

# Douglas College

**Plan Document Number:** G0083239

**Group Policy Number:** G0039945

**Plan:** DD - BCGEU Auxiliary Staff with dependants

**Employee Name:** \_\_\_\_\_

**Certificate Number:** \_\_\_\_\_

## Welcome to Your Group Benefit Program

**Plan Document Effective Date:** January 01, 2010

**Group Policy Effective Date:** January 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 Benefit:** 51500 0.0000 TDide, bout

# Table of Contents

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Benefit Summary .....3000.00rgBT138.1470697.9995T

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

## **Employee Life Insurance**

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

*Employee Life  
Insurance*

**Benefit Amount** - 2 times your annual earnings, to a maximum of \$800,000

**Benefit Reduction**- your benefit amount reduces to 1 times your annual earnings, to a maximum of \$800,000, at the end of the month following the date you turn 65

**Note:**

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

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

***ManuScript Generic Drug Plan 2 - Prescription Drugs***

*Extended Health Care -  
ManuScript Generic  
Drug Plan 2 -  
Prescription Drugs*

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

# Benefit Summary

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## **- Payment of Covered Expenses**

## ***- Payment of Covered Expenses***

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

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

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

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

## **- No Substitution Prescriptions**

## ***- No Substitution Prescriptions***

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

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

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

## **Payment of Drug Claims**

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

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

To fill a prescription for covered drug expenses:

- a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b) pay any amounts that are not covered under this benefit.

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

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

# Benefit Summary

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

## ***Vision Care***

### ***Extended Health Care - Vision Care***

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

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

if contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, the maximum payable will be 1 pair of eyeglasses or contact lenses per lifetime

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

## ***Professional Services***

### ***Extended Health Care - Professional Services***

Services provided by the following licensed practitioners:

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

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

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

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

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

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

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

# Benefit Summary

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

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

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

## Dental Care

### *The Benefit*

*Dental Care  
Dental Care - The  
Benefit*

**Deductible** - Nil

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

### **Benefit Percentage (Co-insurance)**

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 60% for Level III - Dentures
- 60% for Level IV - Major Restorative Services
- 50% for Level V - Orthodontics

### **Benefit Maximums**

- \$1,200 per calendar year combined for Level I, Level II and Level III
- unlimited for Level IV
- \$3,000 per lifetime for Level V

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

## Weekly Income (Short Term Disability)

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

*Weekly Income*

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

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

## Benefit Summary

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

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

## Long Term Disability

*Long Term Disability*

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

### **Benefit Amount**

The greater of:

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

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

**Qualifying Period** - 212 consecutive days, or expiration of benefits under the Weekly Income benefit, whichever is greater

**Maximum Benefit Period** - to age 65

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



### ***Designed with Your Needs in Mind***

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

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

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

a clear, concise explanation of your Group Benefits,

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

***Your Benefit Booklet  
includes...***

### ***Important Note***

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

***Important Note***

Your employer reserves the right to amend or discontinue any of the benefit programs referred to in this booklet at any time without notice, subject only to the terms of the collective bargaining agreement. If government legislation changes or if benefits or subsidies under government benefit plans are reduced or eliminated, your benefit programs do not automatically replace or supplement such reductions or eliminations. Your employer takes no responsibility for any changes in federal or provincial income or other taxes or levies or the impact of these changes on the taxation of any of the benefit programs. This booklet describes benefit programs for active employees and does not describe any retiree or post-employment benefit programs.

**Copyright:** The information in this booklet, along with the manner of presentation, is copyrighted by Manulife Financial. Any unauthorized reproduction, duplication or re-distribution in any form is expressly prohibited.

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

Where required by law, you or any claimant under the Group Poli Tw(8k63.638190.0000 .00re)Tje10.2762

# How to Use Your Benefit Booklet

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

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

**We suggest you read this Benefit Booklet carefully, then file it in a safe place with your other important documents.**

## ***Your Group Benefit Card***

### ***Your Group Benefit Card***

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

The Group Policy Number, Plan Document Number and your Certificate Number are also necessary for ALL correspondence with Manulife Financial. Please note that you can print your Certificate Number on the front of this booklet for easy reference.

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



# Explanation of Commonly Used Terms

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## - 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 coverage as an employee under this or any other Group Benefit Program

a child who is incapacitated on the date he or she reaches the age when coverage would normally terminate will continue to be an eligible dependant. However, the child must have been covered under this Benefit Program immediately prior to that date.

