

Kiewit/Eurovia Vinci

Group Policy Number: G0081151

Class: Kiewit/Eurovia Vinci Employees

Employee Name: _____

Certificate Number: _____

Welcome to Your Group Benefit Program

Group Policy Effective Date: October 01, 2010

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.

Your Plan Administrator can answer any questions you may have about your benefits, or how to submit a claim.

Table of Contents

Benefit Summary.	3
How to Use Your Benefit Booklet.	10
Explanation of Common Insurance Terms.	12
Why Group Benefits?	17
Your Plan Administrator.	17
Applying for Group Benefits.	17
Making Changes.	17
The Claims Process.	18
Naming a Beneficiary.	18
How to Submit a Claim.	18
Co-ordination of Extended Health Care and Dental Care Benefits.	19
Who Qualifies for Coverage?	22
Eligibility.	22
Evidence of Insurability.	22
Late Application.	22
Late Dental Application.	23
Effective Date of Coverage.	23
Termination of Insurance.	23
Your Group Benefits.	24
Employee Life Insurance.	24
Employee Optional Life Insurance.	27
Eligibility for Optional Life Insurance.	28
Dependent Life Insurance.	31
Dependent Optional Life Insurance.	32
Eligibility for Spousal Optional Life Insurance.	32
Accidental Death and Dismemberment.	34
Extended Health Care.	40
Dental Care.	63
Survivor Extended Benefit.	68
Weekly Income (Short Term Disability).	68
Long Term Disability.	73
Your Group Benefit Program.	80
Notes.	81

Benefit Summary

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

This version of the Benefit Summary produced: July 27, 2021

Employee Life Insurance

Benefit Amount - 2 times your annual earnings, to a maximum of \$300,000

Termination Age - your benefit amount reduces by 50% at age 65 and terminates upon your retirement

*Employee Life
Insurance*

Employee Optional Life Insurance

Benefit Amount - increments of \$10,000 to a maximum of \$1,000,000

Termination Age - age 70 or retirement, whichever is earlier

*Employee Optional Life
Insurance*

Dependent Life Insurance

Benefit Amount - \$10,000 spouse; \$5,000 each dependent child

Termination Age - employee's retirement

*Dependent Life
Insurance*

Dependent Optional Life Insurance

Benefit Amount - Spouse - increments of \$10,000 to a maximum of \$1,000,000

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

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

*Dependent Optional
Life Insurance*

Benefit Summary

Accidental Death and Dismemberment

*Accidental Death and
Dismemberment*

Benefit Amount - 2 times your annual earnings, to a maximum of \$300,000

Termination Age - your benefit amount reduces by 50% at age 65 and terminates upon your retirement

Extended Health Care

Extended Health Care

The Benefit

Overall Benefit Maximum - Unlimited

Deductible - \$50 Individual, \$50 Family, per calendar year(s)

Not applicable to:

Drugs

Out-of-Canada Emergency Medical Treatment

Out-of-Canada Referrals

Vision

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

Drug Dispensing Fee Maximum -

\$9.00 per prescription (if dispensed by Express Scripts Pharmacy)

\$6.00 per prescription (if dispensed by a pharmacy other than Express Scripts Pharmacy)

Benefit Percentage (Co-insurance) -

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

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%.

The Benefit Percentage for Drugs is shown below under ManuScript Generic Drug Plan 2 - Prescription Drugs, Payment of Covered Expenses.

Termination Age - employee's retirement

Benefit Summary

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.

drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist

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)

Charges for drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis are not covered.

Charges for drugs determined to be ineligible as a result of due diligence are not covered.

Charges for drugs used in the treatment of a sexual dysfunction are not covered.

- Drug Maximums

- Drug Maximums

Fertility drugs - \$15,000 per lifetime

Anti-smoking drugs - \$1,000 per lifetime

All other covered drug expenses - Unlimited

- 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, any maximum and the Benefit Percentage of 80%.

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.

Benefit Summary

- 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, the maximum amount covered 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.

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

Reimbursement at the cost of a prescribed drug, where a lower cost alternative drug is available, will only be considered if medical evidence is provided by the treating physician to support why the lower cost alternative drug cannot be tolerated or is ineffective.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, any maximum and the Benefit Percentage of 80%.

- Payment of Drug Claims

- 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

Extended Health Care - Vision Care

eye exams, once per calendar year

purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of \$200 per calendar year

Benefit Summary

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 \$200 per 2 calendar year(s)

visual training, to a maximum of \$200 per lifetime

Professional Services

Services provided by the following licensed practitioners:

Chiropractor - \$500 per calendar year(s)

Osteopath - \$500 per calendar year(s)

Podiatrist/Chiropodist - \$500 per calendar year(s)

Naturopath - \$500 per calendar year(s)

Speech Therapist - \$500 per calendar year(s)

Physiotherapist - \$500 per calendar year(s)

Psychologist/Social Worker/Clinical Counselor/Psychotherapist/Marriage and Family Therapist/Psychoanalyst - \$500 per calendar year(s)

Acupuncturist - \$500 per calendar year(s)

**Extended Health Care -
Professional Services**

Health Service Navigator™

Available as part of your Extended Health Care benefit, Health Service Navigator provides health resources and information to assist you and your eligible dependents in learning more about your health concerns and health services available within Canada and your local community. HSN services terminate when the extended health care coverage terminates for the User or the User reaches age 70, whichever is earlier. It features access to:

A national physician search database

Provincial health plan information tips and tools to best navigate and leverage the Canadian health resources available

Credible health, medical condition, treatment plan and medication information

A second opinion service, where applicable delivered through a second opinion provider and a consortium of provider hospitals.

The member care centre support is available from 8 AM to 8 PM Monday to Friday your local time at 1-800-875-1264.

**Health Service
Navigator™**

Benefit Summary

Dental Care

The Benefit

Deductible - Nil

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

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

50% for Level V - Orthodontics

Benefit Maximums

\$1,500 per calendar year combined for Level I and Level II and Level III and Level IV

\$3,000 per lifetime for Level V

Termination Age - employee's retirement

Weekly Income (Short Term Disability)

Benefit Amount - 70% of your weekly earnings, to a maximum of \$2,000 or the Employment Insurance Maximum benefit amount, whichever is greater

Qualifying Period - none, if the disability is due to an accident; 7 calendar days, if the disability is due to a sickness

If hospitalized due to sickness prior to the end of the Qualifying Period, benefits are payable from the first day of hospitalization.

