

Douglas College

Plan Document Number: G0083239

Group Policy Number:

G0083239

Table of Contents

Benefit Summary

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

Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.

*Employee Life
Insurance*

Benefit Amount - 1 times your annual earnings, to a maximum of \$800,000

Termination Age - your benefit amount terminates at age 71 or retirement, whichever is earlier.

Accidental Death and Dismemberment

The Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0039945.

*Accidental Death and
Dismemberment*

Benefit Amount - 1 times your annual earnings, to a maximum of \$800,000

Termination Age - your benefit amount terminates at age 71 or retirement, whichever is earlier.

Extended Health Care

The Benefit

Overall Benefit Maximum - Unlimited

Deductible - \$50 per calendar year

Not applicable to:

- Hospital Care
- Vision (Eye Exams)

Benefit Percentage (Co-insurance)

100% for

- Hospital Care
- Vision (Eye Exams)

80% for

- Drugs
- Medical Services & Supplies
- Professional Services
- Vision (other than Eye Exams)

*Extended Health Care
Extended Health Care -
The Benefit*

Note:

The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 80%.

Termination Age - the end of the month in which the employee attains age 71 or the last day of the month following the month in which the employee retires, whichever is earlier

ManuScript Generic Drug Plan 2 - Prescription Drugs

***Extended Health Care -
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.

Benefit Summary

- Payment of Covered Expenses

- 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

- 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

Benefit Summary

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

Vision Care

Extended Health Care - Vision Care

eye exams, up to \$100 per 24 consecutive months

purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a combined maximum of \$650 per 24 consecutive months

if contact lenses are required 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, the maximum payable will be 1 pair of eyeglasses or contact lenses per lifetime

non-prescription reading glasses, to a maximum of \$40 per 24 consecutive months

Professional Services

Extended Health Care - Professional Services

Services provided by the following licensed practitioners:

Acupuncturist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist

Chiropractor - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist, limited to \$25 per visit for the first 3 visits in any calendar year

Osteopath - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist

Podiatrist/Chiropracist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist, limited to \$25 per visit for the first 3 visits in any calendar year

Massage Therapist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist, limited to \$25 per visit for the first 3 visits in any calendar year

Naturopath - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist, limited to \$25 per visit for the first 3 visits in any calendar year. Lab fees are not subject to the per visit maximum.

Speech Therapist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist

Benefit Summary

Physiotherapist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropract, massage therapist, naturopath, speech therapist and physiotherapist, limited to \$25 per visit for the first 3 visits in any calendar year

Mental Health Practitioner* - \$1,000 per calendar year

* Mental Health Practitioner includes services of a clinical counsellor, social worker, marriage and family therapist, psychoanalyst, psychologist and psychotherapist only

Dental Care

The Benefit

*Dental Care
Dental Care - The
Benefit*

Deductible - Nil

Dental Fee Guide - Current British Columbia Dental Association Approved Fee Guide for General Practitioners and Specialists

Benefit Percentage (Co-insurance)

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 60% for Level III - Dentures
- 60% for Level IV - Major Restorative Services

Benefit Maximums

- \$1,200 per calendar year combined for Level I, Level II and Level III
- unlimited for Level IV

Termination Age - the end of the month in which the employee attains age 71 or the last day of the month following the month in which the employee retires, whichever is earlier

Weekly Income (Short Term Disability)

The Weekly Income Benefit is insured under Manulife Financial's Policy G0039945.

Weekly Income

Benefit Amount - 75% of weekly earnings, to a maximum benefit of \$1,100

Qualifying Period - 30 calendar days, if the disability is due to an accident; 30 calendar days, if the disability is due to a sickness

Maximum Benefit Period - 26 weeks. However, if you attain age 65 while receiving benefits, benefits will continue to be paid until you have received a total of 15 weeks of benefit payments.