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

The administrator, acting on behalf of your employer, may require written proof of the child's condition as often as may reasonably be necessary.

a stepchild must be living with you to be eligible

a newborn child shall become eligible from the moment of birth

## ***Disease Management Programs***

### ***Disease Management Programs***

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

## ***Drug***

### ***Drug***

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

## ***Due Diligence***

### ***Due Diligence***

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

# Explanation of Commonly Used Terms

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## ***Earnings***

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

***Earnings***

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

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

the amount reported on your claim form, or

the amount reported by your employer to Manulife Financial and for which premiums have been paid.

## ***Exclusive Distribution***

Manulife Financial approved vendors.

***Exclusive Distribution***

## ***Experimental or Investigational***

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

***Experimental or Investigational***

## ***Immediate Family Member***

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

***Immediate Family Member***

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

## ***Interchangeable Drug***

includes but is not limited to:

***Interchangeable Drug***

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***

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.

***Licensed, Certified, Registered***

# Explanation of Commonly Used Terms

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## ***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.

## ***Medically Necessary***

### ***Medically Necessary***

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

## ***Non-Evidence Limit***

### ***Non-Evidence Limit***

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

## ***Patient Assistance Program***

### ***Patient Assistance Program***

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

## ***Pharmacoeconomics***

### ***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.

## ***Prior Authorization***

### ***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.

## ***Provincial Plan***

### ***Provincial Plan***

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

## ***Qualifying Period***

### ***Qualifying Period***

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

# **Explanation of Commonly Used Terms**

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## ***Reasonable and Customary***

the lowest of:

the prevailing amount charged for the same or comparable service or supply in the area in which the charge is incurred, as determined by Manulife Financial,

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

the maximum price established by law.

***Reasonable and Customary***

## ***Take Home Pay (Net Earnings)***

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

***Take Home Pay (Net Earnings)***

## ***Waiting Period***

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

***Waiting Period***

## ***Ward***

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

***Ward***

**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 Employer's Representative**

**Your Employer's Representative**

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

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

Your Employer's Representative is _____ Phone Number: (_____) _____ - _____
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*Please record the name of your representative and the contact number in the space provided.*

**Applying for Group Benefits**

**Applying for Group Benefits**

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

**Making Changes**

**Making Changes**

To ensure that coverage is kept up to date for yourself and y



### ***Naming a Beneficiary***

Manulife Financial does not accept beneficiary designations for any benefits other than Employee Life Insurance and Accidental Death and Dismemberment.

***Naming a Beneficiary***

**This Plan contains a provision removing or restricting the right of the covered person to designate persons to whom or for whose benefit money is to be payable.**

### ***How to Submit a Claim***

All claim forms, available from your employer, must be correctly completed, dated and signed. Remember, always provide your Group Policy Number, Plan Document Number and your Certificate number (found on your Group Benefit Card) to avoid any

***How to Submit a Claim***

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 employer.

### **Co-ordination of Extended Health Care and Dental Care Benefits**

#### **Co-ordination of Extended Health Care and Dental Care Benefits**

If you or your dependants are covered for similar benefits under another Plan, this information will be taken into account when determining the amount of expenses payable under this Program.

This process is known as Co-ordination of Benefits. It allows for reimbursement of covered medical and dental expenses from all Plans, up to a total of 100% of the actual expense incurred.

Plan means:

- other Group Insurance 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” (ie., responsible for making the initial payment toward the eligible expense), and which Plan is considered as the “Secondary Carrier” (ie., 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 Dependant Spouse:

The Plan covering you or your Dependant Spouse as an employee/member pays benefits before the Plan covering you or your Spouse as a dependant.

In situations where you or your Spouse have coverage as an employee/member under more than one Plan, the order of benefit payment

~~will be determined as follows:~~

# The Claims Process

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- The Plan where the person is covered as an active full-time employee, then
  - The Plan where the person is covered as an active part-time employee, then
  - The Plan where the person is covered as a retiree.
- For Claims incurred by your Dependant 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 Dependant 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 Dependant Child).

Where you and your spouse share joint custody of the child, the Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

A claim for accidental injury to natural teeth will be determined under Extended Health Care Plans with accidental dental coverage before it is considered under Dental Plans.

If the order of benefit payment cannot be determined from the above, the benefits payable under each Plan will be in proportion to the amount that would have been payable if Co-ordination of Benefits did not exist.

If the person is also covered under an individual travel insurance plan, benefits will be co-ordinated in accordance with the guidelines provided by the Canadian Life and Health Insurance Association.

