

EMPLOYEE BENEFITS BOOKLET



INTRODUCTION

Your employer has entered into an agreement with **The Empire Life Insurance Company (Empire Life)** to provide you with a plan of group insurance benefits.

This information booklet has been prepared in order to give you an informal summary of the benefits and provisions of your Plan. It does not constitute the group Policy and is not a contract of insurance, nor does it confer or grant any contractual or other rights. All rights under this Plan will be governed solely by the provisions of the master Policy and by applicable law.

In the event of any discrepancy between this booklet and the group Policy, the terms and provisions of the group Policy apply.

The booklet contains important information concerning your group insurance coverage. As at the print date, this is the most current version of your group insurance benefits and replaces any previous booklet.

Should you have any questions, please contact your plan administrator or Empire Life at group.csu@empire.ca or Toll free 1-800-267-0215.

FOR VANCOUVER UNIONIZED INSTRUCTORS OF:

BERLITZ CANADA INC.

POLICY NUMBER: G4666-001

Arranged by: Mercer (Canada) Limited/Mercer (Canada) limitee

Print date: June - 2012

SCHEDULE OF BENEFITS

Eligibility: Minimum of 160 lessons taught per month during 10 non-consecutive months in a calendar year for 2 consecutive years

BASIC LIFE

Benefit: 2 times Annual Salary

Minimum Benefit: \$20,000

Maximum Benefit: \$200,000

No Evidence Limit: Under age 65, no evidence of insurability is required.
Age 65 and over, evidence of insurability is required for amounts in excess of \$150,000.

Reduction: Reduces by 50% at age 65.

Termination: Age 70 or prior retirement.

Waiver of Premium: To age 65 or prior retirement.

Own Occupation Period: 2 years from the start of any benefit period for the purposes of the "Total Disability" definition for the Waiver of Premium Benefit.

Elimination Period: 119 days for the purposes of the Waiver of Premium Benefit.

SCHEDULE OF BENEFITS

OPTIONAL LIFE

Benefit:	Units of \$10,000
Maximum Benefit:	\$150,000
No Evidence Limit:	Evidence of insurability is required for all amounts of Insurance.
Reduction:	Reduces by 50% at age 65.
Termination:	Age 70 or prior retirement.

SCHEDULE OF BENEFITS

ACCIDENTAL DEATH & DISMEMBERMENT

Benefit:	2 times Annual Salary
Minimum Benefit:	\$20,000
Maximum Benefit:	\$200,000
No Evidence Limit:	Under age 65, no evidence of insurability is required. Age 65 and over, evidence of insurability is required for amounts in excess of \$150,000.
Reduction:	Reduces by 50% at age 65.
Termination:	Age 70 or prior retirement.

OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT

Benefit:	Units of \$10,000
Maximum Benefit:	\$150,000
No Evidence Limit:	Evidence of insurability is required for all amounts of Insurance.
Reduction:	Reduces by 50% at age 65.
Termination:	Age 70 or prior retirement.

SCHEDULE OF BENEFITS

OPTIONAL SPOUSAL LIFE

Benefit:	Units of \$10,000
Maximum Benefit:	\$150,000
No-Evidence Limit:	Evidence of insurability is required for all amounts of Insurance.
Reduction:	Reduces by 50% at age 65
Termination:	Employee's termination under the policy or spouse's age 70 whichever is earlier.

OPTIONAL SPOUSAL ACCIDENTAL DEATH & DISMEMBERMENT

Benefit:	Units of \$10,000
Maximum Benefit:	\$150,000
No-Evidence Limit:	Evidence of insurability is required for all amounts of Insurance.
Reduction:	Reduces by 50% at age 65
Termination:	Employee's termination under the policy or spouse's age 70 whichever is earlier.

SCHEDULE OF BENEFITS

LONG TERM DISABILITY

Benefit:	66.7% of monthly earnings rounded to the next higher \$1
Maximum Benefit:	\$5,000
Elimination Period:	Injury 119 days Sickness 119 days
Integration:	Primary CPP/QPP Benefits
Benefit Period:	Age 65
No Evidence Limit:	No evidence of insurability is required.
Own Occupation Period:	2 year(s)
Termination:	Age 65 or prior retirement.
Tax Status:	Benefits payable under this Provision are Non-Taxable.

SCHEDULE OF BENEFITS

EXTENDED HEALTH BENEFITS

Benefit Period - 12 month period from January 1st to December 31st.

Survivor Benefit - 24 months.

Termination Age - Employee's age 70 or prior retirement.

***For detailed descriptions and limitations for these benefits
refer to the Extended Health Benefit section***

The Company will pay for eligible services or supplies (up to the maximum outlined below or the **Reasonable and Customary Charge**, whichever less), for a Person Insured, that are **Medically Necessary** for the treatment of a Sickness or Injury.

Key: **Ref** – Doctor's referral required **Coins** – Coinsurance amount
Ded S/F – Single & Family deductibles **Max** – Maximums and other limitations

The insured(s) are covered for the following with an **unlimited** maximum, with any exceptions noted.

The overall combined deductible for EHB, per benefit period, is:

Single amount – \$0 **Family amount** – \$0

Drugs

As legislated in the province of Quebec and as it pertains to any Person Insured, the Deductible and/or Coinsurance applied in each calendar year will be accumulated up to the legislated maximum contribution. Once this maximum is reached, 100% of Eligible Expenses will be payable for the remainder of the calendar year.

	Coins	Ded S/F	Max
Wallet Card - Prescription (including Anti-Obesity Drugs). Plan will pay the full cost of the Dispensing Fee.	100%	\$0/\$0	\$2,500 per benefit period per insured employee, per insured spouse, per insured children combined

SCHEDULE OF BENEFITS

Major Medical

	Coins	Ded S/F	Max
Accidental dental	100%		
Ambulance	100%		
Diagnostic tests	100%		\$500 per benefit period
Hearing aid	100%		\$500 per 48 consecutive months
Private duty nursing	100%		\$10,000 per benefit period
Routine eye exam, to age 18	100%		\$75 once per 12 consecutive months
Routine eye exam	100%		\$75 once per 24 consecutive months

Hospital Coverage

	Coins	Ded S/F	Max
Convalescent hospital	100%		\$20 per day, 120 days per claim
Semi private hospital room	100%		

SCHEDULE OF BENEFITS

Medical Supplies and Appliances

- Medical Supplies and Appliances require a Doctor's referral.
- If there is no maximum outlined below, the Company will pay the Reasonable and Customary Charge for eligible supplies and appliances that are Medically Necessary for the treatment of a Sickness or Injury, for a Person Insured.

	Coins	Ded S/F	Max
Apnea machine (CPAP)	100%		\$2,000 per 60 consecutive months
Apnea machine supplies	100%		
Apnea mask	100%		once per benefit period
Artificial eye; initial prosthesis	100%		once per lifetime
Artificial eye; repair & replacement	100%		\$1,000 per benefit period
Artificial limb; initial prosthesis	100%		once per lifetime
Artificial limb; repair & replacement	100%		\$1,000 per benefit period
Blood pressure monitor	100%		\$100 lifetime
Brace	100%		once per benefit period
Crutches	100%		
Custom Orthotics	100%		\$400 per benefit period
Diabetic monitor	100%		\$1,000 lifetime
External breast prosthesis	100%		once per benefit period
Hospital bed	100%		
Insulin pump	100%		\$4,000 per 60 consecutive months
Insulin pump supplies	100%		
IPP Breathing machine	100%		
Orthopaedic shoes	100%		\$200 per benefit period
Ostomy supply	100%		
Support hose	100%		\$100 per benefit period
Surgical bras	100%		twice per benefit period
TENS	100%		\$1,500 lifetime
Viscosupplementation	100%		\$600 per benefit period
Wheelchair; electric	100%		\$3,000 lifetime
Wheelchair; manual	100%		\$1,000 lifetime
Wigs, post-chemotherapy	100%		\$500 lifetime

SCHEDULE OF BENEFITS

Paramedical Practitioners

Provincial and territorial legislation specifies for each province or territory which paramedical practitioners are, or are not, regulated. In cases where the paramedical practitioner is not regulated, Empire Life has set the required level of education, training and/or professional affiliations.

We strongly recommend that you visit the Plan Member Web site at www.empire.ca prior to your visit to ensure that the paramedical practitioner possesses credentials acceptable to Empire Life.

- Chiropracist and Podiatrist have a combined maximum of \$500
- Physiotherapist and Occupational Therapist have a combined maximum of \$1,000

	Ref	Coins	Ded S/F	Max
Acupuncturist		100%		\$500 per benefit period
Chiropracist		100%		\$500 per benefit period subject to any combined maximum or limitation shown above
Chiropractor		100%		\$500 per benefit period
Clinical Psychologist		100%		\$1,000 per benefit period
Massage therapist		100%		\$500 per benefit period
Naturopath		100%		\$500 per benefit period
Occupational therapist		100%		\$1,000 per benefit period subject to any combined maximum or limitation shown above
Osteopath		100%		\$500 per benefit period
Physiotherapist		100%		\$1,000 per benefit period subject to any combined maximum or limitation shown above
Podiatrist		100%		\$500 per benefit period subject to any combined maximum or limitation shown above
Social Worker (MSW required)		100%		\$500 per benefit period
Speech therapist		100%		\$1,000 per benefit period

SCHEDULE OF BENEFITS

Out of Province Coverage

Out of Province Emergency – \$5,000,000 lifetime maximum (combined)

- one period is 60 continuous days from the date of departure.
- Trip delay, Return of Dependant Children and Visit of Family Member have a combined maximum of \$5,000

	Coins	Ded S/F	Max
Emergency Charges for Other Eligible Medical Expenses	100%	\$0/\$0	
Emergency Hospital In-Patient Room Charges	100%	\$0/\$0	
Emergency Hospital Out-Patient Charges	100%	\$0/\$0	
Emergency Physicians Charges	100%	\$0/\$0	
Medical transport	100%	\$0/\$0	\$50,000 per emergency
Out of country	100%	\$0/\$0	
Repatriation of remains	100%	\$0/\$0	\$5,000 per emergency
Return of dependant children	100%	\$0/\$0	\$5,000 per emergency (combined)
Trip delay	100%	\$0/\$0	\$5,000 per emergency (combined)
Vehicle return	100%	\$0/\$0	\$1,000 per emergency
Visit of Family Member - travel/meals/accommodation	100%	\$0/\$0	\$5,000 per emergency (combined), \$150 per day

Out of Province Referral – \$15,000 lifetime maximum (combined)

	Coins	Ded S/F	Max
Out of province; referral; hospital	100%		\$150 per day
Out of province; referral; other	100%		
Out of province; referral; physician	100%		

SCHEDULE OF BENEFITS

DENTAL

Deductible Amount:	Single \$0 Family \$0	
Coinsurance:	Basic Restorative, Periodontics/Endodontics	80%
	Major Restorative	50%
Benefit Period Maximum:	Basic Restorative, Periodontics/Endodontics	\$1,500
	Major Restorative	\$1,500
Dental Fee Guide:	Current Dental Association Fee Guide for General Practitioners by Province of Residence - all provinces except Alberta. 1997 Alberta Dental Association Fee Guide for General Practitioners plus current inflationary adjustment as determined by the Company - province of Alberta.	
Survivor Benefit:	24 months.	
Benefit Period:	12 month period from January 1st to December 31st.	
Dental Recall Frequency:	5 months (Please refer to LEGEND #2 and #17 under Basic Restorative)	
Termination:	Employee's age 70 or prior retirement.	