Termination Age - end of the month following your attainment of age 65 or retirement, whichever is earlier

Long Term Disability

Long Term Disability

The Long Term Disability Benefit is insured under Manulife Financial's Policy G0039945.

Benefit Amount

The greater of:

66.7% of the first \$1,500 of monthly earnings, plus 50% of monthly Earnings in excess of \$1,500, to a maximum benefit of \$12,000; or

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,

Explanation of Commonly Used Terms, which provides a brief explanation of the terms used throughout this Benefit Booklet,

a clear, concise explanation of your Group Benefits,

information you need, and simple instructions, on how to submit a claim.

Your Benefit Booklet includes...

Important Note

This information has been prepared to help you towards a better understanding of your Group Benefits coverage. It does not create or confer any contractual or other rights. The terms and conditions governing the coverage are set out in your collective agreement and the Group Policy/ies and Plan Document(s) issued by The Manufacturers Life Insurance Company. In the event of any variation between the information provided in this booklet and the provisions of the collecti

Important Note

How to Use Your Benefit Booklet

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.

Your Group Benefit Card

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 print your Certificate Number on the front of this booklet for easy reference.

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.

Addiction Facility

a licensed facility that specializes in the evaluation and treatment of drug addiction, alcoholism and associated disorders

Addiction Facility

Adherence

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

Adherence

Administrator

Manulife Financial

Administrator

Advisory Body

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

Advisory Body

Benefit Percentage (Co-insurance)

the percentage of Covered Expenses which is payable by the administrator, acting on behalf of your employer.

**Benefit Percentage
(Co-insurance)**

Covered Expenses

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

Covered Expenses

Deductible

the amount of Covered Expenses that must be incurred and paid by you before benefits are payable by the administrator, acting on behalf of your employer.

Deductible

Disease Management Programs

an approach to healthcare that teaches patients how to manage a chronic disease. A system of coordinated healthcare intervent

**Disease Management
Programs**

Explanation of Commonly Used Terms

Earnings

Earnings

your regular rate of pay, including regular bonuses and regular overtime, and excluding occasional overtime pay.

Your earnings may also include other income as agreed to in writing by your employer and Manulife Financial, and which is reported periodically by your employer to Manulife Financial.

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 employer to Manulife Financial and for which premiums have been paid.

Exclusive Distribution

Exclusive Distribution

Manulife Financial approved vendors.

Experimental or Investigational

Experimental or Investigational

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

Immediate Family Member

Immediate Family Member

for the Accidental Death and Dismemberment Benefit, a person who is at least 18 years of age who is your son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the above include natural, adopted or step relationships), spouse, grandson, granddaughter, grandmother or grandfather.

for Extended Health Care and Dental Care Benefits, you, your spouse or child, your parent or your spouse's parent, your brother or sister, or your spouse's brother or sister.

Interchangeable Drug

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

Licensed, Certified, Registered

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.

Life-Sustaining Drugs

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.

Lower Cost Alternative

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.

Medically Necessary

Non-Evidence

Explanation of Commonly Used Terms

Reasonable and Customary

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.

Take Home Pay (Net Earnings)

Take Home Pay (Net Earnings)

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

Waiting Period

Waiting Period

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

Ward

Ward

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

Government health plans can provide coverage for such basic medical expenses as hospital charges and doctors' fees. In case of disability, government plans (such as Employment Insurance, Canada/Quebec P

Why Group Benefits?

Naming a Beneficiary

Naming a Beneficiary

Manulife Financial does not accept beneficiary designations for any benefits other than Employee 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

How to Submit a Claim

All claim forms, available from your employer, 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.

Your employer 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 Employer or the Administrator less than 60 days after proof has been filed as outlined under Submitting a Claim. Every action or proceeding against the Employer 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.

Sign up to use Manulife's Plan Member Secure Site at www.manulife.ca/groupbenefits.

When combined with your health care service provider's electronic transmission of your claim, in some cases you can go to your appointment in the morning and see a record of your claim processing on the site in the afternoon!