# The Claims Process

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## Submitting a Claim for Co-ordination of Benefits

### *Submitting a Claim for Co-ordination of Benefits*

To submit a claim when Co-ordination of Benefits applies, refer to the following guidelines:

As per the Order of Benefit Payment section, determine which Plan is the Primary Carrier and which is the Secondary Carrier.

Submit all necessary claim forms and original receipts to the Primary Carrier.

Keep a photocopy of each receipt or ask the Primary Carrier to return the original receipts to you once your claim has been settled.

Once your claim has been settled by the Primary Carrier, you will receive a statement outlining how your claim has been handled. Submit this statement along with all necessary claim forms and receipts to the Secondary Carrier for further consideration of payment, if applicable.



***Late Dental Application***

# Employee Life Insurance

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

*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.

## *The Benefit*

**Benefit Amount** - 2 times your annual earnings or \$140,000, whichever is greater, up to a maximum of \$1,000,000.

*Employee Life - The  
Benefit*





Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing any and every duty of:

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

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 Premiums 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.

### ***Conversion Privilege***

If your Group Benefits terminate or reduce, you may be eligible to convert all or part of your Employee Life Insurance to an individual

***Employee Life  
Insurance - Conversion  
Privilege***

**Waiting Period**

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

first of the month coincident with or next following the date of hire for all other employees

**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 irrev

*AD&D - Schedule of  
Losses*

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

***Exposure and Disappearance***

***AD& D - Exposure and  
Disappearance***

If a loss occurs due to unavoidable exposure to the elements, after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or



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

***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 cov

***AD&D -  
Non-Duplication of  
Expenses***

**AD& D - Exclusions**

***Exclusions***

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



**Benefit Percentage (Co-insurance)**

100% for

- Hospital Care
- Vision (Eye Exams)

80% for

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

**Note:**

# Your Group Benefits

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

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

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

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

## **Adherence**

*Adherence*

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

## **Patient Assistance Programs**

**Program**

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**

**Program**

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

Payment of any Covered Expenses under this benefit which may be purchased in time.

**- Drug Expenses**

**- *Drug Expenses***

# Your Group Benefits

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*The following are not Covered Expenses:*

charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment

drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis

drugs determined to be ineligible as a result of due diligence

oral drugs used in the treatment of a sexual dysfunction

## **- Drug Maximums**

### **- Drug Maximums**

Fertility drugs - \$2,500 per lifetime

Anti-smoking drugs - \$500 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, the Benefit Percentage for drugs and any maximum.

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

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

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

## **- No Substitution Prescriptions**

### **- No Substitution Prescriptions**

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

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

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



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

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

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

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

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

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

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

## Private Duty Nursing

- Private Duty Nursing

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

a registered nurse, or

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

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

*Charges for the following services are not covered:*

service provided primarily for custodial care, homemaking duties, or supervision

service performed by a nursing practitioner who is an immediate family member or who lives with the patient

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*

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# Your Group Benefits

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

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

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

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

## **Other Supplies and Services**

### **- Other Supplies and Services**

eneuretic devices

ileostomy, colostomy and incontinence supplies

medicated dressings and burn garments

synvisc, to a maximum of 9 injections every 12 months

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

oxygen

microscopic and other similar diagnostic tests and services rendered in a licensed laboratory in the province of Quebec

charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 12 months of the accident, excluding injuries due to biting or chewing

## **Gender Affirmation Treatment**

### **- Gender Affirmation Treatment**

*Charges for feminization procedures as follows:*

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

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

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



*Charges for masculinization procedures as follows:*

breast/chest surgery - mastectomy, chest masculinization

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

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

*Charges for the following expenses are not covered:*

expenses related to travel or accommodation under this benefit

services obtained outside of Canada

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

expenses related to the reversal of gender affirmation treatments

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

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

The purpose of this coverage is related to masculinization or feminization, not elective cosmetic enhancement. All eligible services must be medically necessary. T90.0000 511.1473 TD/F18 1

# Your Group Benefits

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Only expenses incurred while the covered person is covered under this plan and while this benefit provision is in force will be eligible for consideration.

Manulife is responsible for determining a covered person's eligibility for coverage under the gender affirmation benefit. Before incurring an expense, the covered person must contact the Administrator to predetermine the eligibility of their claim. The Administrator reserves the right to request details of the services, along with provincial/territorial approval with respect to the assessment/approval for coverage under the provincial/territorial gender affirmation program. The Administrator will assess all medical expenses based on the terms of this plan and considering WPATH's standards of care for Gender Identity Dysphoria.