Maximum Benefit Period - 26 weeks

Termination Age - at retirement

Dental Care
Dental Care - The
Benefit

Weekly Income

Benefit Summary

Long Term Disability

Benefit Amount - 60% of your monthly earnings, to a maximum of \$6,000

Long Term Disability

Qualifying Period - 182 days

Maximum Benefit Period - to age 65

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

How to Use Your Benefit Booklet

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:

Your Benefit Booklet includes...

a detailed Table of Contents, allowing quick access to the information you are searching for,

Explanation of Common Insurance Terms, which provides a brief explanation of the insurance 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.

Important Note

Important Note

The purpose of this booklet is to outline the benefits for which you are eligible as an employee of Kiewit/Eurovia Vinci. The information in this booklet is a summary of the provisions of the Group Policy. In the event of a discrepancy between this booklet and the Policy (available from your Plan Administrator), the terms of the Group Policy will apply.

The booklet is provided for information purposes only and does not create or confer any contractual rights or obligations.

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

Where required by law, you or any claimant under the Policy have the right to request a copy of any or all of the following items:

the Policy,

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 policy.

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 and your personal Certificate Number may be required before you are admitted to a hospital, or before you receive dental or medical treatment.

How to Use Your Benefit Booklet

The Group Policy 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.

Explanation of Common Insurance Terms

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

Accident

Accident

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

Adherence

Adherence

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

Advisory Body

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)

Benefit Percentage (Co-insurance)

the percentage of Covered Expenses which is payable by Manulife Financial.

Covered Expenses

Covered Expenses

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

Deductible

Deductible

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

Dependent

Dependent

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

- Spouse

your legal spouse, or a person continuously living with you in a role like that of a marriage partner for at least 12 months, or upon the birth of your child if this occurs before the 12 months are up.

- Child

your natural or adopted child, or stepchild, who is:

- unmarried;
- under age 21, or under age 25 if a full-time student;
- not employed on a full-time basis; and
- not eligible for insurance as an employee under this or any other Group Benefit Program.

Explanation of Common Insurance Terms

a child who is incapacitated on the date he or she reaches the age when insurance would normally terminate will continue to be an eligible dependent. However, the child must have been insured 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 disability.

Manulife Financial 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.

for Dependent Life Insurance a child must be at least one day old to be eligible.

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.

Disease Management Programs

Drug

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

Drug

Drug Dispensing Fee

of the total prescription drug cost, that portion charged for the pharmacist's professional services for filling a prescription.

Drug Dispensing Fee

Drug Dispensing Fee Maximum

the maximum amount that is covered by Manulife Financial for a drug dispensing fee.

Drug Dispensing Fee Maximum

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 Group Policy. This process may use pharmacoeconomics, cost effectiveness analysis reference information from existing Federal or Provincial formularies, recognized clinical practice guidelines, or an advisory body.

Due Diligence

Earnings

your regular rate of pay from your employer (prior to deductions), excluding regular bonuses and regular overtime pay. Earnings may include other income as agreed to in writing by your employer and Manulife Financial.

Earnings

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

Explanation of Common Insurance Terms

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

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

Interchangeable Drugs

Interchangeable Drugs

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

Life-Sustaining Drugs

non-prescription drugs which are necessary to sustain life.

Lower Cost Alternative

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.

Maintenance Drug

Maintenance Drug

those drugs, as determined by Manulife Financial, which are prescribed to treat chronic medical conditions and where Manulife Financial can reasonably expect a larger quantity of up to a 90 days' supply be dispensed at one time.

Medically Necessary

Medically Necessary

broadly accepted and recognized by the Canadian medical profession as effective, appropriate and essential in the treatment of a sickness or injury, in accordance with Canadian medical standards.

Explanation of Common Insurance Terms

Non-Evidence Limit

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

Non-Evidence Limit

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.

Patient Assistance Program

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.

Pharmacoeconomics

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 Authorization

Provincial Plan

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

Provincial Plan

Qualifying Period

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

Qualifying Period

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; or

the amount shown in the applicable professional association fee guide; or

the maximum price established by law.

Reasonable and Customary

Retail Pharmacy

a pharmacy business that is licensed to sell pharmaceutical products directly to the ultimate consumer from a store, a department of a larger store, or similar venue.

Retail Pharmacy

Take Home Pay (Net Earnings)

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

Take Home Pay (Net Earnings)

Explanation of Common Insurance Terms

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.

Why Group Benefits?

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 Pension Plan, Workers' Compensation Act, etc.) may provide some financial assistance.

But government plans provide only basic coverage. Medical expenses or a disability can create financial hardship for you and your family.

Private health care and disability programs supplement government plans and can provide benefits not available through any government plan, providing security for you and your family when you need it most.

Your Group Benefit Program is provided by Peter Kiewit Sons ULC, in partnership with The Manufacturers Life Insurance Company.

Your Plan Administrator

Your Plan Administrator is responsible for ensuring that all employees are covered for the Benefits to which they are entitled by submitting all required premiums, 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 Plan Administrator with the necessary information to perform such duties.

Your Plan Administrator is _____
Phone Number: (_____) _____ - _____

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

Applying for Group Benefits

To apply for Group Benefits, you must submit a completed Enrolment or Re-enrolment Application form, available from your Plan Administrator. Your Plan Administrator then forwards the application to Manulife Financial.

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 Plan Administrator. Such changes could include:

change in dependent coverage

change of beneficiary

change in name

applying for coverage previously
waived

To make such changes, you must complete the Application for Change form, available from your Plan Administrator.

Why Group Benefits?

**Your Plan
Administrator**

**Applying for Group
Benefits**

Making Changes

The Claims Process

Naming a Beneficiary

Naming a Beneficiary

Manulife Financial does not accept beneficiary appointments for any benefits other than Employee Life Insurance and Accidental Death and Dismemberment under this Plan.

This Policy contains a provision removing or restricting the right of the group life insured to designate persons to whom or for whose benefit insurance money is to be payable.

How to Submit a Claim

How to Submit a Claim

To submit a claim, you can do one of the following:

Submit Online (if applicable)

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

If your health care service provider cannot send Manulife Financial electronic claim transmissions, you can still submit your claim electronically to us online, right from the Plan Member Secure Site.

For fast, easy and secure claim payments, we encourage you to sign up for direct deposit and electronic claim statements when you set up your access on the Plan Member secure site. Even if you mail us your claims, by providing your banking and email information, your claim payments can be deposited quickly to your bank account and you will receive an email notification, including a link to manulife.ca, where you can sign in to view your electronic claim statement.

By Mail

You must complete an applicable claim form and mail it to Manulife Financial. Mailing instructions are included on the claim form.

Claim forms are available at www.manulife.com/groupbenefits, or from your plan administrator.

Payment of Extended Health Care and Dental Claims

Claim Payment

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, your Plan Administrator will help explain.

The bottom portion of this form is your claims payment, if applicable. Simply tear along the perforated line, endorse the back of the cheque and you can cash it at any chartered bank or trust company.