If your health care service provider cannot send Manulife el

You should receive settlement of y

Eligibility

You are eligible for Group Benefits if you:

are a permanent and part-time BCGEU auxiliary staff employee of Douglas College and work at least the Required Number of Hours,

are a member of an eligible class,

are younger than the Termination Age,

for Extended Health Care benefits, are covered under the Provincial plan,

are residing in Canada, and

have completed the Waiting Period.

Eligibility

Effective Date of Coverage

***Effective Date of
Coverage***

If medical evidence is not required, your Group Benefits will be effective on the date you are eligi

Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.

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

Benefit Amount - 1 times your annual earnings, to a maximum of \$800,000

Non-Evidence Limit - \$800,000

Qualifying Period for W

*Employee Life
Insurance*

*Employee Life - The
Benefit*

A completed claim form must be submitted within 18 months following the day you were last actively at work, provided notification is submitted to Manulife Financial within 12 months of the date you were last actively at work.

Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it is not reasonably possible to furnish such proof within the required time, and if proof is given as soon as is reasonably possible.

Waiver of Premiums

Employee Life Insurance - Waiver of Premiums

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.

Definition of Totally Disabled

Employee Life Insurance - Totally Disabled

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing any and every duty of:

your own occupation, during the Qualifying Period and the 24 months immediately following the Qualifying Period

any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 24 months 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

Employee Life Insurance - Entitlement Criteria

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

you must be continuously Totally Disabled throughout the Qualifying Period

you must be receivi

*Employee Life
Insurance - Conversion
Privilege*

Conversion Privilege

If your Group Benefits terminate or reduce, you may be eligible to convert all or part of your Employee Life Insurance to an individual policy, without medical evidence. Your application for the individual policy along with the first monthly premium must be received by Manulife Financial within 31 days of the termination or reduction of your Employee Life Insurance. If you die during this 31-day period, the amount of Employee Life Insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion.

For more information on the conversion privilege, please see your Plan Administrator. Provincial differences may exist.

Accidental Death and Dismemberment

Your Group Benefits

Schedule of Losses

AD&D - 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 - 75%
- Loss of Sight of One Eye - 75%
- Loss of Speech or Hearing in Both Ears - 75%
- Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33.33%
- 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

AD& D - 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.

Aggregate Limit

AD& D - Aggregate Limit

In no event will the amount paid for total lives exceed \$5,000,000.

Rehabilitation Expenses

AD& D - 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 \$15,000.

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

Repatriation Expenses

AD& D - Repatriation Expenses

If you die as a direct result of an accidental injury which occurs while travelling, 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 \$15,000.

Family Transportation Expenses

AD& D - Family Transportation Expenses

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and are confined to a hospital located within 150 kilometres from your normal place of residence, Manulife Financial will pay the 150 kilometre gainful em00 6

If transportation is by means other than a conveyance which is licensed to transport fare-paying passengers, expenses incurred will be reimbursed at a rate of \$0.20 per kilometre travelled.

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

Seat Belt Benefit

If you die as a direct result of an accidental inj

***AD&D - Seat Belt
Benefit***

Your Group Benefits

If you have not appointed a beneficiary under this policy, but you had appointed a beneficiary under a prior policy where you were covered prior to becoming covered under this policy, then the most recently appointed beneficiary under that prior policy is considered your beneficiary under this policy.

You should review your beneficiary designation to be sure that it reflects your current intent.

Submitting a Claim

AD& D - Submitting a Claim

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 the earlier of:

15 months following the date of loss

90 days following the date of termination of your insurance

90 days following the date of termination of this Policy or a benefit therein.

Waiver of Premium

AD& D - 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

AD& D - 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

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 employer

Extended Health Care

Your Extended Health Care Benefit is provided directly by Douglas College. 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 and your employer's Benefit Plan.