Covered Expenses are subject to a maximum of \$30,000 per lifetime.

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

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

treatment required as a result of a medical emergency which occurs during the first 365 days while temporarily outside the province of residence, provided the covered person who receives the treatment is also covered by the Provincial Plan during the absence from the province of residence.

A Medical Emergency is

- a sudden, unexpected injury or a new medical condition which occurs while a covered person (you or your dependant) is travelling outside of his province of residence, or
- a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure.

Stable means that, in the 90 days before departure, the covered person (you or your dependant) 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 dependants) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition.

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

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



**Extended Health Care -  
Exclusions**

**Exclusions**

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

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

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

charges for periodic check-ups, broken appointments, t

A dependant shall be considered wholly Disabled when he/she is confined to a hospital or incapacitated to the extent that the dependant is not able to perform all of the usual and customary duties or activities of a person in good health and of the same age.

### ***Drug Benefit and Pharmacy Services For Persons Who Reside In Quebec***

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

#### ***Covered Expenses***

The following expenses are covered:

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

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

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

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

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

##### **a) Benefit Percentage**

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

- i) for any drug on the RAMQ List which is not otherwise covered under the terms of this Benefit, the percentage payable is the percentage as set out by the then applicable Legislation.
- ii) for any Legislated pharmacy services which are not otherwise covered under the terms of this Benefit, the percentage payable is as set out by the then applicable Legislation.
- iii) for any drug on the RAMQ List which is covered under the terms of this Benefit, the percentage payable is the greater of:

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

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

- i) deductible amounts, and
- ii) the portion of covered drug expenses that is paid by a covered person, when the percentage of covered expenses payable under this benefit is less than 100%, and
- iii) covered pharmacy services that are performed by pharmacists for drugs on the RAMQ formulary.

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

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

c) **Deductible**

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

d) **Lifetime Maximums**

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

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## Your Group Benefits

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- 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
- only covered pharmacy services performed for a drug in the RAMQ List are covered, and
- the percentage payable by the Administrator for covered expenses is the percentage as set out by the then applicable Legislation.

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

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

- i) only drugs that are on the RAMQ List are covered,
- ii) only covered pharmacy services related to a drug on the RAMQ List are covered,
- iii) the percentage payable by the Administrator for covered expenses is the percentage as stipulated in the then applicable Legislation,
- iv) the Annual Out-of-Pocket Maximum is as stipulated in the then applicable Legislation, and
- v) the cost required for the drug coverage is the cost of the Extended Health Care benefit.

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

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

# Dental Care

## *Dental Care*

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

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

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

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

### ***The Benefit***

#### ***Dental Care - The Benefit***

**Deductible** - Nil

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

#### **Benefit Percentage (Co-insurance)**

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 60% for Level III - Dentures
- 60% for Level IV - Major Restorative Services
- 50% for Level V - Orthodontics

#### **Benefit Maximums**

- \$1,200 per calendar year combined for Level I, Level II and Level III
- unlimited for Level IV
- \$3,000 per lifetime for Level V

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

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# Your Group Benefits

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## **Level IV - Major Restorative Services**

### **Dental Care - Level IV - Major Restorative Services**

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

inlays

initial provision of fixed bridgework

replacement of bridgework, provided the new bridgework is required because:

- a natural tooth is extracted and the existing appliance cannot be made serviceable

- the existing appliance is at least 5 years old and cannot be made serviceable, or

- the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation. The total amount payable for both the temporary and permanent bridge is the amount which would have been allowed for a permanent bridge.

surgical incision and drainage

stomatoplasty, frenectomy and sialolithotomy

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

post-surgical treatment

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

## **Level V - Orthodontics**

### **Dental Care - Level V - Orthodontics**

orthodontic services for dependant children only, provided treatment commences after attainment of age 6 and the initial appliance is installed prior to reaching age 18.

## **Late Entrant Limitation**

### **Dental Care - Late Entrant Limitation**

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

## **Pre-Determination of Benefits**

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

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





# Your Group Benefits

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## ***Definition of Totally Disabled***

### ***Weekly Income - Definition of Totally Disabled***

Totally Disabled means an incapacitation to the extent that you are not able to perform any and every duty of your occupation or employment.