GENERAL PROVISIONS

ELIGIBILITY

You are eligible for coverage under this Plan if you:

- have satisfied the Eligibility Period;
- have not reached the Termination Age of each respective benefit as specified in the Schedule of Benefits; and
- are Actively at Work.

EVIDENCE OF INSURABILITY

If your written request for coverage is received within 31 days of being eligible, Evidence of Insurability will only be required for any amounts in excess of the respective No Evidence Limits, as specified on the Schedule of Benefits.

After you have become insured under the Plan, if the No Evidence Limit is increased, your coverage will be held at the No Evidence Limit in effect prior to the increase if:

- you did not provide Evidence of Insurability, or
- you provided Evidence of Insurability, however, the evidence provided resulted in coverage being declined.

Should your written request for coverage be received after 31 days of becoming eligible for coverage and the Policy is mandatory, premiums are payable from the date you became eligible. If however, the Policy is non-mandatory, you will be required to submit Evidence of Insurability for all insurance. Coverage will not become effective until evidence has been reviewed and approved. For further information, please see your Plan Administrator or your Personnel Department.

COORDINATION OF BENEFITS

If your Plan includes Extended Health, Dental, Medical Expense (Vital Assist Health Benefit Provision) or Health Care Spending Account Benefits and if either you or your dependants are entitled to benefits under this Plan and any other plan for the same expense, the amount payable will be co-ordinated and/or reduced under this Plan to ensure the total amount payable under all plans does not exceed the amount of the expense incurred. For further information, please see your Plan Administrator or your Personnel Department.

LIMITATION OF ACTIONS

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract (this Policy) is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

TERMINATION OF COVERAGE

Your benefits will terminate whenever one of the following first occurs:

- termination of employment; or
- premiums are not submitted on your behalf; or
- the Policy is terminated; or

you no longer satisfy one or more of the eligibility requirements above.

PAYMENT OF CLAIMS

Claim Filing

If you wish to claim for any benefit, please see your employer who will provide you with the correct forms and explain how you should file a claim. You should save all bills and original receipts for medical expenses as they will be required for proof of claim.

Whenever possible, you should promptly submit the completed claim form and any actual bills or receipts (**not photocopies**). EMPIRE LIFE should be notified within 31 days of any event which will give rise to a claim, or within 45 days whenever you are absent from work due to a disability.

Claim Submission Period

You have 90 days to submit the required proof of any death and disability claims. For dental and extended health claims, claim forms must be submitted within 365 days from the date the claim was incurred or within 90 days of Policy termination, whichever comes first. For Vital Assist Health Benefit claims, initial claim forms must be submitted within 9 months from your Date of Claim Eligibility and Medical Expense Benefit claims must be submitted within the Medical Expense Benefit Period or within 90 days after Benefit termination.

If your Plan includes a Health Care Spending Account (HCSA), claim forms must be submitted during the current Benefit Period (or Balance or Expense Carry Forward Period, if applicable, and subject to any HCSA Grace Period) or within 90 days after your termination or retirement under the Policy. If the Benefit terminates, no HCSA claims will be processed or paid after the termination date (unless claims are received at Empire Life prior to the date of termination).

For extended health claims incurred outside of your province of residence, you should first submit a claim to your provincial health plan, then submit a copy of the provincial health plan payment along with your claim form to EMPIRE LIFE.

However, should your Plan include Travel Emergency Assistance coverage and you have an emergency while travelling, 24 hour assistance is available by calling one of the phone numbers that appear on the back of your Wallet Card and identifying yourself by the information on the front of the card. An operator at Allianz Global Assistance will assist you.

Payment

Claims will be paid after the proof of claim is received. Any death benefit due will be paid to the named beneficiary, if living. Otherwise it will generally be paid to the estate. All other benefits will be paid as directed by you on the claim form. **Please note:** Under some circumstances, Extended Health Benefits and Medical Expense Benefits (Vital Assist Health Benefit) may not be payable until the Government Health Insurance Plan concerned has paid its' yearly maximum. Check with your Plan Administrator or your Personnel Department if you require further details.

ACCESS TO PERSONAL INFORMATION

At EMPIRE LIFE we create enrollment, medical and claims files in order to determine the amount of coverage you and/or your dependants (if applicable) are eligible for and to process any claims you or your dependants may incur. The information contained in these files, which is used by various departments, may allow you and/or your dependants to be identified. However, any file containing your medical status is accessible only to authorized individuals within our Medical Underwriting and Claims Departments.

Subject to the exceptions established by applicable law, you may request access to your files either in person, by showing proper identification at our Head Office, or by contacting our Head Office in writing with your request. You have the right to rectify any information which is incorrect (dependent on the circumstance, proof may be required) in your file and also to have any information reproduced and transmitted to you for a reasonable charge. If you prefer, you may contact your Group Office with your request and they will communicate your request to our Head Office in Kingston, Ontario. Telephone numbers and mailing addresses of both Head Office and your Group Office can be obtained from your Administrator.

You may request a copy of your group insurance enrollment form or application and any record or written statement not otherwise part of the application that you provided to Empire Life as evidence of insurability. On reasonable notice you may also request a copy of the group insurance Policy. First copies will be provided at no cost to you but a fee may be charged for subsequent copies.

LIFE INSURANCE BENEFIT

AMOUNT OF INSURANCE

The amount of your Basic Life Insurance coverage is described on the Schedule of Benefits page. You may be required to submit Evidence of Insurability. If you are, you will only be insured for the No Evidence Limit until the evidence is approved.

You may, at your option, purchase Optional Life Insurance as outlined on the Schedule of Benefits page. Your Plan administrator can tell you the cost of this optional coverage.

If you are interested, you will be asked to complete a statement of health form and your optional insurance will only be effective when EMPIRE LIFE approves the evidence of health you have provided.

DEATH BENEFIT

The amount of life insurance for which you are covered will be payable upon your death to your last named beneficiary.

APPOINTMENT OF BENEFICIARY

Your beneficiary will be as designated in your individual application for group insurance, or, if applicable, as designated under your previous carrier's coverage. If your designation is carried over from your previous carrier's coverage we recommend you review the existing designation to ensure it reflects your current intention. The most recent designation will apply.

You may name anyone you please as your beneficiary, and you may change your beneficiary at any time, subject to the laws of your province by filing written notice with EMPIRE LIFE. If you do not appoint a beneficiary or if your beneficiary predeceases you, the death benefit will be payable to your estate.

WAIVER OF PREMIUM

If you become Totally Disabled, as defined below, you may qualify to have your life insurance continue until you reach age 65 without payment of any premiums. To be eligible, you must be disabled before your 65th birthday or your retirement, whichever occurs first, and you must have been unable to work throughout the Elimination Period as shown in the Schedule of Benefits before the premium will be waived.

"Total Disability/Totally Disabled" means during the Elimination Period and the Own Occupation Period, if any, as shown on the Schedule of Benefits page, such a continuous state of incapacity resulting from injury or sickness that you will be completely prevented from performing the essential duties pertaining to your own occupation. Other than during the Own Occupation Period, if any, it means such a continuous state of incapacity resulting from injury or sickness that you will be completely prevented from engaging in any gainful occupation or from performing any work for remuneration or profit for which you are reasonably fitted by education, training or experience.

LIVING BENEFIT

If you are under age 62 and suffer a terminal illness from which death is expected within 24 months and you have been approved for the Waiver of Premium Benefit above, you may qualify for a Living Benefit. A Living Benefit is an advance payment of a portion of the amount of your Basic Life coverage described on the Schedule of Benefits page.

The Living Benefit consists of 50% of the amount of your Basic Life coverage to a maximum of \$50,000.

Upon your death, the Death Benefit will equal the sum insured on your date of death less the Living Benefit paid and the interest accrued on the Living Benefit.

CONVERSION PRIVILEGE

Should you leave your Employer's service while the Group Policy is in force or turn 65 years old, you may arrange to convert that portion of your Life Insurance, without medical examination, to an individual policy of any one of the standard level premium Life, Term to Age 65 or One Year Term plans then being issued by EMPIRE LIFE, provided application for the converted policy is made within 31 days of termination of employment. The amount will be limited to the lesser of:

- a) the amount of your Life Insurance to a maximum of \$200,000 (or the amount required by provincial legislation, if applicable); and
- b) the difference between your amount of Life Insurance in effect upon termination and the amount of life insurance for which you are or become eligible for within the 31 day conversion period.

EXCLUSIONS

No Optional Benefit is payable if death is a result of suicide and occurs within two years of this coverage becoming effective or within two years of the effective date of any increase in the Optional Benefit.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Definitions

Where used in this Provision,

"Accident" will mean a single, sudden, violent, unintended, unexpected, external event that causes a Loss, independent of any other cause.

"Amount of Insurance" will be the amount of Accidental Death and Dismemberment Benefit as shown on the Schedule of Benefits.

"Loss" will mean:

- with respect to hands or feet, complete severance at or above the wrist or ankle joint;
- with respect to eyes, entire and irrecoverable loss of the sight thereof beyond remedy by surgical or other means;
- with respect to arms and legs, complete severance at or above the elbow or knee joints;
- with respect to a thumb and index finger, complete severance at or above the metacarpophalangeal joint;
- with respect to speech, entire and irrecoverable loss of ability to speak intelligibly; and
- with respect to hearing, entire and irrecoverable loss of hearing.

"Loss of use" will mean with respect to arms, hands, legs and feet, total loss of the ability to perform each and every action and service the arm, hand, leg or foot was able to perform before the Accident occurred. Loss of use must be entire and irrecoverable.

The amount of insurance payable as a result of loss of speech or hearing will be payable only after such loss has been continuous for 12 months and is determined to be permanent and beyond remedy by surgical or other means.

"Motorized Vehicle" will mean a vehicle that is drawn, propelled or driven by any means other than muscular power, including but not limited to, an automobile, motorcycle, boat, snowmobile, all terrain vehicle, personal watercraft or farm equipment.

Exposure and Disappearance

If you are unavoidably exposed to the elements due to an Accident, and as a result of such exposure, you suffer a Loss for which a benefit would otherwise have been payable, such Loss will be covered by this benefit provision.

Where you disappear and your body is not found within 365 days of the disappearance, forced landing, stranding, sinking or wrecking of a vehicle in which you were an occupant, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of this benefit provision, that you suffered Loss of Life caused by Accident.

Payment of Benefit

While insured under this Provision, if you suffer a Loss, a benefit as set out in the Schedule of Losses will be paid. Where more than one Loss results from an Accident, only one benefit will be payable. The benefit payable will be for the single Loss which provides the highest amount of benefit.