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 your Plan Administrator.

The Claims Process

You may not commence legal action against Manulife Financial less than 60 days after proof has been filed as outlined under Submitting a Claim. Every action or proceeding against Manulife Financial for the recovery of insurance money payable under the plan is absolutely barred unless commenced within the time set out in the Insurance Act or applicable legislation.

Co-ordination of Extended Health Care and Dental Care Benefits

Co-ordination of Extended Health Care and Dental Care Benefits

If you or your dependents are insured for similar benefits under another Plan, Manulife Financial will take this 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 insured 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

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 insuring you or your dependent spouse as an employee/member pays benefits before the Plan insuring you or your spouse as a dependent.

In situations where you or your dependent 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 Claims Process

- 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 insured 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.

The Claims Process

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.

Who Qualifies for Coverage?

Eligibility

Eligibility

You are eligible for Group Benefits if you:

- are a full-time employee of Kiewit/Eurovia Vinci and work at least the Required Number of Hours,
- are a member of an eligible class,
- are younger than the Termination Age,
- are residing in Canada, and
- have completed the Waiting Period.

The Termination Age and Waiting Period may vary from benefit to benefit. For this information, please refer to each benefit in the section entitled Your Group Benefits.

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

Required Number of Hours

Required Number of Hours

Full-time employee - 30 hour(s) per week

Evidence of Insurability

Evidence of Insurability

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

Medical evidence is also required for all benefits, except Dental insurance, when you make a Late Application for insurance on any person.

Late Application

Late Application

An application is considered late when you:

- apply for insurance on any person after having been eligible for more than 31 days; or
- re-apply for insurance on any person whose insurance had earlier been cancelled.

If you apply for benefits that were previously waived because you were covered for similar benefits under your spouse's plan, your application is considered late when you:

- apply for insurance more than 31 days after the date benefits terminated under your spouse's plan; or
- apply for insurance and benefits under your spouse's plan that have not terminated.

Medical evidence can be submitted by completing the Evidence of Insurability form, available from your Plan Administrator.

Who Qualifies for Coverage?

Further medical evidence may be requested by Manulife Financial.

Late Dental Application

If you apply for coverage for Dental insurance for yourself or your dependents late, insurance will be limited to \$125 for each insured person for the first 12 months of coverage.

Late Dental Application

Effective Date of Coverage

If Evidence of Insurability is not required, your Group Benefits will be effective on the date you are eligible.

If Evidence of Insurability 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.

Effective Date of Coverage

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

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

Your dependent's insurance will not be effective prior to the date your insurance becomes effective. (This does not apply to Dependent Optional Life Insurance which may still become effective if you are declined for Employee Optional Life.)

Termination of Insurance

Your Group Insurance will terminate on the earliest of:

the date you cease to be an eligible employee,

the date you cease to be actively at work, unless the Group Policy allows for your coverage to be extended beyond this date,

the date your employer terminates coverage,

the date you enter the armed forces of any country on a full-time basis,

the date the Group Policy terminates or insurance on the class to which you belong terminates,

the date you reach the Termination Age, or

the date of your death.

Termination of Insurance

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

Your Group Benefits

Employee Life Insurance

Employee Life Insurance

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.

Naming a Beneficiary

You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your Plan Administrator.

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

The Benefit

Benefit Amount - 2 times your annual earnings, to a maximum of \$300,000

Non-Evidence Limit - \$300,000

Qualifying Period for Waiver of Premium - 182 days

Termination Age - your benefit amount reduces by 50% at age 65 and terminates upon your retirement

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date
none for all other employees

Submitting a Claim

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 90 days from the date of the loss.

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.

Employee Life Insurance - The Benefit

Employee Life Insurance - Submitting a Claim

Your Group Benefits

Waiver of Premium

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.

***Employee Life
Insurance - Waiver of
Premium***

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.

***Employee Life
Insurance - Totally
Disabled***

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 3 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 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.

***Employee Life
Insurance - Entitlement
Criteria***

Your Group Benefits

Termination of Waiver of Premium

Employee Life Insurance - 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 65th birthday.

the date of your death.

Recurrent Disability

Employee Life Insurance - 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.

Your Group Benefits

Conversion Privilege

Employee Life Insurance - Conversion Privilege

If your Group Benefits terminate or reduce, you may be eligible to convert 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.

Employee Optional Life Insurance

Employee Optional Life Insurance

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.

Naming a Beneficiary

You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your Plan Administrator.

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

The Benefit

Employee Optional Life Insurance - The Benefit

Benefit Amount - increments of \$10,000 to a maximum of \$1,000,000

Non-Evidence Limit - \$100,000

Qualifying Period for Waiver of Premium - 182 days

Termination Age - age 70 or retirement, whichever is earlier

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date
none for all other employees

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

For details on Submitting a Claim and Conversion Privilege, please refer to Employee Life Insurance.

Your Group Benefits

Eligibility for Optional Life Insurance

Employee Optional Life Insurance - Eligibility

Insurance for any amounts less than or equal to the stated non-evidence limit are subject to the following conditions:

insurance may be added at any time

you must be in good health

you must not have any physical or mental condition that prevents you from regularly attending to your occupation if actively at work or from choosing to be employed or engaged in any occupation if not actively at work

you have never been declined when you have applied for life insurance or critical illness insurance with any insurer or any other entity

where evidence of insurability is required for any amount of insurance, you must provide Manulife Financial with such evidence that is satisfactory in Manulife Financial's opinion

You may apply for an increase or decrease in the Benefit Amount at any time. Where, as a result of any increase, the total Benefit Amount does not exceed the non-evidence limit, and where Manulife Financial approves such increase, then the pre-existing conditions exclusion will apply to the increased portion of the Benefit Amount, commencing on the resulting effective date that such increase is approved. The pre-existing conditions exclusion will continue to apply to the original Benefit Amount from the date that such Benefit Amount became effective.

Where you apply to increase the Benefit Amount so that the total resulting Benefit Amount exceeds the non-evidence limit, then detailed evidence of insurability will be required by Manulife Financial. If the increase is approved by Manulife Financial, then the pre-existing conditions exclusion will cease to apply to the total resulting Benefit Amount.

A pre-existing condition means an illness or injury for which, during the 24 months prior to the date your insurance under this benefit became effective, or the latest date of reinstatement of insurance, whichever is applicable, you have exhibited signs or symptoms, received medical treatment, care or services (including diagnostic measures), consulted a physician or have been prescribed medication; or where treatment would have been sought by a prudent individual during the 24 months prior to the date your insurance under this benefit became effective, or the latest date of reinstatement of insurance, whichever is applicable.

Waiver of Premium

Employee Optional Life Insurance - Waiver of Premium

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

Your Group Benefits

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.