Extended Health Care

If you 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

Overall Benefit Maximum - Unlimited

*Extended Health Care -
The Benefit*

Deductible - \$50 per calendar year

Not applicable to:

- Hospital Care
- Vision (Eye Exams)

Benefit Percentage (Co-insurance)

100% for

- Hospital Care
- Vision (Eye Exams)

80% for

- Drugs
- Medical Services & Supplies
- Professional Services
- Vision (other than Eye Exams)

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Note:

The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 80%.

Termination Age - the end of the month in which the employee attains age 71 or the last day of the month following the month in which the employee retires, whichever is earlier

Waiting Period

first of the month coincident with or next following date of hire

Covered Expenses

**Extended Health Care -
Covered Expenses**

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

- medically necessary for the treatment of 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

- 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 plan 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 51.397ftvges for0779 TDE2hoe5e8a3O08bir4ies 7 0.00E10.00 rg7cy M10.0000

Your Group Benefits

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.

Adherence

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.

Patient Assistance Programs

Disease Management Programs

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

Disease Management Programs

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.

Extended Health Care - Advance Supply Limitation

- Drug Expenses

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

- Drug Expenses

- a) the quantity prescribed by your physician or dentist, or
- b) a 90 day supply.

Hospital Care

**Extended Health Care -
Hospital Care**

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Extended Health Care -

Extended Health Care -

Your Group Benefits

- Drug Maximums

Fertility drugs - \$2,500 per lifetime

Anti-smoking drugs - \$500 per lifetime

All other covered drug expenses - Unlimited

- Drug Maximums

- 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.

- Payment of Covered Expenses

- 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.

- No Substitution Prescriptions

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

Speech Therapist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist

Physiotherapist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist, limited to \$25 per visit for the first 3 visits in any calendar year

Mental Health Practitioner* - \$1,000 per calendar year

* Mental Health Practitioner includes services of a clinical counsellor, social worker, marriage and family therapist, psychoanalyst, psychologist and psychotherapist only

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.

***Extended Health Care -
Medical Services and
Supplies***

Private Duty Nursing

Services which are deemed to be within the practice of nursing and which are provided in the patient's home by:

a registered nurse, or

a registered nursing assistant (or equivalent designation) who has completed an approved medications training program

Covered Expenses are subject to a maximum of \$5,000 per 36 months.

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

- Private Duty Nursing

Your Group Benefits

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

- 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, to a maximum of \$300 per calendar year

Medical Equipment

- Medical Equipment

rental or, when approved by Manulife Financial or your employer, 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

- Non-Dental Prostheses, Supports and Hearing Aids

external prostheses. Breast prostheses are limited to post-mastectomy only, to a maximum of 1 per calendar year.

surgical stockings/support hose, up to a maximum of 4 pairs per calendar year

surgical brassieres, up to a maximum of 4 per calendar year

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

stock-item orthopaedic shoes and modifications or adjustments to stock-item orthopaedic shoes or regular footwear, provided such footwear forms an integral part of a brace (recommendation of either a physician or a podiatrist is required)

casted, custom-made orthotics, up to a maximum of 1 pair per calendar year, to a maximum of \$450 per pair (recommendation of either a physician or a podiatrist is required)

cost, installation, repair and maintenance of hearing aids, (including charges for batteries) to a maximum of \$1,000 per 5 calendar years

Other Supplies and Services

- Other Supplies and Services

eneuretic devices

ileostomy, colostomy and incontinence supplies

medicated dressings and burn garments

synvisc, to a maximum of 9 injections every 12 months

Your Group Benefits

wigs and hairpieces for patients with temporary hair loss as a result of medical treatment

oxygen

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

Gender Affirmation Treatment

Charges for feminization procedures as follows:

- Gender Affirmation Treatment

breast/chest surgery - augmentation mammoplasty (implants/lipofilling)

genital surgery - penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty, scrotoectomy, labiaplasty

non-genital, non-breast interventions - facial feminization surgery such as rhinoplasty, and blepharoplasty, abdominoplasty, liposuction, lipofilling, gluteal augmentation (implants/lipofilling), hair reconstruction, electrolysis or laser hair removal of facial, body hair or skin graft, reduction thyroid chondroplasty and laryngoplasty/vocal cord surgery

Charges for masculinization procedures as follows:

breast/chest surgery - mastectomy, chest masculinization

genital surgery - hysterectomy, salpingo-oophorectomy, metoidioplasty or phalloplasty, urethroplasty, vaginectomy, glansplasty, scrotoplasty and insertion of testicular implants; and insertion of an erectile device

non-genital, non-breast interventions - facial masculinization surgery such as facial bone reconstruction, rhinoplasty and blepharoplasty, abdominoplasty, liposuction, lipofilling, pectoral implants, electrolysis or laser hair removal of skin graft and laryngoplasty/vocal cord surgery

Charges for the following expenses are not covered:

expenses related to travel or accommodation under this benefit

services obtained outside of Canada

services that are considered cosmetic, except as otherwise provided under the list of eligible expenses as outlined in the feminization and masculinization procedures mentioned above

expenses related to the reversal of gender affirmation treatments

expenses related to sperm preservation and/or cryopreservation of fertilized embryos and expenses related to infertility

any services/expenses payable under any Provincial/Territorial Plan.

The purpose of this coverage is related to masculinization or feminization, not elective cosmetic enhancement. All eligible services must be medically necessary and ordered by a physician involved in the transitioning treatment.

In order to be eligible for the gender affirmation treatment expenses outlined in this section, the covered person must go through the provincial/territorial process, where provincial/territorial coverage exists.

A covered person must provide the Administrat

Out-of-Province/Out-of-Canada

-Out-of-Province/Out-of-Canada

treatment required as a result of a medical emergency which occurs during the first 365 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.

A Medical Emergency is

- a sudden, unexpected injury or a new medical condition which occurs while you are travelling outside of your 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, you have 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 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.

Charges for the following are payable under this expense:

physician's services

hospital room and board up to the hospital maximum 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 f

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

Submitting a Claim

Extended Health Care -
Submitting a Claim

To submit an Extended Health Care claim, you must complete an Extended Health Care Claim form, 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 from your employer or [cept when c1205TJET0](#).

All applicable receipts must be attached to a completed claim form when submitted to Manulife. Certain claims can be submitted electronically through the Manulife Group Benefits website at [manulife.ca/groupbenefits](#) or by calling.

All claims must be submitted within 15 months after the date the expense was incurred.

Claims for Out-of-Canada expenses must first be submitted to the Provincial Plan for payment. Any outstanding claims should be submitted to Manulife Financial, along with an explanation of the amount from the Provincial Plan.

Submitting a Third Party Liability Claim

Claiming our

[website](#)

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- i) for any drug on the RAMQ List which is not otherwise covered under the terms of this Benefit, the percentage payable is 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 this Benefit, 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 this Benefit, the percentage payable is 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 calendar 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)

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)

Your G4000hp

- 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

Dental Care

Your Dental Care Benefit is provided directly by Douglas College. 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 and your employer's Benefit Plan.

If you 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

Dental Care - The Benefit

Deductible - Nil

Dental Fee Guide - Current British Columbia Dental Association Approved Fee Guide for General Practitioners and Specialists

Benefit Percentage (Co-insurance)

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 60% for Level III - Dentures
- 60% for Level IV - Major Restorative Services

Benefit Maximums

- \$1,200 per calendar year combined for Level I, Level II and Level III
- unlimited for Level IV

Termination Age - the end of the month in which the employee attains age 71 or the last day of the month following the month in which the employee retires, whichever is earlier