The benefit payable as a result of Loss of speech or hearing, or Loss of Use of a limb or appendage thereof will be payable only after such Loss has been continuous for 12 months and is determined to be permanent and beyond remedy by surgical or other means.

Waiver of Premium

The premium payable under this Provision will be waived during the period for which your Life Insurance premium is waived due to Total Disability.

Schedule of Losses and Benefit Payable

For any one accident, the amount payable will be for the Loss which provides the highest amount of benefit.

For Loss of:

Life	100% of the Amount of Insurance
Both feet	100% of the Amount of Insurance
One hand and one foot	100% of the Amount of Insurance
Both hands	100% of the Amount of Insurance
One hand and sight of one eye	100% of the Amount of Insurance
One foot and sight of one eye	100% of the Amount of Insurance
Both legs	100% of the Amount of Insurance
One arm	75% of the Amount of Insurance
One foot	75% of the Amount of Insurance
One hand	75% of the Amount of Insurance
One leg	75% of the Amount of Insurance
4 fingers on the same hand	33% of the Amount of Insurance
Thumb and index finger on the same hand	33% of the Amount of Insurance
4 toes on the same foot	33% of the Amount of Insurance

For Loss of Use of:

Both upper and lower limbs (Quadriplegia)	200% of the Amount of Insurance
Both legs (Paraplegia)	200% of the Amount of Insurance
Upper and lower limbs on one side of body (Hemiplegia)	200% of the Amount of Insurance
Both arms (Paraplegia Superior)	200% of the Amount of Insurance
Sight of both eyes	100% of the Amount of Insurance
Speech and hearing in both ears	100% of the Amount of Insurance
Hearing in both ears	75% of the Amount of Insurance
Sight of one eye	75% of the Amount of Insurance
Speech	75% of the Amount of Insurance
One arm	75% of the Amount of Insurance
One leg	75% of the Amount of Insurance
One foot	75% of the Amount of Insurance
One hand	75% of the Amount of Insurance
Hearing in one ear	25% of the Amount of Insurance

Additional Benefits

Seat Belt Benefit

In the event that you suffer a Loss which results in a Payment of Benefit under this Provision, the Company will pay an additional sum equal to 10% of the Amount of Insurance payable if you die or are injured while a passenger or driver in an automobile while wearing a properly fastened seat belt. The verification of the use of the seat belt must be part of the official report of the Accident for this benefit to be payable.

Child Benefit

In the event you die due to an Accident which results in a Payment of Benefit under this Provision, in addition to the Amount of Insurance Payable, the Company will pay a lump sum to the beneficiary in the amount of \$2,500 for each of your Dependant Children.

EXCLUSIONS

The benefits of this Provision will not be payable if the Loss results directly or indirectly from:

- suicide, attempted suicide, or intentional self-inflicted injury;
- the participation in, or attempt to participate in, a criminal offence whether or not convicted of such offence;
- illness, virus, infection, pathogen, or disease of any kind, or medical or surgical treatment for illness, virus, infection, pathogen, or disease;
- injuries of which there is no visible contusion or wound on the exterior of the body other than drowning or internal injuries revealed by autopsy;
- drugs, poison or poisonous substances, gas or fumes, voluntarily, intentionally administered or inhaled;
- insurrection, war or hostilities of any kind, whether war is declared or not;
- any armed conflict or service in the armed forces;
- voluntary participation in a riot or any disturbance of the public order;
- service, travel or flight in or descent from any type of aircraft, for the purposes of aeronautical instruction, instruction or participating in sky-diving or any duties whatsoever in relation to the aircraft or flight;
- bodily injury suffered prior to the effective date of this Provision; or
- the operation of a Motor Vehicle while having in excess of 80 milligrams of alcohol per 100 millilitres of blood.

OPTIONAL SPOUSAL LIFE

If you have elected optional insurance for your Spouse and satisfactory evidence has been sent to and approved by EMPIRE LIFE, then your Spouse is insured for Optional Spousal Life insurance described on the Schedule of Benefits. If your Spouse dies, this amount will be payable to you. However, if death occurs within two years of the effective date of the Optional Spousal Life insurance or within two years of the effective date of each increase in the amount of Optional Spousal Life insurance, and death resulted from suicide or self-inflicted wounds then the Optional Spousal Life insurance will not be payable.

EXCLUSIONS

Optional Spousal Life insurance does not include waiver of premium or conversion privilege.

OPTIONAL SPOUSAL ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

Definitions

Where used in this Provision,

"Accident" will mean a single, sudden, violent, unintended, unexpected, external event that causes a Loss, independent of any other cause.

"Amount of Insurance" will be the amount of Optional Spousal Accidental Death and Dismemberment Benefit as shown on the Schedule of Benefits.

"Loss" will mean:

- with respect to hands or feet, complete severance at or above the wrist or ankle joint;
- with respect to eyes, entire and irrecoverable loss of the sight thereof beyond remedy by surgical or other means;
- with respect to arms and legs, complete severance at or above the elbow or knee joints;
- with respect to a thumb and index finger, complete severance at or above the metacarpophalangeal joint;
- with respect to speech, entire and irrecoverable loss of ability to speak intelligibly; and
- with respect to hearing, entire and irrecoverable loss of hearing.

"Loss of use" will mean with respect to arms, hands, legs and feet, total loss of the ability to perform each and every action and service the arm, hand, leg or foot was able to perform before the accident occurred. Loss of use must be entire and irrecoverable.

The amount of insurance payable as a result of loss of speech or hearing will be payable only after such loss has been continuous for 12 months and is determined to be permanent and beyond remedy by surgical or other means.

"Motorized Vehicle" will mean a vehicle that is drawn, propelled or driven by any means other than muscular power, including but not limited to, an automobile, motorcycle, boat, snowmobile, all terrain vehicle, personal watercraft or farm equipment.

Exposure and Disappearance

If your Spouse is unavoidably exposed to the elements due to an Accident, and as a result of such exposure, your Spouse suffers a Loss for which a benefit would otherwise have been payable, such Loss will be covered by this benefit provision.

Where your Spouse disappears and the body is not found within 365 days of the disappearance, forced landing, stranding, sinking or wrecking of a vehicle in which your Spouse was an occupant, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of this benefit provision, that your Spouse suffered Loss of Life caused by Accident.

Payment Of Benefit

If your Spouse, while insured under this Provision, suffers a Loss, a benefit as set out in the Schedule of Losses will be paid. Where more than one Loss results from an Accident, only one benefit will be payable. The benefit payable will be for the single Loss which provides the highest amount of benefit.

The benefit payable as a result of Loss of speech or hearing, or Loss of Use of a limb or appendage thereof will be payable only after such Loss has been continuous for 12 months and is determined to be permanent and beyond remedy by surgical or other means.

Schedule of Losses and Benefit Payable

For any one accident, the amount payable will be for the Loss which provides the greatest benefit.

For Loss of:

Life	100% of the Amount of Insurance
Both feet	100% of the Amount of Insurance
One hand and one foot	100% of the Amount of Insurance
Both hands	100% of the Amount of Insurance
One hand and sight of one eye	100% of the Amount of Insurance
One foot and sight of one eye	100% of the Amount of Insurance
Both legs	100% of the Amount of Insurance
One arm	75% of the Amount of Insurance
One foot	75% of the Amount of Insurance
One hand	75% of the Amount of Insurance
One leg	75% of the Amount of Insurance
4 fingers on the same hand	33% of the Amount of Insurance
Thumb and index finger on the same hand	33% of the Amount of Insurance
4 toes on the same foot	33% of the Amount of Insurance

For Loss of Use of:

Both upper and lower limbs (Quadriplegia)	200% of the Amount of Insurance
Both legs (Paraplegia)	200% of the Amount of Insurance
Upper and lower limbs on one side of body (Hemiplegia)	200% of the Amount of Insurance
Both arms (Paraplegia Superior)	200% of the Amount of Insurance
Sight of both eyes	100% of the Amount of Insurance
Speech and hearing in both ears	100% of the Amount of Insurance
Hearing in both ears	75% of the Amount of Insurance
Sight of one eye	75% of the Amount of Insurance
Speech	75% of the Amount of Insurance
One arm	75% of the Amount of Insurance
One leg	75% of the Amount of Insurance
One foot	75% of the Amount of Insurance
One hand	75% of the Amount of Insurance
Hearing in one ear	25% of the Amount of Insurance

Additional Benefits

Seat Belt Benefit

In the event that your Spouse suffers a Loss which results in a Payment of Benefit under this Provision, the Company will pay an additional sum equal to 10% of the Amount of Insurance payable if your Spouse dies or is injured while a passenger or driver in an automobile while wearing a properly fastened seat belt. The verification of the use of the seat belt must be part of the official report of the accident for this benefit to be payable.

Child Benefit

In the event that your Spouse dies due to an Accident which results in a Payment of Benefit under this Provision, in addition to the Amount of Insurance Payable, the Company will pay a lump sum to the beneficiary in the amount of \$2,500 for each of your Dependant Children.

EXCLUSIONS

The benefits of this Provision will not be payable if the Loss results directly or indirectly from:

- suicide, attempted suicide, or intentional self-inflicted injury;
- the participation in, or attempt to participate in, a criminal offence whether or not convicted of such offence;
- illness, virus, infection, pathogen, or disease of any kind, or medical or surgical treatment for illness, virus, infection, pathogen, or disease;
- injuries of which there is no visible contusion or wound on the exterior of the body other than drowning or internal injuries revealed by autopsy;
- drugs, poison or poisonous substances, gas or fumes, voluntarily administered or inhaled;
- insurrection, war or hostilities of any kind, whether war is declared or not;
- any armed conflict or service in the armed forces;
- voluntary participation in a riot or any disturbance of the public order;
- service, travel or flight in or descent from any type of aircraft, for the purposes of aeronautical instruction, instruction or participating in sky-diving or any duties whatsoever in relation to the aircraft or flight;
- bodily injury suffered prior to the effective date of this Provision; or
- the operation of a motor vehicle while having in excess of 80 milligrams of alcohol per 100 millilitres of blood.

LONG TERM DISABILITY BENEFIT

AMOUNT OF MONTHLY BENEFIT AND COVERAGE

Long Term Disability Insurance provides you with regular income to replace salary or wages lost because of a lengthy disability due to an injury or sickness. The amount of your Long Term Disability Benefit, the date that benefits commence, and the maximum duration of benefits, are as indicated on the Schedule of Benefits page.

If you become disabled due to injury or sickness, the Insurer will pay you in accordance with the foregoing or until you recover, whichever occurs first. Benefits will be directly reduced by the amount of any benefits payable under the Canada/Quebec Pension Plan as outlined on the Schedule of Benefits page and any disability payment payable under any Workplace Safety and Insurance Board (WSIB) or similar legislation. Benefits may be further reduced to the extent that your income from all sources exceeds 85% of either:

- a) your pre-disability earnings if benefits are taxable as stated on the Schedule of Benefits; or
- b) your pre-disability Take-Home pay (i.e. income less income tax) if benefits are not taxable as stated on the Schedule of Benefits.

