

All claim forms must be correctly completed, dated and signed. Remember, always provide your Group Policy Number, Plan Document Number and your Certificate number (found on your Group Benefit Card) to avoid any unnecessary delays in the processing of your claim.

The Christian Education Health Plan can assist you in properly completing the forms, and answer any questions you may have about the claims process and your Group Benefit Program.

You may not commence legal action against the School or the Administrator less than 60 days after proof has been filed as outlined under Submitting a Claim. Every action or proceeding against the School or the Administrator for the recovery of money payable under the plan is absolutely barred unless commenced within the time set out in the Insurance Act or applicable legislation.

Employee Life Insurance

To submit an Employee Life Insurance claim, your beneficiary must complete the Life Claim form which is available from your Plan Administrator.

Documents necessary to submit with the form are listed on the form.

A completed claim form must be submitted within 1 year from the date of the loss.

Upon request, a partial payment up to $5,000 may be paid in advance without proof of death.

Dependent Life Insurance

To submit a Dependent Life Insurance claim, you must complete the Life Claim form which is available from your Plan Administrator. Documents necessary to submit with the form are listed on the form.

A completed claim form must be submitted within 1 year from the date of loss.

Spousal Optional Life Insurance

To submit an Spousal Optional Life Insurance claim, you must complete the Life Claim form which is available from your Plan Administrator. Documents necessary to submit with the form are listed on the form.

A completed claim form must be submitted within 1 year from the date of loss.

AD&D

To submit an Accidental Death Claim, your beneficiary must complete a Life Claim form.

To submit a Dismemberment Claim, you must complete an Accidental Dismemberment Claim form.

Both forms are available from your Plan Administrator, and require a physician’s statement.

A completed claim form must be submitted within 1 year from the date of loss.

Dependent AD&D

To submit a Dependent Accidental Death Claim, a Life Claim form must be submitted. To submit a Dependent Optional Dismemberment Claim, you must complete an Accidental Dismemberment Claim form. Both forms are available from your Plan Administrator, and require a physician's statement.

A completed claim form must be submitted within 1 year from the date of loss.

Extended Health Care

To submit an Extended Health Care claim, you may enter claims information online on the Plan Member website, except when claiming for physician or hospital expenses incurred outside your province of residence. For these expenses, you must complete an Out-of-Province/Out-of-Canada claim form. Claim forms are available at www.manulife.ca/groupbenefits.

All applicable receipts must be submitted electronically or attached to the completed claim form when submitting it to Manulife Financial.

All claims must be submitted within 18 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.

Claims for Out-of-Canada expenses must first be submitted to the Provincial Plan for payment. Any outstanding balance should be submitted to Manulife Financial, along with the explanation of payment from the Provincial Plan.

Dental Care

To submit a claim, you may enter claims information online on the Plan Member website, your dental provider may submit electronically or you may complete a Dental Claim form. Claim forms are available at www.manulife.ca/groupbenefits.

All claims must be submitted within 18 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.

Long Term Disability

To submit a claim, you must complete the Long Term Disability claim form which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted to Manulife Financial within 180 days from the end of the Qualifying Period.

Short Term Disability

To submit a claim, you and your employer must complete the Absence Notification Form. You and your attending physician must complete the Attending Physician Statement Form. Both forms are available at https://www.christianeducationbenefitsolutions.org. Submit completed forms as indicated on each form.

A completed claim must be submitted to Acclaim Ability Management within 180 days from the end of the Qualifying Period.

Critical Illness

To submit a Critical Illness Insurance claim, the insured person must have survived their illness for 14 days or more past the date they were first diagnosed. Some Critical Illness conditions have a specific qualifying period. For those conditions, the survival period will be described in the Covered Conditions by Categories section.

For all Critical Illness coverage, we will need to receive your completed claim form within 180 days of date of diagnosis of the Critical Illness.

For Critical Illness claims, visit the forms section at www.manulife.ca/groupbenefits or contact your Plan Administrator.

The form shows all of the necessary documents you need to submit to support your claim.

Payment of Extended Health Care and Dental Claims

Once the claim has been processed, Manulife Financial will send a Claim Statement to you.

The top portion of this form outlines the claim or claims made, the amount subtracted to satisfy deductibles, and the benefit percentage used to determine the final payment to be made to you. If you have any questions on the amount, contact Manulife Financial.

You should receive settlement of your claim within three weeks from the date of submission to Manulife Financial. If you have not received payment, please contact Manulife Financial.

Co-ordination of Extended Health Care and Dental Care Benefits

If you or your dependents are covered for similar benefits under another Plan, this information will be taken into account when determining the amount of expenses payable under this Program.

This process is known as Co-ordination of Benefits. It allows for reimbursement of covered medical and dental expenses from all Plans, up to a total of 100% of the actual expense incurred.

Plan means:

- other Group Benefit Programs;
- any other arrangement of coverage for individuals in a group; and
- individual travel insurance plans.

Plan does not include school insurance or Provincial Plans.

Order of Benefit Payment

A variety of circumstances will affect which Plan is considered as the "Primary Carrier" (i.e., responsible for making the initial payment toward the eligible expense), and which Plan is considered as the "Secondary Carrier" (i.e., responsible for making the payment to cover the remaining eligible expense).

- If the other Plan does not provide for Co-ordination of Benefits, it will be considered as the Primary Carrier, and will be responsible for making the initial payment toward the eligible expense.

- If the other Plan does provide for Co-ordination of Benefits, the following rules are applied to determine which Plan is the Primary Carrier.

  - For Claims incurred by you or your Dependent Spouse:

    The Plan covering you or your Dependent Spouse as an employee/member pays benefits before the Plan covering you or your Spouse as a dependent.

    In situations where you or your Spouse have coverage as an employee/member under more than one Plan, the order of benefit payment will be determined as follows:

    - The Plan where the person is covered as an active full-time employee, then

    - The Plan where the person is covered as an active part-time employee, then

    - The Plan where the person is covered as a retiree.

  - For Claims incurred by your Dependent Child:

    The Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

    However, if you and your Spouse are separated or divorced, the following order applies:

    - The Plan of the parent with custody of the child, then

    - The Plan of the spouse of the parent with custody of the child (i.e., if the parent with custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child), then

    - The Plan of the parent not having custody of the child, then

    - The Plan of the spouse of the parent not having custody of the child (i.e., if the parent without custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child).

- Where you and your spouse share joint custody of the child, the Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

- A claim for accidental injury to natural teeth will be determined under Extended Health Care Plans with accidental dental coverage before it is considered under Dental Plans.

- If the order of benefit payment cannot be determined from the above, the benefits payable under each Plan will be in proportion to the amount that would have been payable if Co-ordination of Benefits did not exist.

- If the person is also covered under an individual travel insurance plan, benefits will be co-ordinated in accordance with the guidelines provided by the Canadian Life and Health Insurance Association.

Submitting a Claim for Co-ordination of Benefits

To submit a claim when Co-ordination of Benefits applies, refer to the following guidelines:

- As per the Order of Benefit Payment section, determine which Plan is the Primary Carrier and which is the Secondary Carrier.

- Submit all necessary claim forms and original receipts to the Primary Carrier.

- Keep a photocopy of each receipt or ask the Primary Carrier to return the original receipts to you once your claim has been settled.

- Once your claim has been settled by the Primary Carrier, you will receive a statement outlining how your claim has been handled. Submit this statement along with all necessary claim forms and receipts to the Secondary Carrier for further consideration of payment, if applicable.