The availability of work will not be considered by Manulife Financial or your employer 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** - 75% of weekly earnings, to a maximum benefit of \$1,100

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

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

You must be receiving regular, ongoing care and treatment from a physician during the Qualifying Period in order for benefits to be payable at the end of the Qualifying Period. Otherwise, benefits are not payable until the date you are first treated by your physician.

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

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

## ***Waiting Period***

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

## ***Entitlement Criteria***

### ***Weekly Income - Entitlement Criteria***

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

you must be continuously Totally Disabled throughout the Qualifying Period

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

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

# Your Group Benefits

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

## **Periods for Which You are Not Entitled to Benefits**

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

not receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by your employer or Manulife Financial

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

receiving temporary disability benefits from Workers' Compensation

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

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

## **Amount of Disability Benefit Payable**

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

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

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

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

Notwithstanding the above:

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

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

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

### ***Subrogation***

#### ***Weekly Income - Subrogation***

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

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

### ***Tax Status of Benefits***

#### ***Weekly Income - Tax Status***

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

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

### ***Payment of Disability Benefits***

#### ***Weekly Income - Payment of Disability***

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# Long Term Disability

*Long Term Disability*

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

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***

*Long Term Disability -  
Definition of Totally  
Disabled*

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

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

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

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

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

## ***The Benefit***

*Long Term Disability -  
The Benefit*

### **Benefit Amount**

The greater of:

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

60% of monthly earnings up to the monthly equivalent of the Employment Insurance payment on any insurable earnings in any due to an illness or injury on any

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

**Waiting Period**

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

**Entitlement Criteria**

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

**Long Term Disability -  
Entitlement Criteria**

you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 2 weeks due to the same or related illness or injury, your Qualifying Period will be extended the following number of days (the following number of days this period is extended Total TO.

- you have previously notified and received approval in writing from Manulife Financial
- proof of the ongoing Disability can be determined on evidence satisfactory to Manulife Financial within 30 days of request

incarcerated in a prison, correctional facility, hospital or similar institution as a result of criminal proceedings

### **Amount of Disability Benefit Payable**

**Long Term Disability -  
Amount of Disability  
Benefit Payable**

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

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

Workers' Compensation or similar coverage

Canada or Quebec Pension Plans, excluding dependant benefits

If necessary, the amount of your benefit will be further reduced so that your total income from all sources does not exceed 100% of your pre-disability gross earnings (net earnings, if your benefit is non-taxable). All sources include those sources stated above and any benefit you are entitled to receive from:

any income or benefit from a different or lesser paid occupation

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

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

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

**Benefit Calculation Rules**  
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benefits payable from other sources will not be adjusted to take into account any difference between the tax status of those benefits and the benefit payable by Manulife Financial

subsequent changes in benefits from other sources, other than cost of living increases, will be taken into consideration and a new benefit amount may be established

benefits payable under individual disability income insurance will not be taken into account

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

if you do not apply for a benefit for which you are eligible, the amount of such benefit will be estimated by Manulife Financial and assumed to be paid, unless you provide Manulife Financial satisfactory evi

# Your Group Benefits

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## **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
- the nature, scope, objectives and cost of a Vocational Plan

### **- Vocational Plan**

#### **- Vocational Plan**

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

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

Expenses incurred by you in connection with the Vocation Plan will be reimbursed by Manulife Financial provided such expenses are:

- Reasonable and Customary
- not payable through any government program or third-party insurer

### **- Disability Benefits During Rehabilitation**

#### **- Disability Benefits During Rehabilitation**

You will continue to be entitled to disability benefits while participating in the Vocational Plan, for up to a maximum of 24 months. 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 any and every duty of:

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

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

the date you do not attend an examination by an examiner selected by Manulife Financial

the date on which benefits have been paid up to the Maximum Benefit Period for this benefit

the date of your death

### ***Recurrent Disability***

### ***Long Term Disability - Recurrent Disability***

If you become Totally Disabled again from the same or related causes within 6 months from the end of the period for which Long Term Disability benefits were paid, Manulife Financial will terminate your Long Term Disability benefits on the date on which you become Totally Disabled again.

# Your Group Benefits

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

## ***Submitting a Claim***

### ***Long Term Disability - Submitting a Claim***

To submit a claim, you must complete the Long Term Disability claim form which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted to Manulife Financial within 6 months after termination of the first month following the end of the Qualifying Period.

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

## ***Exclusions***

### ***Long Term Disability - Exclusions***

*No benefits are payable for any disability related to:*

self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness

war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion

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

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

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

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