Other sources include CPP/QPP, any other group or franchise insurance plan providing benefits for disability, any salary continuation, retirement or disability plan of the employer, Workplace Safety and Insurance Board (WSIB) or similar legislation or Loss of Time benefits under a No-Fault Auto Insurance Law or other government-sponsored insurance or pension plan.

DEFINITION OF DISABILITY AND EARNINGS

Benefits paid under this Plan are taxable if your employer pays any portion of the premium for this benefit.

"Total Disability" means during the Elimination Period and the Own Occupation Period as shown on the Schedule of Benefits page, such a continuous state of incapacity resulting from injury or sickness that you will be completely prevented from performing the essential duties pertaining to your own occupation. Other than during the Own Occupation Period, if any, it means such a continuous state of incapacity resulting from injury or sickness that you will be completely prevented from engaging in any gainful occupation or from performing any work for remuneration or profit for which you are reasonably fitted by education, training or experience. In no event will any benefits be paid for any period in which you are not under the continuing care of an appropriate licensed physician qualified to treat the specific ailment or if you fail to cooperate and participate in an appropriate treatment program satisfactory to the Company, unless the payment of benefits in such circumstances has been pre-arranged by EMPIRE LIFE.

DEFINITION OF DISABILITY AND EARNINGS (cont'd)

"Accident" shall mean a single, sudden, violent, unintended, unexpected, external event that causes a disability, independent of any other cause.

"Earnings" mean your regular monthly rate of income including commissions, received from your employer but will exclude overtime pay, bonuses, dividends or other special allowances. Your earnings from commissions will be determined using the average monthly commission you received from your employer over the previous 2 year(s). EMPIRE LIFE will be provided with T4 and/or T4A forms in order to verify the commissions.

"Motorized Vehicle" means a vehicle that is drawn, propelled or driven by any means other than muscular power, including but not limited to, an automobile, motorcycle, boat, snowmobile, all terrain vehicle, personal watercraft or farm equipment.

"Take-home Pay" means your Earnings less the federal and provincial income taxes payable on such income.

"Indexed Pre-Disability Earnings" mean that after the first year of your Total Disability, the previous year's Pre-Disability Earnings or Pre-Disability Take-home Pay (depending on the tax status of the benefit) will be increased by the lesser of the rate of increase in the Consumer Price Index for the preceding year or 10%.

Any changes in earnings must be submitted in writing by your Employer to our Head Office as your insured benefit is based on earnings reported to our Head Office prior to the date of disability, and will determine the amount of disability benefit you will receive if you become disabled.

WAIVER OF PREMIUM

If you are receiving benefits, premiums for the Long Term Disability Benefit will be waived.

RECURRENCE OF DISABILITY

If you return to active full-time employment, and while the Policy is in force you again become disabled within 180 days due to the same cause, the benefits will commence immediately without any further waiting period. If such disability commences after 180 days of active full-time employment, the second disability will be subject to a new waiting period before you can again receive benefits.

REHABILITATION

If you are disabled and participate in a rehabilitation program supervised by your physician and approved by EMPIRE LIFE you will still be considered Totally Disabled. Benefit payments will only be reduced by half of the income received from the program, with a further limitation that your total income from all sources must not exceed 100% of either:

- a) your pre-disability earnings if benefits are taxable, or
- b) your pre-disability Take-Home Pay if benefits are not taxable.

Should you be approved as a suitable candidate for any Rehabilitation Employment program and you fail to enter such a program, your claim may be invalidated.

PARTIAL DISABILITY

To be eligible for this benefit you must be totally disabled throughout the Elimination Period, as stated on the Schedule of Benefits, plus one day or more.

Should you return to gainful employment in your own occupation but still require the regular attendance of a Physician, a Partial Disability benefit will be paid. You must be able to do some but not all the essential duties of your own occupation on a full or part-time basis and earning more than 15% of your Indexed Pre-Disability Earnings.

The Partial Disability benefit payable will be equal to the Long Term Disability Benefit less 50% of any income you earned during the same period and may be further reduced so that any income you receive from all sources does not exceed 100% of your Indexed Pre-Disability Earnings.

LIMITATION

No Long Term Disability Benefit is payable for disabilities that result from alcohol, drug or other substance use disorder, unless you are receiving and complying with continuous treatment for such Total Disability from a rehabilitation centre, a provincially designated institution, or you are actively involved in and following a program of rehabilitation which is supervised by a Physician and approved by the Company.

PRE-EXISTING CONDITIONS

No benefit is payable if, during the first 12 months of Long Term Disability coverage under this Policy, total disability results from a pre-existing condition. A pre-existing condition is one for which you received treatment or medication during the 90 day period immediately prior to the effective date of your insurance.

Generally, the twelve month period will have to be fully satisfied from the reinstatement date upon reinstatement of coverage. However, if the reinstatement immediately follows a leave of absence or lay-off of which the Company has been notified in advance, then the periods before and after the leave of absence or lay-off will be combined to satisfy the twelve month requirement.

EXCLUSIONS

No benefit is payable if your disability results directly or indirectly from:

- suicide, attempted suicide, or intentional self-inflicted injury;
- insurrection, war or hostilities of any kind, whether war is declared or not;
- any armed conflict or service in the armed forces;
- voluntary participation in a riot or any disturbance of the public order;
- the participation in, or attempt to participate in, a criminal offence whether or not convicted with such offence; or
- the operation of a motor vehicle while having in excess of 80 milligrams of alcohol per 100 millilitres of blood.

For any disability incurred prior to or during a Pregnancy/Parental Leave of Absence, the Elimination Period may commence or continue during the period:

- of formal Pregnancy or Parental Leave taken pursuant to Provincial or Federal law or pursuant to mutual agreement between you and your Employer; or
- for which Employment Insurance pregnancy or parental benefits are paid; or
- commencing on the earlier of the elected date of a formal Pregnancy or Parental Leave or the delivery date; however,

no payment will commence or continue until the later of the completion of the Elimination Period and the scheduled return to work date.

No benefits commence or continue during any period you are not a resident of Canada for a minimum of 6 months in any 12 month period.

EXTENDED HEALTH BENEFIT

ELIGIBLE EXPENSES

The Extended Health Benefit under this Policy covers all eligible expenses described on the following pages which are not covered by your Government Health Insurance Plan.

The eligible expenses:

- must be incurred while you are insured under the Policy,
- must be reasonable, customary and necessary in the treatment of sickness or injury,
- must be ordered by a qualified doctor who is neither insured for benefits under the policy nor related to the Person Insured's family by blood or marriage,
- must be submitted within 365 days after the date the expense was incurred or within 90 days of the termination of insurance, whichever is earlier.

All eligible expenses may be subject to a Deductible Amount, a Coinsurance Amount and a Maximum benefit amount.

Example: If your Plan has a \$500 Diagnostic Laboratory Maximum with 80% Coinsurance and a \$50 Deductible

\$1,000 claim is submitted for a CAT scan

The eligible amount is \$1,000

\$50 Deductible is applied - reduces amount to \$950

80% Coinsurance is applied - reduces amount to \$760

Benefit Maximum is \$500

Amount payable is \$500

Eligible drug expenses will not include any costs in excess of the reasonable and customary amount for that drug. Any Dispensing Fee, if applicable, which exceeds the maximum Dispensing Fee will not be covered. Such excess is not considered an eligible drug expense under the Policy. Please refer to **NOTE** on the Drug Component page.

An emergency means a sudden, unexpected occurrence (disease or injury) that requires immediate medical attention. This includes treatment (non-elective) for immediate relief of severe pain, suffering or disease which cannot be delayed until the Person Insured returns to their province of residence.

DEDUCTIBLE AMOUNT

The Benefit Period Deductible Amount, if any, as shown in the Schedule of Benefits Page, is the amount that you are responsible for, in each Benefit Period, before health benefits are payable under this Plan.

The Per Prescription Deductible Amount, if any, as shown in the Schedule of Benefits Page, will be applicable to each prescription for eligible expenses for drugs and neither the Single nor the Family Deductible Amount will be applicable to such eligible expenses.

COINSURANCE AMOUNT

The Coinsurance Amount, as shown on the Schedule of Benefits page, is the percentage of eligible expenses paid by your Plan less the Deductible Amount, if any.

LIFETIME MAXIMUM

The Lifetime Maximum, as shown on the Schedule of Benefits, is the total aggregate amount payable per person, for eligible expenses incurred inside or, if insured, outside of your Province of Residence, for all periods in which you have been insured under this Benefit, whether consecutive or not.

EXTENSION OF BENEFITS

If you (or your dependant, if applicable) are totally disabled when your Extended Health Benefit terminates, eligible expenses that you incur as a result of the disability will be paid for up to 90 days following termination during the continuation of disability or to the date you become eligible for benefits under another plan, if earlier.

SURVIVORS' HEALTH BENEFITS

In the event of your death while you are insured for health benefits under this Plan, the insurance for your surviving insured dependants at your death will continue in force without premium payment but not beyond the earliest of:

- a) the date of remarriage of the surviving spouse,
- b) the period indicated on the Schedule of Benefits from your death,
- c) the date of death of the survivor, or
- d) the date that the survivor no longer qualifies as a dependant, if a child.

This coverage will be provided even if the group Policy should terminate after your death.

DEPENDANTS

Dependants eligible for Extended Health Benefits are your spouse or common-law spouse, and unmarried wholly dependent children not yet 22 (or 26 if full-time students) or unmarried wholly dependent children of any age who are mentally or physically handicapped (please see your Plan Administrator for details to extend coverage for handicapped dependants).

There must be a minimum and continuous cohabitation period of 1 year(s) before a common-law spouse is recognized, and the couple should publicly represent themselves to society as married. Upon written request, your common-law spouse will be eligible immediately if a child is born to you and your common-law spouse.

Dependants must reside in Canada to qualify for benefits. However, children who are temporarily residing in the United States because they are attending an accredited academic institution will also be eligible for benefits provided they are insured under a Government of Canada Health Insurance Plan.

PREGNANCY

The Extended Health Benefit contains no exclusion or limitation for pregnancy or childbirth.

CHARGES NOT COVERED

Payment will not be made for charges for:

- suicide, attempted suicide, or intentional self-inflicted injury;
- Medical Care for which benefits are payable under any other Benefit Provision of this Policy;
- Medical Care resulting from insurrection, war or hostilities of any kind, whether war is declared or not;
- Medical Care resulting from any armed conflict or service in the armed forces;
- Medical Care resulting from voluntary participation in a riot or any disturbance of the public order;
- Medical Care for which the Person Insured is entitled to indemnity or compensation in accordance with the provisions of any any provincial workplace safety legislation (e.g. WSIB, WCB/CSST) or similar legislation, unless prohibited by any Government Legislation;
- Medical Care payable in whole or in part by a government under any Government Health Insurance Plan or which would have been payable had the Person Insured been insured thereunder or had proper application been made;
- Medical Care to the extent that the applicable government jurisdiction prohibits the payment of any benefits;
- Medical Care resulting from the participation in, or attempt to participate in, a criminal offence whether or not convicted of such offence;
- Medical Care provided by a medical or dental department maintained by an employer, an association, labour union, trustee or similar type of group;
- medical screening or examinations required for the use of a third party;
- broken appointments, transportation costs (including travelling time) of the practitioner, advice received by telephone or other means of telecommunication, or the completion of claim forms required by this Provision;
- Medical Care, the charge for which the Person Insured is not legally required to pay, or for which there is no charge, or for which there would have been no charge but for the existence of insurance;
- Medical Care which is not necessary according to generally accepted standards of medical practice;
- Medical Care rendered principally for cosmetic purposes (as determined by the Company), except when such Medical Care is necessitated by accidental injury;
- Medical Care for the replacement of an appliance which has been lost, mislaid or stolen or to provide any duplicate appliance;
- supplies ordered or services rendered prior to the date the person became a Person Insured;
- shipping and handling charges; or
- infant formulas, caloric supplements with or without vitamins or minerals.