Waiting Period

first of the month coincident with or next following date of hire

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 your employer or Manulife Financial, taking all factors into account

do not exceed the f

Dental Care - Covered Expenses

Your Group Benefits

space maintainers (appliances placed for orthodontic purposes are not covered)

minor surgical procedures and post surgical care, other than surgical procedures covered under Level IV

extractions (including impacted and residual roots)

consultation with patient or other professionals, twice per calendar year

anaesthesia and conscious sedation

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

nervous/muscular disorders

Level II - Supplementary Basic Services

Dental Care - Level II - Supplementary Basic Services

surgical procedures not included in Level I (excluding implant surgery)

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 8 units per calendar year

- provisional splinting

- occlusal equilibration

endodontic services which include root canals and therapy, root amputation, apexifications, periapical services and the bleaching of endodontically-treated teeth

- 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

Dental Care - Level III - Dentures

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 5 years 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. The total amount payable for both the temporary and permanent dentures is the amount which would have been allowed for permanent dentures.

Level IV - Major Restorative Services

Dental Care - Level IV - Major Restorative Services

crowns, veneers and onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay

inlays

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 5 years 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. The total amount payable for both the temporary and permanent bridge is the amount which would have been allowed for a permanent bridge.

surgical incision and drainage

stomatoplasty, frenectomy and sialolithotomy

soft tissue biopsy, oral pathology, cytological tests and bacteriological exams

post-surgical treatment

excision of torus palatinus, unilateral and bilateral excision of torus mandibularis

**Dental Care - Late
Entrant Limitation**

Late Entrant Limitation

If you become covered for dental benefits more than 31 days after you first become eligible to apply, the amount payable in the first 12 months of coverage will be limited to \$300.

**Dental Care -
Pre-Determination of
Benefits**

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.

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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

Weekly Income - The Benefit

Benefit Amount - 75% of weekly earnings, to a maximum benefit of \$1,100

Qualifying Period - 30 calendar days, if the disability is due to an accident; 30 calendar days, if the disability is due to a sickness

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. Otherwise, benefits are not payable until the date you are first treated by your physician.

Maximum Benefit Period - 26 weeks. However, if you attain age 65 while receiving benefits, benefits will continued to be paid until you have received a total of 15 weeks of benefit payments.

Termination Age - end of the month following your attainment of age 65 or retirement, whichever is earlier

Waiting Period

first of the month coincident with or next following date of hire

Entitlement Criteria

Weekly Income - Entitlement Criteria

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

you must be continuously Totally Disabled throughout the Qualifying Period

your employer or Manulife Financial must receive medical evidence documenting how your illness or injury causes incapacitation, such that you are prevented from performing any and every duty of your own occupation or employment

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

At any time, your employer or 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 your employer or Manulife Financial-0.0434 Tw76.04scd8nTkw0.4486 0.0000 TD(ou to submit t).8301 960.00 submo937 0.00

Your Group Benefits

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 your employer or Manulife Financial

on leave of absence during which you become Totally Disabled, unless your employer is required to pay benefits during this period as a result of legislation, regulation or case law

receiving temporary disability benefits from Workers' Compensation

incarcerated in a prison, correctional facility, or mental institution by order of authority of a criminal court

**Weekly Income -
Periods for Which You
are Not Entitled to
Benefits**

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 source(s) for the same or related disability:

any other plan or program provided to you by or through your employer

any plan or program of any government or the crown (excluding Canada or Quebec Pension Plans, including Dependant benefits) or of any sub-division or agency of the government or the crown

any government motor vehicle automobile insurance plan or policy which is considered an allowable exclusion under the Employment Insurance Premium Reduction Regulations, unless prohibited by law.

Notwithstanding the above:

if this Weekly Income plan is registered for Employment Insurance premium reduction, the amount of benefit payable under this benefit shall only be reduced in respect of a source of income which has been approved as an acceptable limitation for registered plans under the Employment Insurance Act; and

if you are receiving any income or benefit payable under any government plan or program for an injury or disease totally unrelated to the injury or disease that caused the current Disability, Manulife Financial shall not reduce the Weekly Income benefit by that amount.