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 3 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 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.

***Employee Optional Life
Insurance - Totally
Disabled***

***Employee Optional Life
Insurance - Entitlement
Criteria***

***Employee Optional Life
Insurance -
Termination of Waiver
of Premium***

Your Group Benefits

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 65th birthday.

the date of your death.

Recurrent Disability

Employee Optional Life Insurance - 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.

Exclusions

Employee Optional Life Insurance - 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.

No amount of Optional Life Insurance will be paid for any Non-Evidence Limit amount when death is directly or indirectly attributable to a pre-existing condition during the first 24 months of insurance.

Your Group Benefits

Dependent Life Insurance

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

*Dependent Life
Insurance*

The Benefit

Benefit Amount - \$10,000 spouse; \$5,000 each dependent child

*Dependent Life
Insurance - The Benefit*

Termination Age - employee's retirement

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date
none for all other employees

Submitting a Claim

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.

*Dependent Life
Insurance - Submitting
a Claim*

A completed claim form must be submitted within 90 days from the date of loss.

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).

*Dependent Life
Insurance - Waiver of
Premium*

Conversion Privilege

If your spouse's life insurance terminates, you may be eligible to convert the terminated insurance to an individual policy, without medical evidence. Your spouse's 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. 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.

*Dependent Life
Insurance - Conversion
Privilege*

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

Your Group Benefits

Dependent Optional Life Insurance

Dependent Optional Life Insurance

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

The Benefit

Dependent Optional Life Insurance - The Benefit

Benefit Amount - Spouse - increments of \$10,000 to a maximum of \$1,000,000

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

Non-Evidence Limit - \$50,000

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

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date

none for all other employees

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

Submitting a Claim

Dependent Optional Life Insurance - Submitting a Claim

To submit a Dependent 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 90 days from the date of loss.

Eligibility for Spousal Optional Life Insurance

Spousal Optional Life Insurance - Eligibility

Insurance for any amounts less than or equal to the stated non-evidence limit are subject to the following conditions:

dependent insurance may be added at any time

your spouse must be in good health

your spouse must not have any physical or mental condition that prevents your spouse from regularly attending to his/her occupation if actively at work or from choosing to be employed or engaged in any occupation if not actively at work

your spouse has never been declined when he/she has applied for life insurance or critical illness insurance with any insurer or any other entity

where evidence of insurability is required for any amount of insurance, your spouse must provide Manulife Financial with such evidence that is satisfactory in Manulife Financial's opinion

Your Group Benefits

You may apply for an increase or decrease in the Benefit Amount for your spouse at any time. Where, as a result of any increase, the total Benefit Amount on your spouse does not exceed the non-evidence limit, and where Manulife Financial approves such increase, then the pre-existing conditions exclusion will apply to the increased portion of the Benefit Amount, commencing on the resulting effective date that such increase is approved. The pre-existing conditions exclusion will continue to apply to the original Benefit Amount from the date that such Benefit Amount became effective.

Where you apply to increase the Benefit Amount on your spouse, so that the total resulting Benefit Amount on your spouse exceeds the non-evidence limit, then detailed evidence of insurability will be required by Manulife Financial. If the increase is approved by Manulife Financial, then the pre-existing conditions exclusion will cease to apply to the total resulting Benefit Amount.

A pre-existing condition means an illness or injury for which, during the 24 months prior to the date your spouse's insurance under this benefit became effective, or the latest date of reinstatement of insurance on your spouse, whichever is applicable, your spouse has exhibited signs or symptoms, received medical treatment, care or services (including diagnostic measures), consulted a physician or have been prescribed medication; or where treatment would have been sought by a prudent individual during the 24 months prior to the date your spouse's insurance under this benefit became effective, or the latest date of reinstatement of insurance on your spouse, whichever is applicable.

Waiver of Premium

Please refer to Employee Life Insurance for details on the Waiver of Premium provision.

- 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 Dependent 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 Dependent Optional Life Insurance that has been in effect for less than one year will not be payable.

***Dependent Optional
Life Insurance - Waiver
of Premium***

***Dependent Optional
Life Insurance -
Conversion Privilege***

***Dependent Optional
Life Insurance -
Exclusions***

Your Group Benefits

No amount of Spousal Optional Life Insurance will be paid for any Non-Evidence Limit amount when death is directly or indirectly attributable to a pre-existing condition during the first 24 months of insurance.

Accidental Death and Dismemberment

Accidental Death and Dismemberment

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.

Naming a Beneficiary

You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your Plan Administrator.

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

The Benefit

AD& D - The Benefit

Benefit Amount - 2 times your annual earnings, to a maximum of \$300,000

Non-Evidence Limit - \$300,000

Termination Age - your benefit amount reduces by 50% at age 65 and terminates upon your retirement

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date
none for all other employees

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.

Your Group Benefits

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.

AD&D - Exposure and Disappearance

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

AD&D - Rehabilitation Expenses

Your Group Benefits

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

AD& D - 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.

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 150 kilometres or more from your place of residence, Manulife Financial will pay the hotel and travel expenses incurred by an immediate family member, provided the expenses are:

- reasonable and necessary, as determined by Manulife Financial

- for hotel accommodations in the vicinity of the hospital

- for transportation by the most direct route to the hospital, including return fare

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 \$1,500 per accident.

Dependent Education Expenses

AD& D - 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 enrolls 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 professionnel (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

Your Group Benefits

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

***AD& D - 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.

Seat Belt Benefit

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

If you die as a direct result of an accidental injury sustained while driving or riding in an automobile, Manulife Financial will pay an additional amount equal to 10% of your Accidental Death and Dismemberment benefit, provided you were wearing your seat belt and it was properly fastened at the time of the accidental injury.

Day-Care Expenses

***AD& D - Day-Care
Expenses***

If you die as a direct result of an accidental injury, Manulife Financial will pay day-care expenses for each child under 13 years of age who is enrolled in a legally licensed day-care centre at the time of the accidental injury, or who becomes enrolled within 365 days from the date of your death.

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:

expenses incurred prior to your death

room and board expenses, or other living, travelling or clothing expenses

Your Group Benefits

Home Alteration and Vehicle Modification Expenses

AD&D - Home Alteration and Vehicle Modification Expenses

If, as a direct result of an accidental injury, you:

suffer a loss of, or loss of use of, both feet or both legs, or

become a hemiplegic, paraplegic, or quadriplegic

and require the use of a wheelchair to be ambulatory, Manulife Financial will pay for incurred expenses, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

incurred within 3 years from the date of the accidental injury

for alterations to your home for the purpose of making it wheelchair accessible

for modifications to one motor vehicle for the purpose of making it wheelchair accessible

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

Hospitalization Allowance

AD&D - Hospitalization Allowance

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, Manulife Financial will pay a monthly benefit, provided:

the hospital confinement begins while you are covered under this benefit

you have been confined to the hospital for longer than the qualifying period of 7 consecutive days, and continue to be confined at the end of such period

The amount of benefit payable is equal to 1% of your Accidental Death and Dismemberment benefit amount, up to a maximum of \$2,500 per month.