HOSPITALIZATION COMPONENT

Inpatient hospital confinement, in your province of residence, for room and board and other hospital services in a semi-private and/or private room accommodation as shown on the Schedule of Benefits page with no limit on the number of days of confinement.

Coverage will be provided for the difference between the hospital's ward and semi-private rates, including Government imposed hospital deterrent charges (where legislation permits insurance of such charges), with no limit on the number of days of confinement.

DRUG COMPONENT - Prescription Drugs

Coverage will include drugs and medicines dispensed by a Physician or Pharmacist only available on the prescription of a Physician, dentist, nurse practitioner or pharmacist where applicable based on provincial legislation to the extent that they are generally recognized as being effective in the treatment of the injury or Sickness being treated and are not excessive or unwarranted as judged by the generally accepted therapy for such Sickness or injury as determined by EMPIRE LIFE.

Such drugs and medicines will also include:

- insulin supplies (i.e. needles, syringes and diagnostic tests), but excludes swabs and rubbing alcohol,
- all injectibles including injectible vitamins, unless used as part of a weight reduction program, serums, and vaccines, and
- extemporaneous Compounds prepared by a pharmacist.

Exclusions

- any drug medication which may be purchased without a prescription. This further excludes over-the-counter (OTC) products whether prescribed or not,
- anabolic steroids and items deemed cosmetic.

This Plan also excludes in part:

- vitamins (except injectible and not used as part of a weight reduction program),
- patent medicines and GP Products,
- first aid and surgical supplies,
- atomizers and vaporizers,
- salt and sugar substitutes,
- infant formula, dietary foods and aids,
- contact lens care products,
- diagnostic aids and laboratory tests,
- contraceptives other than oral,
- lozenges, mouthwash, toothpastes and cosmetics,
- non-medicated shampoos, skin cleansers, skin protectors, emollients and soaps, and
- any benefit covered by your Government Health Insurance Plan.

If you are a resident of the province of Quebec, any expense that would otherwise be considered ineligible will be considered an eligible expense if payment would have been made under the Drug Formulary of the Régie de l'assurance-maladie du Québec. Furthermore, any expense payable under this Drug Formulary will be subject to the Drug Deductible and/or Coinsurance indicated on the Schedule of Benefits.

Infertility Treatments, Anti-Smoking Agents, Anti-Obesity Drugs & Erectile Dysfunction Drugs

a) Fertility Drugs

Fertility Drugs are not insured under this Plan.

b) Anti-Smoking Agents

Anti-smoking agents are not insured under this Plan.

c) Anti-Obesity Drugs

Anti-Obesity Drugs dispensed by a Physician or pharmacist and only available on the prescription of a Physician are eligible under this Plan. Anti-Obesity Drugs are subject to any applicable drug deductible, drug coinsurance and maximum under the Plan as outlined on the Schedule of Benefits.

d) Erectile Dysfunction Drugs

Erectile Dysfunction Drugs are not insured under this Plan.

If you are a resident of the province of Quebec, any expense that would otherwise be considered ineligible will be considered an eligible expense if payment would have been made under the Drug Formulary of the Régie de l'assurance-maladie du Québec. Furthermore, any expense payable under this Drug Formulary will be subject to the Drug Deductible and/or Coinsurance indicated on the Schedule of Benefits.

MAJOR MEDICAL COMPONENT

Payment will be made for the following eligible expenses that you incur in your province of residence.

Medical Supplies and Appliances

This Plan will rent or purchase at the option of the Company, the following durable equipment, subject to any applicable deductible, coinsurance and maximum as outlined on the Schedule of Benefits. (Medical Supplies and Appliances require a Doctor's referral):

- aerosol equipment, mist tents and nebulizers for cystic fibrosis, acute emphysema, chronic obstructive bronchitis or chronic asthma,
- apnea monitors for respiratory dysrhythmias,
- artificial eyes, including repair and replacement,
- artificial limbs including repair and replacement but excluding myoelectrical limbs,
- bed rail,
- braces with rigid supports,
- diabetic monitoring and administration equipment,
- external breast prosthesis, and two surgical brassieres per Benefit Period, post mastectomy,
- intermittent positive pressure breathing machine,
- head halter,
- standard hospital beds, excluding electric hospital beds,
- custom made orthotic shoe insert appliances, made from plaster cast models of the person's foot, and prescribed by a Physician,
- shoulder harnesses,
- sphygmomanometers (blood pressure cuff),
- traction apparatus,
- transcutaneous electronic nerve stimulator (TENS),
- trapeze bars,
- standard wheelchairs, or where medically necessary, electrical wheelchairs

Under no circumstances will maintenance of any durable equipment be an eligible expense.

MAJOR MEDICAL COMPONENT (cont'd)

Medical Supplies and Appliances (cont'd)

This Plan will lend or provide at the option of the Company, for the rental or purchase of the following supplies and devices, subject to any applicable deductible, coinsurance and maximum as outlined on the Schedule of Benefits. (Medical Supplies and Appliances require a Doctor's referral):

- casts,
- canes and walkers,
- cervical collar,
- Clinitest, Dextrostix, or similar home chemical testing supplies for diabetics, if excluded under Drug Component,
- colostomy apparatus and supplies,
- crutches,
- ileostomy apparatus and supplies,
- insulin, if excluded under Drug Component,
- insulin syringe, monojet type, if excluded under Drug Component,
- Jobst burn garments,
- Jobst sleeves for lymphoedema following surgery,
- Lancet, if excluded under Drug Component,
- orthopaedic shoes individually designed and constructed to medical specifications, or adjustments only made to stock shoes for orthopaedic purposes
- oxygen and oxygen supplies,
- splints, excluding dental splints,
- support hose and compression stockings
- stump socks,
- urethral catheters,
- Viscosupplementation prescribed by a Physician and limited to two sets of three injections to the maximum as outlined on the Schedule of Benefits per knee,
- wigs following chemotherapy or radiation treatment for cancer.

If you are a resident of the province of Quebec, any expense that would otherwise be considered ineligible will be considered an eligible expense if payment would have been made under the Drug Formulary of the Régie de l'assurance-maladie du Québec. Furthermore, any expense payable under this Drug Formulary will be subject to the Drug Deductible and/or Coinsurance indicated on the Schedule of Benefits.

MAJOR MEDICAL COMPONENT (cont'd)

Ambulance Service

This Plan will cover the cost of emergency transportation to and from hospital by a licensed ambulance. In addition, when the circumstances dictate, coverage is provided for licensed air ambulance or by commercial air fare to the nearest hospital qualified to render the necessary emergency medical care.

Private Duty Nursing Care

This Plan will cover the cost of services of a registered graduate nurse, registered nursing assistant, a certified nursing assistant, or a licensed practical nurse who is duly qualified and who is not related to you or a member of your family and who is not a resident in your home. The services must:

- be provided in a Person Insured's home, and such home is not an institution,
- be made on the recommendation of a Physician,
- commensurate with the nature and gravity of the Sickness or Injury, and
- have prior approval by Empire Life.

These services are payable up to the maximum shown on the Schedule of Benefits; however, no payment will be made for homemaking or companion duties.

MAJOR MEDICAL COMPONENT (cont'd)

Diagnostic Laboratory Procedures

Payment will be made for eligible Diagnostic Laboratory Procedures, ordered by a Physician, and provided by a private medical laboratory. These services are payable up to the maximum shown on the Schedule of Benefits. Eligible procedures are:

- Blood Work,
- Colonoscopy,
- Computerized Axial Tomography (CAT scan),
- Electrocardiogram (ECG),
- Magnetic Resonance Imaging (MRI),
- Positron Emission Tomography (PET),
- Mammogram,
- Testing of Urine and other bodily fluids and tissues,
- Ultrasound.

Allergy testing performed by a laboratory is excluded.

Paramedical Practitioners

This Plan will include coverage for various Paramedical Practitioners, provided the services are not completed by a relative. These services are payable up to the maximum shown on the Schedule of Benefits.

Payment will be considered an eligible expense only when the maximum under any Government Health Insurance Plan has been reached, unless prohibited by law.

MAJOR MEDICAL COMPONENT (cont'd)

Dental Benefits for Accidents

This Plan will include coverage for the services of a dentist or oral surgeon to repair or replace sound natural teeth damaged as a result of a direct accidental blow to the mouth and not by an object wittingly or unwittingly placed in the mouth, including the setting of a fractured or dislocated jaw; however, no payment will be made for services, supplies or treatment rendered for a full mouth reconstruction, for vertical dimension correction, or for correction of temporomandibular joint dysfunction. Payment will be made provided the services are rendered within 365 days of the accident and while you are insured for this benefit.

Hearing Aids

This Plan will include the cost of the purchase and repairs of (excluding batteries or routine maintenance of) hearing aids. These services are payable up to the maximum shown on the Schedule of Benefits.

Eye Exams

In provinces where routine eye exams are covered under the applicable provincial Government Health Insurance Plan, no payment will be made for routine eye exams under this Policy.

In all other provinces, claim payment will be made for one routine eye exam, performed by an Optometrist or Ophthalmologist, up to the amount indicated on the Schedule of Benefits page.

MAJOR MEDICAL COMPONENT (cont'd)

Convalescent Hospital - Covered Expenses

The charges made by a convalescent hospital for room, board and other necessary services, in excess of the charge for ward accommodation, up to the daily amount indicated on the Schedule of Benefits Page, will be considered eligible expenses. However, the Person Insured must be admitted to the convalescent hospital within fourteen days following a period as a bedpatient of at least five days duration in a hospital. Expenses will be deemed as covered only where convalescent hospitalization is required by the attending Physician.

Benefits will be paid for the maximum period indicated on the Schedule of Benefits Page during any one period of disability.

All confinements in a convalescent hospital will be considered as one period of disability unless separated by at least ninety days.

In order to qualify under these covered expenses, a convalescent hospital must be approved by the appropriate Government Hospital Authority and be located in Canada.

Charges for custodial care in a convalescent hospital, nursing home or similar institution will not be considered eligible expenses.

A Convalescent Hospital is not a home for the aged, blind, or deaf, a domiciliary care home, a maternity home, or a home for alcoholics, drug addicts, or the mentally ill.