**Weekly Income -
Amount of Disability
Benefit Payable**

Subrogation

If your disability is caused by another person and you have a legal right to recover damages, your employer will request that you complete a subrogation reimbursement agreement when you submit your Weekly Income claim.

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

**Weekly Income -
Subrogation**

Tax Status of Benefits

Weekly Income - Tax Status

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

If your employer 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

Weekly Income - Payment of Disability Benefits

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

Termination of Benefit Payments

Weekly Income - Termination of Benefit

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Definition of Totally Disabled

Long Term Disability - Definition of Totally Disabled

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing any and every duty of:

your own occupation, during the Qualifying Period and the 24 months immediately following the Qualifying Period

any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 24 months 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

Long Term Disability - The Benefit

Benefit Amount

The greater of:

66.7% of the first \$1,500 of monthly earnings, plus 50% of monthly Earnings in excess of \$1,500, to a maximum benefit of \$12,000; or

60% of monthly earnings up to the monthly equivalent of the Employment Insurance maximum insurable earnings in any calendar year, plus 50% of the monthly earnings in excess of the monthly equivalent to the Employment Insurance maximum insurability earnings, to a maximum benefit of \$12,000

Non-Evidence Limit - \$12,000

Qualifying Period - 212 consecutive days, or expiration of benefits under the Weekly

Entitlement Criteria

Long Term Disability - 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 2 weeks 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 any and every duty of:

- your own occupation, during the Qualifying Period and the following 24 months, and

- any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the months 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

Long Term Disability - Periods for Which You are Not Entitled to Benefits

Your Group Benefits

Amount of Disability Benefit Payable

Long Term Disability - 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:

50% of earnings from a different and lesser paid occupation not related to Rehabilitation Assistance

Workers' Compensation or similar coverage

Canada or Quebec Pension Plans, excluding Dependant benefits

If necessary, the amount of your benefit will be further reduced so that your total income from all sources does not exceed 100% 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 income or benefit from a different or lesser paid occupation

any income payable under a pension or retirement plan of your employer, or any plan or arrangement resulting from the payment of any salary, wage or any other payment by your employer to you during the disability

any income or benefit payable under any other plan or program provided to you by or through your employer. Such plan or program includes any permanent and total disability benefit of group life insurance for which you could have elected not to apply

any other plan or program of any government or the Crown or of any subdivision or agency of the government or the Crown, including any government motor vehicle automobile insurance plan or policy which is considered an allowable exclusion under the Employment Insurance Premium Reduction Regulations, unless prohibited by law (excluding Employment Insurance Benefits).

Benefit Calculation Rules

Long Term Disability - 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, unless you provide Manulife Financial satisfactory evi

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

- Vocational Plan

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

If it is determined that Rehabilitation Assistance is appropriate for you,

Termination of Benefit Payments

**Long Term Disability -
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 any and every duty of:

- your own occupation, during the Qualifying Period and the following 24 months, and

- any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 24 months 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

**Long Term Disability -
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.

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

Submitting a Claim

Long Term Disability - Submitting a Claim

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 6 months after termination of the first month following the end of the Qualifying Period.

Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it is not reasonably possible to furnish such proof within the required time, and if proof is given as soon as is reasonably possible.

Exclusions

Long Term Disability - Exclusions

No benefits are payable for any disability related to:

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

the committing of or the attempt to commit an assault or criminal offence

injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol if your blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury

abuse of addictive substances, including drugs and alcohol, unless you are actively participating and co-operating in a medical treatment program for substance abuse which has been approved by Manulife Financial

a Pre-Existing Condition which causes disability within the first 12 months of your Long Term Disability coverage. A Pre-Existing Condition is any injury or illness (whether diagnosed or not) for which you were treated or attended by a physician, or for which drugs were prescribed, within 90 days prior to the effective date of your coverage.