Benefits are payable while you are hospital confined, up to a maximum benefit period of 12 months.

- Recurrent Hospitalization

- Recurrent Hospitalization

If you become hospitalized again due to the same accidental injury within 183 days following a period for which benefits were payable under this provision, this subsequent period of confinement will be considered a continuation of the previous period of hospital confinement.

In such case, the qualifying period of 7 days will be waived and the benefit which was payable during the previous period of hospitalization will be re-instated. Benefits for all such recurrences will not be paid for a combined period longer than the maximum benefit period of 12 months.

Your Group Benefits

Permanent and Total Disability

If, as a direct result of an accidental injury, you become permanently and totally disabled while insured for this benefit, Manulife Financial will pay a lump sum benefit, provided:

you become permanently and totally disabled within 365 days after the date of the accidental injury

you have been permanently and totally disabled for a continuous period of 12 months and remain so disabled at the end of this period

The amount of benefit payable is equal to your Accidental Death and Dismemberment benefit amount.

- Definition of Permanent and Total Disability

You are considered permanently and totally disabled if you are wholly and continuously disabled due to an accidental injury which is severe enough, in Manulife Financial's opinion, to permanently prevent you from working for remuneration or profit.

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.

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 90 days from the date of loss.

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.

AD&D - Permanent and Total Disability

- Permanent and Total Disability

AD&D - Non-Duplication of Expenses

AD&D - Submitting a Claim

AD&D - Waiver of Premium

Your Group Benefits

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

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 employer

committing or attempting to commit an assault or criminal offence

injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol

Aggregate Limit

AD&D - Aggregate Limit

In no event will the total of all the benefits which are payable under this Benefit as a result of any one aircraft accident exceed the Aggregate Limit of \$4,000,000.

If all of the benefits as a result of the same accident cannot be paid in full because of the Aggregate Limit, the amount payable for each person will be prorated in the same proportion that the Aggregate Limit bears to the total of all the benefits that otherwise would have been payable in the absence of such limit.

Extended Health Care

Extended Health Care

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.

Your Group Benefits

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, the Health Insurance 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

***Extended Health Care -
The Benefit***

Overall Benefit Maximum - Unlimited

Deductible - \$50 Individual, \$50 Family, per calendar year(s)

Not applicable to:

Drugs

Out-of-Canada Emergency Medical Treatment

Out-of-Canada Referrals

Vision

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

- Deductible Carry-Forward

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

Drug Dispensing Fee Maximum -

\$9.00 per prescription (if dispensed by Express Scripts Pharmacy)

\$6.00 per prescription (if dispensed by a pharmacy other than Express Scripts Pharmacy)

Benefit Percentage (Co-insurance) -

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

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%.

The Benefit Percentage for Drugs is shown below under ManuScript Generic Drug Plan 2 - Prescription Drugs, Payment of Covered Expenses.

Termination Age - employee's retirement

Your Group Benefits

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date
none for all other employees

Covered Expenses

Extended Health Care - 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 of an illness or injury and recommended by a physician

- incurred for the care of a person while insured 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 policy as of the date of approval as determined by Manulife Financial 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 policy 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.

Your Group Benefits

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, except for covered drug expenses.

- 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

charges, in excess of the hospital's public ward charge, for semi-private accommodation, 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

***Extended Health Care -
Advance Supply
Limitation***

- Drug Expenses

***Extended Health Care -
Hospital Care***

Your Group Benefits

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.

drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist

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)

Charges for drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis are not covered.

Charges for drugs determined to be ineligible as a result of due diligence are not covered.

Charges for drugs used in the treatment of a sexual dysfunction are not covered.

- Drug Maximums

- Drug Maximums

Fertility drugs - \$15,000 per lifetime

Anti-smoking drugs - \$1,000 per lifetime

All other covered drug expenses - Unlimited

- 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, any maximum and the Benefit Percentage of 80%.

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.

Your Group Benefits

- 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, the maximum amount covered 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.

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

Reimbursement at the cost of a prescribed drug, where a lower cost alternative drug is available, will only be considered if medical evidence is provided by the treating physician to support why the lower cost alternative drug cannot be tolerated or is ineffective.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, any maximum and the Benefit Percentage of 80%.

- Payment of Drug Claims

- 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.

Specialty Drug Care

Extended Health Care - Specialty Drug Care

The Specialty Drug Care program includes a preferred pharmacy network, pharmacy services, preferred pricing and case management services for Specialty Drugs. Specialty Drugs, as determined by Manulife Financial, are high cost medications

Your Group Benefits

used to treat complex chronic and life-threatening conditions; they may require special storage, handling and administration (including injection and infusion), and involve a significant degree of patient education, monitoring and management. The services described below are applicable to insured persons who enroll in this program.

- Case Management

Case management services may include but are not limited to:

- program introduction
- arrangement for medication dispensing and distribution
- disease and medication education
- therapy optimization
- coordination of efficacy tests to ensure therapy is working
- health coaching in 4 areas: nutrition, physical activity, smoking cessation and stress
- assistance locating and in applying for alternative sources of funding, which may include patient assistance programs or provincial funding
- coordination and transfer of prescriptions to the network pharmacy
- medication adherence monitoring
- support with side effect management

The amount of health case management services will vary depending on the diagnosis, drug, and recommended treatment plan.

- Specialty Drug Care Pharmacy Services

Specialty Drug Care pharmacy services include:

- Preferred pricing
- Specialty medication management and expertise
- Drug delivery to the location of choice - home, infusion clinic, or doctor's office
- Access to a 24/7 pharmacist hotline for consultation
- Expertise in cold chain (temperature sensitive) drug management and shipping
- Expertise in managing infusions, injections, education and high touch oncology and biologic medication management

Due to current regulations in Quebec, Manulife Financial is unable to offer a preferred provider network in this province. At such time as the regulations change, Manulife Financial will make these services available.

Your Group Benefits

- Payment of Specialty Drugs

Where a drug has been determined to be eligible under the plan, and where other drugs will provide therapeutically similar results, the program will provide and reimburse the lower cost alternative drug. In cases where your physician provides medical evidence that the alternate drug cannot be tolerated, or is ineffective, the prescribed Drug will be eligible for consideration.

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, as shown in the Benefit Schedule.

Manulife Financial may require the insured person to apply to and participate in any patient assistance program to which the insured person is entitled. Manulife Financial will co-ordinate benefits payable under this policy with any benefits payable through a patient assistance programs.