MAJOR MEDICAL COMPONENT (cont'd)

Out of Province Benefit

- (1) **Referral Treatment** - the following services will be included up to the Lifetime Maximum for Out of Province - Major Medical referral outlined on the Schedule of Benefits. The services must not be available in the Person Insured's province of residence and prior approval must be obtained from the Person Insured's Government Health Insurance Plan.
- (a) **Hospital Confinement** - This Plan will pay up to the maximum as shown on the Schedule of Benefits for each day of confinement for room and board and other hospital services for reasonable and customary semi-private accommodation in the area less the amount payable for those days of confinement under the Government Health Insurance Plan for the Person Insured's province of residence.
 - (b) **Doctors' Services** - This Plan will pay the actual charges rendered outside of the Person Insured's province of residence following referral by his doctor in his province of residence. The amount payable will be an amount equal to an amount paid by the Government Health Insurance Plan of the Person Insured's province of residence; however, the benefit payable from all plans will not exceed 100% of the actual incurred expense.
 - (c) **Other Medical Care** - Payment will be made for other medical care listed as an eligible expense under the same conditions and limits as if incurred in the Person Insured's province of residence.
 - (d) **Hospital Out-Patient Services** - No payment will be made for Hospital out-patient services which are on a referral basis.

MAJOR MEDICAL COMPONENT (cont'd)

- (2) **Emergency Treatment** - the following services will apply to a Person Insured who is travelling on business or vacation outside of his province of residence, for the period as shown on the Schedule of Benefits. However, if the Person Insured is hospitalized, during the period as shown on the Schedule of Benefits, coverage will continue until the date of discharge from the hospital, provided coverage has been extended under the Government Health Insurance Plan in the Person Insured's Province of residence. Eligible expenses will be allowed up to the Lifetime Maximum for Out of Province - Major Medical emergency as outlined on the Schedule of Benefits.
- (a) **Hospital Confinement** - This Plan will pay for room and board and other hospital services for emergency treatment of a sickness or injury. The amount payable will equal the daily charges for each day of confinement for reasonable and customary semi-private accommodation in the area less the amount payable for those days of confinement under the Government Health Insurance Plan in the Person Insured's province of residence.
 - (b) **Hospital Out-Patient Services** - Payment will be made for emergency Hospital out-patient services.
 - (c) **Doctors' Services** - This Plan will pay an amount equal to the amount of reasonable and customary charges and fees in excess of the amount paid or payable under the Government Health Insurance Plan in the Person Insured's province of residence.
 - (d) **Other Medical Care** - Payment will be made for other medical care listed as an eligible expense under the same conditions and limits as if incurred in the Person Insured's province of residence.
 - (e) **Out of Province Limitation; Emergencies** - No payment will be made for any Eligible Expense for continuing treatment, recurrence or complication relating to a condition or conditions incurred while a Person Insured is travelling outside of their province of residence or outside of Canada if it has been determined by a medical advisor that the Person Insured was deemed medically fit to return to his province of residence and the Person Insured chose not to do so. There must be a minimum of 60 continuous days between the date a Person Insured returns to his province of residence before again travelling outside his province of residence; otherwise, no payment will be made for any recurrence, continuation or complication of any medical condition for which a claim payment was made for such medical condition, during the immediate previous trip out of province.

MAJOR MEDICAL COMPONENT (cont'd)

(3) Travel Emergency Assistance Program

Your extended health benefits package already covers you for extensive and comprehensive benefits while you are travelling outside of your province of residence. The Travel Emergency Assistance Program provides you and your dependants (if applicable) with fast and easy accessibility to your health care benefits plus plenty of "extras".

EMPIRE LIFE and Allianz Global Assistance (formerly known as Mondial Assistance) have made an agreement to provide assist services and claim payment services for travel emergencies. If you have an emergency while travelling, you can let us worry about paying the bills and arranging appropriate transportation home.

If you or one of your dependants (if applicable) suffer a travel emergency, we offer 24 hour access to Allianz Global Assistance. Just call one of the numbers that appear on your Wallet Card and identify yourself by the information on the front of your card. A multilingual coordinator will assist in providing the following benefits:

- (i) **24 Hour Access** - Multilingual assistance by telephone, telex and facsimile services is available 24 hours a day, 365 days a year. This includes interpretation services in most major languages.
- (ii) **Medical Referral** - Referral to a Physician, Dentist or appropriate medical facility will be provided for medical emergencies.
- (iii) **Medical Transportation** - Transportation to the nearest appropriate medical facility or to Canada will be provided if Medically Necessary to the maximum as shown on the Schedule of Benefits per emergency.
- (iv) **On-Site Hospital Payment** - A verification of insurance coverage and arrangement for payments will be provided. Services that require the payment of \$200 or less are to be paid by the Person Insured and receipts kept for reimbursement.
- (v) **Return of Deceased** - In the event of the death of a Person Insured, authorized arrangements for the preparation and transportation of the body back to the Person Insured's province of residence will be made. Expenses will be reimbursed up to the maximum as shown on the Schedule of Benefits.

MAJOR MEDICAL COMPONENT (cont'd)

Travel Emergency Assistance Program (cont'd)

- (vi) **Return of Dependent Children** - The return of unattended dependants under the age of 16 will be provided if a Person Insured is hospitalized. Payment arrangements for economy class transportation of these Dependants to their place of residence in Canada will be made if the original ticket is void. A qualified escort will be provided if necessary.
- (vii) **Trip Delay** - If a Person Insured's scheduled return trip has been missed due to the hospitalization of that Person Insured, economy class transportation will be provided to the place of departure if the original ticket is void.
- (viii) **Visit of a Family Member** - If a Person Insured, while travelling alone, is hospitalized and the expected period of hospitalization is more than 7 days, round-trip economy class transportation to the location for one member of the immediate family will be provided. (Immediate family constitutes a parent, spouse, child, brother or sister). Expenses for meals and accommodation for the visiting family member will also be reimbursed up to the maximum for travel, meals and accommodation as shown on the Schedule of Benefits.
- (ix) **Return of Vehicle** - Assistance is provided in the return of a Person Insured's vehicle to the place of departure or to the nearest rental agency during a medical emergency. Expenses for return of vehicle will be reimbursed up to the maximum as shown on the Schedule of Benefits.
- (x) **Legal Referrals** - Legal referrals will be provided and assistance is available in arranging cash advances from credit cards or family and friends to enable the posting of bail and payment of legal fees if necessary.
- (xi) **Lost Document and Ticket Replacement** - Assistance will be provided in contacting local authorities and in the arrangement for the replacement of lost passports, travel tickets and visas.
- (xii) **Message Center** - The use of a message center will facilitate the exchange of messages between a Person Insured and his family, friends and business associates during a period of emergency. The center will hold messages for fifteen days.

Services described in vi), vii) and viii) inclusive are subject to an overall maximum as shown on the Schedule of Benefits for any one travel emergency.

MAJOR MEDICAL COMPONENT (cont'd)

Travel Emergency Assistance Program (cont'd)

Limitations

The Travel Emergency Assistance Program services will apply to a Person Insured, who is travelling on business or vacation outside of his province of residence, for the period as shown on the Schedule of Benefits.

The Travel Emergency Assistance Program services will apply **only to designated countries** which may change from time to time. It is the **responsibility of the Person Insured to inquire** prior to his departure whether services are provided in a specific country.

EMPIRE LIFE assumes no responsibility for any medical or legal advice given by any Physician or other health care professional and/or lawyer.

EMPIRE LIFE will not be liable for the negligence or wrongful acts or omissions of any Physician or other health care professional and/or lawyer providing direct service in accordance with the above services.

DENTAL BENEFIT

AMOUNTS AND LIMITS

You are not required to use a specific dentist or dental clinic; you are free to use the dentist of your choice provided the Dentist you chose is not insured for benefits under this Plan nor related by blood or marriage.

This benefit reimburses you for charges incurred by you or your dependants (if applicable) for dental services, subject to any deductible, coinsurance and maximum benefit that may apply as outlined on the Schedule of Benefits. To assist you in knowing exactly what dental procedures are covered by the Plan, the procedures are tabulated below according to the Canadian Dental Association Procedure Coding System, which is well known to any Dental Practitioner. To be eligible for reimbursement, the charges for these items must:

- be not in excess of the suggested Dental Fee Guide as shown on the Schedule of Benefits except if rendered by a Dental Mechanic or Dental Hygienist, then not in excess of the official Fee Guide for Dental Mechanics or Dental Hygienists, if applicable;
- be incurred while you are insured;
- be Reasonable and Customary;
- be recommended as necessary by a Physician, Dentist, or Oral Surgeon;
- be rendered by a Physician, Dentist, Oral Surgeon or Dental Assistant under the direct supervision of a Dentist, Oral Surgeon or Physician, or be rendered by a Dental Mechanic or Dental Hygienist.

All eligible charges **must be submitted** within the time period described in "Payment of Claims".

TREATMENT PLAN

When the cost of a proposed treatment is expected to exceed \$300 or involves Orthodontic Services, we strongly recommend that a Treatment Plan be submitted before any treatment is started. The Treatment Plan is prepared by your dentist and outlines the treatment required as well as the cost of the proposed treatment. EMPIRE LIFE will then identify any limitations, deductibles, coinsurance or maximum limits that may apply and thus avoid any misunderstanding as to the extent of your coverage. If you do not proceed with treatment within 90 days another Treatment Plan should be submitted.

DEDUCTIBLE

The Benefit Period Deductible Amount, if any, as shown on the Schedule of Benefits page is the amount that you are responsible for, in each Benefit Period, before Dental Benefits are payable under this Plan. Orthodontic Services, if insured, do not require a Deductible amount.

COINSURANCE

The Coinsurance Amount, as shown on the Schedule of Benefits page, is the percentage of eligible expenses paid by your Plan less the Deductible Amount, if any.

MAXIMUM BENEFITS

The Schedule of Benefits describes the Maximum Benefit for each of the various levels of coverage. Maximums per Benefit Period are the maximum amounts payable per person for you and your Insured Dependents (if applicable) in each Benefit Period, except for Orthodontic Services if included, which has a Lifetime Maximum as shown on the Schedule of Benefits.

The maximum benefit payable for all benefits, excluding any Orthodontic benefits, will be limited to \$250 if you are late entering the Plan during the first 12 months of coverage. If Orthodontic Services are included in your Plan, the maximum benefit payable for these services will be \$300 during the first 3 years of coverage when you are late entering the Plan and when you are otherwise entitled to these benefits.

DEPENDANTS

Dependants eligible for Dental Benefits are your spouse or common-law spouse, and unmarried wholly dependent children not yet 22 (or 26 if full-time students) or wholly dependent children of any age if mentally or physically handicapped (please see your Plan Administrator for details to extend coverage for handicapped dependants).

There must be a minimum and continuous cohabitation period of 1 year(s) before a common-law spouse is recognized, and the couple should publicly represent themselves to society as married. Upon written request, your common-law spouse will be eligible immediately if a child is born to you and your common-law spouse.

Dependants must reside in Canada to qualify for benefits. However, children who are temporarily residing in the United States because they are attending an accredited academic institution will also be eligible for benefits provided they are insured under a Government of Canada Health Insurance Plan.

OUTSIDE OF CANADA COVERAGE

While travelling outside the country, this coverage will apply for the services of a duly qualified dentist, subject to the maximums and coinsurance factor, and/or deductibles as outlined on the Schedule of Benefits page. Non emergency dental care will be subject to the current Provincial Dental Association fee guide. Emergency dental care is not subject to this limitation. These benefits include coverage for pre-existing conditions.

SURVIVORS' DENTAL BENEFITS

In the event of your death while you are insured for dental benefits under this Plan, the insurance for your surviving insured dependants at your death will continue in force without premium payment but not beyond the earliest of:

- a) the date of remarriage of the surviving spouse
- b) the period indicated on the Schedule of Benefits from your death
- c) the date of death of the survivor
- d) the date that the survivor no longer qualifies as a dependant, if a child.

This coverage will be provided even if the group Policy should terminate after your death.

LIMITATIONS & EXCLUSIONS

When alternate courses of treatment are available to attain a desired result, the amount of eligible expense will be based on the least expensive course of treatment that will produce a professionally adequate result.

No payment will be made for dental care expenses resulting from:

- suicide, attempted suicide, or intentional self-inflicted injury;
- services, supplies or treatment for which benefits are payable under any other Benefit Provision of this Policy;
- services, supplies or treatment resulting from insurrection, war or hostilities of any kind, whether war is declared or not;
- services, supplies or treatment resulting from any armed conflict or service in the armed forces;
- services, supplies or treatment resulting from voluntary participation in a riot or any disturbance of the public order; or
- services, supplies or treatment for which the person insured is entitled to indemnity or compensation in accordance with the provisions of any provincial workplace safety legislation (e.g. WSIB, WCB/CSST);
- services, supplies or treatment payable in whole or in part by a government under any Government Health Insurance Plan (or which would have been payable had the person insured been insured thereunder or had proper application been made);
- services, supplies or treatment or to the extent that the applicable government jurisdiction prohibits the payment of any benefits;
- services, supplies or treatment resulting from participation in or attempt to participate in, a criminal offence whether or not convicted of such offence;
- services, supplies or treatment provided by a dental or medical department maintained by an employer, an association, labour union, trustee or similar type of group;
- dental screening or examinations required for the use of a third party;
- broken appointments, transportation costs (including travelling time) of the practitioner, advice received by telephone or other means of telecommunication or the completion of claim forms required by this Provision;

LIMITATIONS & EXCLUSIONS (Cont'd)

- services, supplies or treatment, the charge for which the person insured is not legally required to pay or for which there is no charge or for which there would have been no charge but for the existence of insurance;
- services, supplies or treatment rendered for dietary or nutritional counselling for the control of dental caries or for dental plaque control;
- services, supplies or treatment which is not yet approved by the Canadian Dental Association or which is clearly experimental in nature;
- services, supplies or treatment which are not necessary according to generally accepted standards of dental practice;
- laboratory charges exceeding 50% of the fixed fee for the procedure in the Dental Association Fee Guide specified in the Schedule of Benefits;
- services, supplies or treatment of the type normally intended for sport or home use (i.e. mouthguards);
- services, supplies or treatment rendered principally for cosmetic purposes (as determined by EMPIRE LIFE) including, but not limited to, facing or veneers on crowns, or pontics posterior to the second bicuspid and alterations, extractions or replacement of sound teeth to change appearance except when such services, supplies or treatment are necessitated by Accidental Dental Injury and are incurred within 365 days after the date of the injury;
- services, supplies or treatment rendered for the correction of any congenital or developmental malformation which is not a Class I, II or III malocclusion (including the replacement of congenital missing teeth);
- services, supplies or treatment rendered for a full mouth reconstruction, for a vertical dimension correction or for correction of a temporal mandibular joint dysfunction;
- services, supplies or treatment for the replacement of an existing prosthetic device or other appliance which has been lost, mislaid or stolen, including, but not limited to, fixed bridgework and removable partial or complete dentures;
- services, supplies or treatment to provide any duplicate prosthetic device or any other duplicate appliance;
- services, supplies or treatment performed in conjunction with a procedure that is not eligible for payment.

ELIGIBLE CHARGES

This Plan will cover the dental procedures outlined on the following pages up to the level of the Provincial Dental Association fee guide as outlined on the Schedule of Benefits. To assist you in knowing exactly what dental procedures are covered by the Plan, the following procedures are for a Plan with a current year fee guide.

TABLE OF DENTAL CODES

The following is a brief explanation of the Dental Code Table which follows. Please read before proceeding to the next page.

The number of procedure codes listed will vary from the right side to the left side of the page. This does not indicate that there are fewer procedures eligible under any specific heading. It simply means, that the various Provincial Dental Associations have chosen to use several codes whereas the Quebec Dental Association has chosen to use only one code to indicate the same procedure.

BASIC RESTORATIVE

Certain benefits have upper limits. These limitations are indicated by a number located in the centre of the page opposite the code(s) with an upper limit. All codes within the asterisk are subject to the limitation as indicated in the Legend. An explanation of the number is in the Legend.

ALL OTHER PROVINCES

QUEBEC

LEGEND:

1. Once in 24 months.
2. Two during a Benefit Period separated by the number of months as indicated under Dental Recall Frequency on the Schedule of Benefits.
- 2a. Two during a benefit period.
27. If a full mouth series has been performed, bitewing and occlusal x-rays are not eligible within 1 year for Insured Dependents (if applicable) up to the age of 15, or within 2 years per Person Insured age 15 and over

DIAGNOSTIC SERVICES

		Examinations	
a) 00011, 01101-01103 incl, 01201	1.	a) 01110, 01120, 01130	
b) 01202	2.	b) 01200, 01250	
c) 01204, 01205, 01301, 01401, 01501, 01601, 01701, 01801, 01901	2a.	c) 01300, 01400, 01500, 01600, 01902	
d) 94101, 94102, 94301, 94302		d) 94100, 94200, 94400	

Notwithstanding the above, if more than one of the codes listed in a), b) and c) above are incurred on any given date, then the suggested fee, as listed in the Dental Fee Guide, for the most expensive procedure will be the Maximum Insured Benefit for such examination codes.

		Consultations	
05101-05104 incl, 05109, 05201, 05202, 05209, 93111, 93112, 93119		05101, 05200,	

ALL OTHER PROVINCES	BASIC RESTORATIVE	QUEBEC
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LEGEND:

- 3. Only as a diagnostic aid.
- 11. Once during a Benefit Period
- 17. One occurrence twice per Benefit Period, separated by the number of months as indicated under Dental Recall Frequency on the Schedule of Benefits.
- 27. If a full mouth series has been performed, bitewing and occlusal x-rays are not eligible within 1 year for Insured Dependents (if applicable) up to the age of 15, or within 2 years per Person Insured age 15 and over

DIAGNOSTIC SERVICES (Cont'd)

X-rays		
a) 02101, 02102, 02601	1.	a) 02600
b) 02141-02144 incl,	2., 27	b) 02141-02144 incl,
c) *02111-02125 incl,	3. (*to** incl)	c) *02111-02116 incl,
02131-02134 incl,	27.	02131, 02132,
02201-02204 incl,		02201, 02202,
02301-02304 incl,		02304, 02400,
02309, 02401, 02402, 02409,		02430, 02504,
02411, 02412, 02419,		02701, 02702,**
02501-02504 incl, 02509,		
02701-02704 incl, 02751, 02752,		
02759, 02801, 02802, 02809**		

Tests & Laboratory Examinations

*04101, 04201**	11 (*to** incl)	*04100, 04201**
04311, 04312, 04321, 04322,		03100, 04302,
04501, 04507, 04509, 04602		04311

PREVENTIVE SERVICES

Polishing		
*11101-11103 incl,	17 (*to** incl)	*11100, 11200,
11107, 11109**		11300**

	BASIC RESTORATIVE	
ALL OTHER PROVINCES		QUEBEC

LEGEND:

- 2. Two during a Benefit Period separated by the number of months as indicated under Dental Recall Frequency on the Schedule of Benefits.
- 4. Limited to dependant children (if applicable) under age 15, one application only per tooth while insured.
- 14. Maximum 12 units during a Benefit Period
- 14a. Maximum of 6 units per Benefit Period
- 14b. Maximum of \$300 per Benefit Period
- 17. One occurrence twice per Benefit Period, separated by the number of months as indicated under Dental Recall Frequency on the Schedule of Benefits
- 24. Two per lifetime

PREVENTIVE SERVICES (Cont'd)

Scaling and / or Root Planing		
*11111-11117 incl, 11119 43421-43427 incl, 43429**	14. (*to** incl)	
	14a (*to**incl)	*43411-43414 incl, 43417, 43419**
	14b.	42000, 42001
Fluoride Treatment		
12101, 12102	2.	12400
Oral Hygiene Instruction		
*13211-13214 incl, 13217, 13219, 13231, 13232, 13237, 13239**	24. (*to** incl)	13200, 13210
Pit and Fissure Sealants		
13401, 13409	4.	13401, 13404
Caries/Pain Control		
20111, 20119, 20121, 20129, 20131, 20139		20111, 20121, 20131
Interproximal Discing of Teeth		
13701-13704 incl, 13709, 16201-16204 incl, 16209		13700

	BASIC RESTORATIVE	
ALL OTHER PROVINCES		QUEBEC

LEGEND:

- 5. Maximum 8 units during a Benefit Period.
- 12. Only Insured Dependants age 15 or under (if applicable).
- 13. Reimbursement up to the cost of non-bonded amalgams.

PREVENTIVE SERVICES (Cont'd)

	Space Maintainers	
*15101-15105 incl, 15201, 15202, 15301, 15302, 15401, 15403, 15601**	12. (*to** incl)	*15108 -15111 incl, 15120, 15200, 15210, 15400**
	Occlusal Equilibration	
*16511-16514 incl, 16519, 43311-43314 incl, 43317, 43319**	5. (*to** incl)	*43300, 43310**

MINOR RESTORATIVE SERVICES

	Amalgam Restorations	
21111-21115 incl, 21211-21215 incl, 21221-21225 incl		21101-21105 incl, 21211-21215 incl, 21221-21225 incl
	Bonded Amalgams	
*21121-21125 incl, 21231-21235 incl, 21241-21245 incl**	13. (*to** incl)	*21121-21125 incl, 21231-21235 incl, 21241-21245 incl**
	Retentive Pins	
21401-21405 incl		21301-21304 incl
	Stainless Steel & Plastic Crowns On Primary Teeth	
22201, 22211, 22401, 22411		22201, 22211, 22401, 22411
	Acrylic or Composite Restorations	
23101-23105 incl, 23111-23115 incl		23111-23115 incl, 23118,

	BASIC RESTORATIVE	
ALL OTHER PROVINCES		QUEBEC

LEGEND:

- 6. Only in conjunction with oral surgery, periodontal surgery, fractures and dislocations.
- 21. Only eligible in PEI.