Vision Care

Extended Health Care - Vision Care

eye exams, once per calendar year

purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of \$200 per calendar year

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 \$200 per 2 calendar year(s)

visual training, to a maximum of \$200 per lifetime

Professional Services

Extended Health Care - Professional Services

Services provided by the following licensed practitioners:

Chiropractor - \$500 per calendar year(s)

Osteopath - \$500 per calendar year(s)

Podiatrist/Chiropodist - \$500 per calendar year(s)

Naturopath - \$500 per calendar year(s)

Speech Therapist - \$500 per calendar year(s)

Physiotherapist - \$500 per calendar year(s)

Psychologist/Social Worker/Clinical Counselor/Psychotherapist/Marriage and Family Therapist/Psychoanalyst - \$500 per calendar year(s)

Acupuncturist - \$500 per calendar year(s)

Your Group Benefits

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

Extended Health Care - 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

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 \$15,000 per calendar year(s).

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

Manulife Financial suggests that a detailed treatment plan be submitted with cost estimates before Private Duty Nursing services begin. Manulife Financial will then advise you 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

Your Group Benefits

Medical Equipment

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

- Medical Equipment

- 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

surgical stockings, 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, up to a maximum of \$150 per calendar year(s) (recommendation of either a physician or a podiatrist is required)

custom-made shoes which are required because of a medical abnormality that, based on medical evidence, cannot be accommodated in a stock-item orthopaedic shoe or a modified stock-item orthopaedic shoe, up to a maximum of 1 pair per calendar year (must be constructed by a certified orthopaedic footwear specialist)

casted, custom-made orthotics, up to a maximum of \$400 per 3 calendar year(s) (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 \$500 every 5 calendar year(s)

Other Supplies and Services

**- Other Supplies and
Services**

ileostomy, colostomy and incontinence supplies

medicated dressings and burn garments

wigs and hairpieces for patients with temporary hair loss as a result of medical treatment, up to a maximum of \$250 per lifetime

oxygen

microscopic and other similar diagnostic tests and services rendered in a licensed laboratory in the province of Quebec, up to a maximum of \$1,000 per calendar year

charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 12 months of the accident, unless a longer period is required by legislation, excluding injuries due to biting or chewing

Your Group Benefits

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

Out-of-Province/Out-of-Canada

treatment required as a result of a medical emergency which occurs while temporarily outside the province of residence, provided the insured person who receives the treatment is also covered by the Provincial Plan during the absence from the province of residence.

A medical emergency condition:

- a) Coverage is for immediate medical treatment required for:
 - a sudden, unexpected injury or a new medical condition which occurs while an insured person is travelling outside of their province of residence; or
 - a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure.
- b) Coverage is available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date.
- c) Valid Government Health Insurance Plan (GHP) coverage is required for you and your dependents.

Stable means in the 90 days before departure, the insured person 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 dependent) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition.

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

expenses are payable up to a maximum of \$5,000,000 per lifetime

referral outside Canada for treatment which is available in Canada, to a maximum of \$3,000 every 3 calendar year(s).

If, while outside Canada on referral for medical treatment, the insured person requires treatment for a medical condition which is related directly or indirectly to the referral treatment, the total expenses payable for all treatment are subject to the maximum of \$3,000 every 3 calendar year(s).

For all non-emergency medical treatment out of Canada, Manulife Financial:

requires that it be recommended by a physician practicing in Canada, and

suggests that you submit a detailed treatment plan with cost estimates before treatment begins. You will then be advised of any benefit that will be provided.

Your Group Benefits

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.

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.

Emergency Travel Assistance

Extended Health Care - Emergency Travel Assistance

Emergency Travel Assistance provides travel assistance for you and your dependents while you are temporarily outside your province of residence. The assistance services are delivered through an international organization, specializing in travel assistance.

Assistance is provided for both Medical and Non-Medical travel emergencies. Services are available during the period that you are covered for Out-of-Province/Out-of-Canada emergency medical treatment, provided under this benefit.

In addition, Emergency Travel Assistance also provides you and your dependents with Health Advice and Assistance, whenever and wherever such services are needed - whether at home or while travelling.

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 condition:

- i) Coverage is for immediate medical treatment required for:
 - a sudden, unexpected injury or a new medical condition which occurs while an insured person is travelling outside of their province of residence; or
 - a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure.

Your Group Benefits

- ii) Coverage is available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date.
- iii) Valid Government Health Insurance Plan (GHP) coverage is required for you and your dependents.

Stable means in the 90 days before departure, the insured person 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 dependent) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition.

A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to their 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 insurance 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 insured person.

Payment and co-ordination of expenses will take into account the coverage that the insured 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 insured person is entitled, Manulife Financial shall have the right to recover the excess amount by assignment of Provincial Plan benefits and/or refund from you.

Your Group Benefits

d) **Medical Care Monitoring**

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

e) **Medical Transportation**

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

If medically necessary for a qualified medical attendant to accompany the insured 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 an insured 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.

Your Group Benefits

g) **Trip Interruption/Delay**

If a trip is interrupted or delayed due to an illness or injury of an insured person, one-way economy transportation will be arranged to enable each insured 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 insured person, and whose fare for transportation and accommodation was pre-paid at the same time as the insured person's fare.

If the insured 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.

If an insured person must return home due to the hospitalization or death of an immediate family member, one-way economy transportation will be arranged and expenses incurred, over and above any allowance available under pre-paid travel arrangements, will be paid.

h) **After Hospital Convalescence**

If an insured 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 an insured 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 Manulife Financial.

j) **Vehicle Return**

If an insured 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 insured person's home or nearest appropriate rental agency will be paid, up to a maximum of \$1,000 (Canadian).

k) **Identification of Deceased**

If an insured 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.

Your Group Benefits

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 an insured 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 an insured 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 insured 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 insured person plans to travel.

Your Group Benefits

Health Advice and Assistance

The following services are available for an insured person when required as a result of an illness or injury:

a) **After Hours Access to a Registered Nurse**

Toll free telephone access to a registered nurse is available seven days a week, during the hours that a family physician is not readily accessible.

b) **Medical Advice**

Medical advice will be provided on:

- i) whether the illness or injury can be safely treated at home or will require a visit to a physician or hospital emergency room;
- ii) the type of side effect to expect from a prescribed drug or medicine; and
- iii) other health related services that may be requested or required by the insured person.

c) **Link to 911**

If necessary, an insured person will be immediately linked to their local 911 emergency service for medical assistance.

d) **Follow-Up Call**

Where appropriate, to monitor the care of the insured person, the registered nurse will follow-up with the insured person within 24 hours after the medical advice is provided.

Exceptions

Manulife Financial, and the company contracted by Manulife Financial 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 an insured 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 Group Benefits

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

If you do not have a Emergency Travel Assistance Card, please contact your Plan Administrator.

Health Service Navigator™

**Health Service
Navigator™**

Your Extended Health Care benefit includes Health Service Navigator, a service designed to provide credible health information and resources to assist you in better understanding your health concerns and health services available within Canada and your local community. It includes provincial guides that summarize the coverage available to you through your provincial health plan coverage, a national physician search database and tips on how to navigate and leverage the myriad of health resources available to you within the Canadian health care system. Health Service Navigator also provides access to a second opinion service delivered through a premiere second opinion service coordinator with a consortium of highly ranked U.S. based hospitals that support the service. Second opinions are available for a broad range of specific medical conditions.

Limitations

Any medical conditions that are a direct result of either of the following events are excluded from coverage for Health Service Navigator:

Radioactive Contamination that is not associated with one's occupation; or

War or warlike operations (whether war is declared or not), invasion, act of foreign enemy, hostilities, mutiny, riot, civil commotion, civil war, rebellion, revolution, insurrections, conspiracy, military or usurped power, martial law or state of siege, or any events or causes which determine the proclamation or maintenance of martial law or state of siege.

Furthermore, Manulife Financial shall not be liable for any expense incurred by you or your eligible dependent which is not specifically described and covered under this Health Service Navigator benefit or your Group Benefits Policy, including but not limited to the cost of treatment, travel costs, fees, medical expenses, appointment cancellation charges and other expenses.

Right of Refusal

In some cases, the medical information submitted by the patient may be determined by the physicians of the consortium hospitals to be insufficient, or not of an adequate quality to render a second opinion. In such cases, the second opinion service coordinator will inform the patient within 24 hours, of the reasons for the inability to deliver a report. The patient will then have the opportunity to deliver additional or alternative material to the second opinion service coordinator, for consideration by the physicians of the consortium hospital rendering the opinion. If such information is still insufficient, then the physicians of such consortium hospital have the right to refuse to render a second opinion, and neither they nor the second opinion service coordinator nor Manulife shall have any further obligation in relation to such second opinion request.

Your Group Benefits

Summary Only

Please note that the provisions in this section of the booklet are only intended as a brief summary of the services available under Health Service Navigator. Your plan member brochure has additional information concerning the services. Your Plan Administrator or Manulife Financial can answer any questions you may have about this benefit.

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 Plan Administrator.

All applicable receipts must be attached to the completed claim form when submitting it to Manulife Financial.

All claims must be submitted within 12 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.

Subrogation (Third Party Liability)

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, Manulife Financial 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 Manulife Financial those amounts you recover which, when added to the payments you received from Manulife Financial, exceed 100% of your incurred expenses.

Exclusions

Extended Health Care - Exclusions

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

(not applicable to Health Service Navigator™)

for Out-of-Province/Out-of-Canada and Emergency Travel Assistance only,
self-inflicted injuries, either directly or indirectly, 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

Your Group Benefits

injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol

an illness or injury for which benefits are payable under any government plan or workers' compensation

charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms

services or supplies provided by an employer's medical or dental department

services or supplies for which no charge would normally be made in the absence of insurance

services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of insurance

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

services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured 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

Extended Health Care - Continuation of Coverage

If a person is disabled when insurance under this Extended Health Care benefit terminates, covered expenses related to the treatment of the disability will continue to be payable by Manulife Financial, for up to 90 days. Any claims will be subject to the time limitations as outlined under Submitting a Claim, unless a longer period is required by legislation. However, coverage will terminate if the disabled person becomes eligible for insurance under another group plan.

You will be considered disabled if you are eligible for disability benefits under any other provision of this 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.

Your Group Benefits

Drug Benefit and Pharmacy Services For Persons Who Reside In Quebec

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 only 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 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 the 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%.

Your Group Benefits

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 an insured 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 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) covered pharmacy services that are performed for drugs on the RAMQ List
- iii) the percentage payable by Manulife Financial for covered expenses is the percentage as set out by the then applicable Legislation.

Your Group Benefits

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:

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

covered pharmacy services performed for a drug on the RAMQ List

the percentage payable by Manulife Financial for covered expenses is the percentage as set out by the then applicable Legislation.

f) **Termination Age for Covered Drug and Pharmacy Services 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 relating to a drug on the RAMQ List,
- iii) the percentage payable by Manulife Financial 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
- v) the premium required for the drug coverage is the premium for Extended Health Care

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.

Your Group Benefits

Dental Care

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

Dental Care

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

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

50% for Level V - Orthodontics

Benefit Maximums

\$1,500 per calendar year combined for Level I and Level II and Level III and Level IV

\$3,000 per lifetime for Level V

Termination Age - employee's retirement

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date

none for all other employees

Covered Expenses

Dental Care - Covered Expenses

The following expenses are covered if they:

are incurred for the necessary dental care of an insured person while insured 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

Your Group Benefits

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 Manulife Financial, if the expenses are not listed in the Dental Fee Guide.

Alternate Treatment

Dental Care - Alternate Treatment

Where any two or more courses of treatment covered under this benefit would produce professionally adequate results for a given condition, Manulife Financial 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

Dental Care - Level I - Basic Services

complete oral exam, one per 2 calendar years

full-mouth x-rays, one per 2 calendar years

one unit of light scaling and one unit of polishing twice per calendar year, when the service is performed outside Quebec, or prophylaxis twice per calendar year, when the service is performed in Quebec

recall exams, bitewing x-rays, and fluoride treatments, twice per calendar year

routine diagnostic and laboratory procedures

initial oral hygiene instruction, plus one recall

fillings, retentive pins and pit and fissure sealants. 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)

consultations, 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

Your Group Benefits

Level II - Supplementary Services

Dental Care - Level II - Supplementary 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 16 units per calendar year(s) ;

- provisional splinting; and

- occlusal equilibration, up to a maximum of 8 units per calendar year(s)

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

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 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

dentures required solely to replace a natural tooth which was missing prior to becoming insured for this covered expense are not covered

Level IV - Major Restorative Services

Dental Care - Level IV - Major Restorative Services

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

Your Group Benefits

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

bridgework required solely to replace a natural tooth which was missing prior to becoming insured for this covered expense is not covered

Level V - Orthodontics

Dental Care - Level V - Orthodontics

orthodontic services

Late Entrant Limitation

Dental Care - Late Entrant Limitation

If you or your dependents become insured 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 \$125 for each insured person.

Pre-Determination of Benefits

Dental Care - Pre-Determination of Benefits

If the cost of any proposed dental treatment is expected to exceed \$500, Manulife Financial suggests 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

Dental Care - 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 Group Policy or the Dental Care Benefit) are payable, provided the expense is incurred within 31 days after your benefit terminates.

Submitting a Claim

Dental Care - Submitting a Claim

To submit a claim, you and your dentist must complete a Dental Claim form which is available from your Plan Administrator.

All claims must be submitted within 12 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.

Your Group Benefits

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, Manulife Financial 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 Manulife Financial those amounts you recover which, when added to the payments you received from Manulife Financial, exceed 100% of your incurred expenses.

Subrogation (Third Party Liability)

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

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

dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was insured 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 an employer's medical or dental department

services or supplies for which no charge would normally be made in the absence of insurance

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 insured person, an immediate family member or a person who lives with the insured person

implants, or any services rendered in conjunction with implants

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

Dental Care - Exclusions

Your Group Benefits

Survivor Extended Benefit

Survivor Extended Benefit

If you die while your dependents are insured under this Group Benefit Program, Manulife Financial will continue the Dependent Life, Extended Health Care, and Dental Care benefits without payment of premium, until the earliest of:

the date your dependent is no longer a dependent, according to the definition of dependent (see Explanation of Common Insurance Terms),

the date similar coverage is obtained elsewhere,

the date which is 2 years from your death, or

the date the Group Policy terminates.

Weekly Income (Short Term Disability)

Weekly Income

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

Weekly Income - 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.

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

Weekly Income - The Benefit

Benefit Amount - 70% of your weekly earnings, to a maximum of \$2,000 or the Employment Insurance Maximum benefit amount, whichever is greater

Qualifying Period - none, if the disability is due to an accident; 7 calendar days, if the disability is due to a sickness

If hospitalized due to sickness prior to the end of the Qualifying Period, benefits are payable from the first day of hospitalization.

Benefits are payable from the end of the Qualifying Period. Benefits are not payable for or during the Qualifying Period.

Your Group Benefits

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

Termination Age - at retirement

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date

none for all other employees

Entitlement Criteria

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

you must be continuously Totally Disabled throughout the Qualifying Period

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

the health-related portion of a Maternity Leave of Absence

you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition

**Weekly Income -
Entitlement Criteria**

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 for your disabling condition

you are receiving Employment Insurance maternity, parental, compassionate care or critically ill child benefits

you do not supply Manulife Financial with 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

after you fail to participate and cooperate in a medical, psychiatric, psychological and/or functional examination or evaluation by a medical examiner selected by Manulife Financial

you are on lay-off during which you becomes Totally Disabled

you are 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

you are engaged in employment for wage or profit, except as provided for under the Rehabilitation Assistance provision

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

Your Group Benefits

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

Amount of Disability Benefit Payable

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

The amount of disability benefit payable to you is the Benefit Amount shown above reduced by any amount you receive:

a) for the same or related disability:

from Workers' Compensation or similar coverage

from any provincial motor vehicle plan or motor vehicle insurance policy that does not take into account disability benefits payable under the Employment Insurance program

from your employer-sponsored salary continuance or wage loss replacement plan

b) as earnings from your employer, including severance and vacation pay as set out in the Employment Insurance Program

Benefit Calculation Rules

**Weekly Income -
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;

for benefits payable other than on a weekly basis, a weekly equivalent of such benefit will be estimated by Manulife Financial.

Subrogation

**Weekly Income -
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 Weekly Income 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

**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.

Your Group Benefits

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

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.

***Weekly Income -
Payment of Disability
Benefits***

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 work.

***Weekly Income -
Rehabilitation
Assistance***

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

- Vocational Plan

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

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

- Disability Benefits During Rehabilitation

***- 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.

Your Group Benefits

Termination of Benefit Payments

Weekly Income - 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 on which benefits have been paid up to the Maximum Benefit Period for this benefit

the date you retire

the date of your death

Recurrent Disability

Weekly Income - Recurrent Disability

If you become Totally Disabled again from the same or related causes within 2 weeks from the end of the period for which Weekly Income benefits were paid, Manulife Financial will treat the disability as a continuation of your previous disability.

You will not be required to satisfy any applicable 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 2 weeks 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.

Submitting a Claim

Weekly Income - Submitting a Claim

To submit a claim, you must complete the Weekly Income 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.

Exclusions

Weekly Income - Exclusions

No benefits are payable for any disability related to:

any illness or injury which arises out of or in the course of employment, unless Workers' Compensation denies your claim

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

Your Group Benefits

medical or surgical care which is performed solely for cosmetic purposes, except if due to an illness or injury

the committing of a criminal offence

injuries sustained while operating a motor vehicle under the influence of drugs or alcohol as prohibited by law

abuse of drugs or alcohol, unless you are participating in an in-patient medical treatment program for substance abuse

Long Term Disability

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

Long Term Disability

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 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

***Long Term Disability -
The Benefit***

Benefit Amount - 60% of your monthly earnings, to a maximum of \$6,000

Non-Evidence Limit - \$6,000

Qualifying Period - 182 days

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.

Maximum Benefit Period - to age 65

Your Group Benefits

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

Waiting Period

3 months for employees hired on or prior to the Group Policy Effective Date
none for all other employees

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 3 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 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 employer is required to pay benefits during this period as a result of legislation, regulation or case law

- receiving benefits under an employer-sponsored salary continuance or short term wage loss replacement plan

- working in any occupation, except as provided for under the Rehabilitation Assistance provision

**Long Term Disability -
Entitlement Criteria**

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

Your Group Benefits

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

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:

- a) any amount 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

any government motor vehicle automobile insurance plan or policy, unless prohibited by law

- b) any amount of Canada or Quebec Pension Plan benefits which another member of your family receives or is entitled to receive by reason of your disability

If necessary, the amount of your benefit will be further reduced so that your total amount 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 amount you receive or 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

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

***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;

Your Group Benefits

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.

Subrogation

Long Term Disability - 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

Long Term Disability - 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

Long Term Disability - 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

Long Term Disability - 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

Your Group Benefits

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 gainful employment.

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

with your employer

with an alternate employer

in a self-employed capacity

- Disability Benefits During Rehabilitation

- 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

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 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.

Your Group Benefits

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 if they are separated by a return to work of at least one day.

Waiver of Premium

Long Term Disability - 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

Long Term Disability - 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.

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 180 days from the end of the Qualifying Period.

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.

medical or surgical care which is not medically necessary.

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

Your Group Benefits

injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol.

abuse of addictive substances, including drugs and alcohol, unless you are actively participating and co-operating in an in-patient 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.

Your Group Benefit Program

Your Group Benefit Program has been arranged by:

Silverberg & Associates Inc.
www.silverberggroup.com

Notes

This page has been provided to allow you to make notes regarding your Group Benefit Program, or how to best access your Group Benefits.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.