MINOR RESTORATIVE SERVICES (Cont'd)

Acrylic or Composite Restorations (cont'd)

23211-23215 incl, 23221-23225 incl,	23211-23215 incl,
23311-23315 incl, 23321-23325 incl,	23221-23225 incl,
23401-23405 incl, 23411-23415 incl,	23311-23315 incl,
23501-23505 incl, 23511-23515 incl	23411-23415 incl

MINOR SURGICAL SERVICES

Extractions

71101, 71109, 71201, 71209, 71210, 71211, 71219, 72111, 72119, 72211, 72219, 72221, 72229, 72231, 72239	71101, 71111, 72100, 72110, 72210, 72220, 72230, 72240 72350
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Residual Root Removal

72311, 72319, 72321, 72329, 72331, 72339	72300, 72310, 72320
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Miscellaneous surgical services

72801, 72802, 72809

Anaesthesia

*92212-92219 incl, 92221-92229 incl, 92302-92309 incl, 92441-92449 incl, 92451-92459 incl,**	6. (*to** incl)	92224, 92229, *92331-92339 incl,**
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92431-92439 incl

21.

**Not Applicable
in Quebec**

ALL OTHER PROVINCES	BASIC RESTORATIVE	QUEBEC
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LEGEND:

- 7. Only Insured Dependants age 15 or under (if applicable), or in conjunction with oral or periodontal surgery, fractures and dislocations.
- 25. Two per 12 month period
- 26. One upper reline/rebase and one lower reline/rebase OR one combined upper/lower reline/rebase per 12 month period

*92411-92419 incl, 92461-92469 incl**	Anaesthesia (cont'd) 7. (*to** incl)	*92311-92319 incl**
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DENTURE SERVICES

Minor Adjustments

54201-54202 incl, 54209		54250, 54251
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Repairs

55101, 55102, 55201-55203 incl, 55301, 55302, 55401-55403 incl, 55501, 55509, 56611, 56612, 56619, 56621	25.	55101-55104 incl, 55201-55204 incl, 55520, 55530, 55700
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Rebasing and/or Relining

56211-56213 incl, 56221-56223 incl, 56231-56233 incl, 56241-56243 incl, 56251-56253 incl, 56261-56263 incl, 56311-56313 incl, 56321-56323 incl, 56331-56333 incl, 56511-56513 incl, 56521-56523 incl	26.	56200, 56201, 56210, 56211, 56220-56222 incl, 56230-56232 incl, 56260-56263 incl, 56270-56273 incl, 56280, 56290
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PERIODONTICS-ENDODONTICS
ALL OTHER PROVINCES

QUEBEC

LEGEND:

- 9. Reimbursement for only one surgical procedure in the same area of the mouth on the same day.
- 10a. Reimbursement up to the cost of an uncomplicated root canal if incurred more than 1 year from initial treatment and if procedure is not performed by original Dentist.
- 10c. Eligible on permanent teeth only.
- 19. Once during any 3 year period.

PERIODONTAL SERVICES

Non-Surgical Services

41211-41214 incl, 41219,
 41231-41234 incl, 41239,
 41301, 41302, 41309

41200, 41300,
 42002

Surgical Services

*42111, 42201, 42311, 42411,
 42421, 42431, 42511, 42521,
 42531, 42551, 42591, 42592,
 42611, 42621, 42701-42703 incl,
 42711, 42712, 42811,
 42821-42823 incl, 42829, 73411**

9. (* to** incl)

*42003, 42010, 42100,
 42200, 42300, 42301,
 42400, 42560, 42561,
 42570, 42575, 42611,
 42711, 73381**,
 42700

Adjunctive Services

*14611, 14612, 43611, 43612**

19. (*to** incl)

*43611, 43612**

14621-14623 incl, 14629,
 14631, 14632, 43111,
 43211, 43281, 43289,
 43621-43623 incl,
 43629, 43631, 43632

43200, 43211, 43295,
 43300, 43622, 43631

ENDODONTIC SERVICES

Vital Pulpotomy

32231, 32232

32201, 32202, 32204,
 32205, 32210

Root Canal Therapy

*33111-33114 incl, 33116,
 33121-33124 incl, 33126,
 33131-33134 incl, 33136,
 33141-33144 incl, 33146**

10c (*to** incl)

*33100-33102 incl,
 33200-33202 incl,
 33300-33302 incl,
 33400-33402 incl,
 33475**

*33115, 33125,
 33135, 33145**

10a (*to** incl)

*33110, 33210,
 33310, 33410**

PERIODONTICS-ENDODONTICS
ALL OTHER PROVINCES

QUEBEC

LEGEND:

- 10b. Reimbursement up to the cost of an uncomplicated apicoectomy/apical curettage if incurred more than 1 year from initial treatment and if procedure is not performed by original Dentist.
- 12. Only Insured Dependants age 15 or under (if applicable).
- 18. Reimbursement up to the cost of an apicoectomy and retro-filling.

ENDODONTIC SERVICES (Cont'd)

Apexification

33601-33604 incl, 33611-33614 incl	12.	33521-33524 incl, 33531-33534 incl, 33541-33544 incl
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33621-33624 incl	18.	Not Applicable in Quebec
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Periapical Services

34111, 34112, 34121-34123 incl, 34131-34134 incl, 34141, 34142, 34151-34153 incl, 34161-34164 incl, 34211, 34212, 34221-34224 incl, 34231-34234 incl, 34241, 34242, 34251-34254 incl, 34261-34264 incl, 34411, 34412, 34511, 34521-34523 incl		34101-34104 incl, 34111, 34112, 34114, 34115, 34201-34203 incl, 34212, 34215, 34401, 34402, 34511
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*34311, 34312, 34321-34324 incl, 34331-34334 incl, 34341, 34342, 34351-34354 incl, 34361-34364 incl**	10b. (*to** incl)	*34171, 34172, 34174, 34175**
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PERIODONTICS-ENDODONTICS
ALL OTHER PROVINCES QUEBEC

ENDODONTIC SERVICES (Cont'd)

Emergency Procedures

32221, 32222, 32311-32314 incl, 32321, 32322, 34421-34423 incl, 39201, 39202, 39211, 39212, 76941, 76949, 76951, 76952, 76959	32101, 39201, 39202, 39901-39904 incl, 39970, 39981, 39985
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Other Procedures

39101, 39311-39313 incl, 39319, 39411-39413 incl	39100, 39110, 39120, 39230, 39410
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MAJOR SURGICAL SERVICES

Surgical Exposure

72511, 72519, 72521, 72529, 72531, 72532, 72539	72410-72412 incl
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Transplantation

72611, 72619	72430
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Repositioning

72631, 72639	72440
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Enucleation

72711, 72719	72450
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PERIODONTICS-ENDODONTICS

ALL OTHER PROVINCES **QUEBEC**

MAJOR SURGICAL SERVICES (Cont'd)

	Alveoloplasty	
73111, 73121		73100, 73110
	Gingivoplasty and/or Stomatoplasty	
73211, 73221, 73222, 73223		73123
	Osteoplasty	
73152-73154 incl, 73161		73133-73135 incl, 73140
	Surgical Excision	
74111-74118 incl, 74121-74128 incl, 74211-74218 incl, 74221-74228 incl, 74621, 74631-74638 incl		74108, 74109, 74408, 74409, 74410
	Surgical Incision	
75111, 75112, 75121		75100, 75110
	Fractures	
76201-76204 incl, 76301-76304 incl, 76911-76913 incl, 76961-76963 incl		76210, 76310, 76910-76913 incl, 76950, 76951
	Frenectomy	
77801-77806 incl, 78102		77801-77803 incl, 78110
	Miscellaneous Surgical Services	
79111, 79311-79313 incl, 79321, 79322, 79331, 79342, 79343, 79402, 79601-79606 incl		79104, 79301, 79303-79308 incl, 79400, 79401, 79601, 79602
	Adjunctive Services (Drugs)	
96201, 96202		79651, 79652

MAJOR RESTORATIVE

Initial appliances (e.g. dentures) are only covered if a permanent, functional natural tooth is extracted while you are insured for this level of coverage under this Plan (or under the plan which this Plan replaces). Replacement appliances are covered if:

- the existing appliance cannot be made serviceable and is at least five years old; or
- the transitional dentures/crown or bridgework are replaced by a permanent prosthesis within 12 months of installation, otherwise the temporary denture/crown or bridgework are considered a permanent prostheses subject to the Policy Limitations; or
- required because of an Accidental Dental Injury, after the date you become insured; or
- required due to the installation of an initial opposing denture after the date you become insured; or
- the extraction of an additional permanent, functional natural tooth makes the existing appliance unserviceable. If the existing appliance could have been made serviceable, only the expense for that portion of the replacement appliance which replaces the teeth extracted after the date you became insured will be deemed to be an Eligible Expense.

Procedures involving the use of gold will only be considered an eligible expense if treatment could not have been rendered at a lower cost by means of a reasonable substitute.

	MAJOR RESTORATIVE	
ALL OTHER PROVINCES		QUEBEC

LEGEND:

- 15. Reimbursement up to the cost of non-bonded amalgam/composite core.
- 16. Reimbursement up to the cost of a standard denture
- 20. Some restrictions apply to the following procedures. **Prior approval strongly recommended.**

<p>25511, 25521, 25531, 25601-25605 incl**</p>	<p>Onlays</p>	<p>25300, 25521, 25601-25604 incl**</p>
<p>*22301, 22311, 22501, 22511, 25711-25713 incl, 25721-25723 incl, 25731-25733 incl, 27111, 27113, 27121, 27131, 27201, 27211, 27213, 27301, 27311, 27511, 27519, 42341, 42451**</p>	<p>Crowns 20. (*to** incl)</p>	<p>22201, *22311, 22501, 22511, 27100, 27130, 27140, 27200, 27210, 27300, 27310, 27501, 27503, 27700, 27701, 27710, 42451**</p>
<p>*25761-25766*</p>	<p>15. (*to** incl)</p>	<p>Not Applicable in Quebec</p>
<p>*51101-51103 incl, 51301-51303 incl, 51601-51603 incl, 51611-51613 incl**</p>	<p>Denture Complete - Standard 20. (*to** incl)</p>	<p>*51100, 51110, 51120, 51300, 51310, 51320, 51600, 51610, 51620**</p>
<p>*51201-51203 incl**</p>	<p>Equilibrated 16, 20 (*to** incl)</p>	<p>*51201-51203 incl**</p>

ALL OTHER PROVINCES	MAJOR RESTORATIVE	QUEBEC
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LEGEND:

- 16. Reimbursement up to the cost of a standard denture
- 20. Some restrictions apply to the following procedures. **Prior approval strongly recommended.**

<p>*52101-52103 incl, 52111-52113 incl, 52121-52123 incl, 52301-52303 incl, 52311-52313 incl, 52401-52403 incl, 53101-53104 incl, 53111-53113 incl, 53201-53203 incl, 53301, 53302, 53304, 53401-53403 incl, 53611-53613 incl**</p>	<p>Denture Partial - Standard 20. (*to** incl)</p>	<p>*52101-52103 incl, 52120, 52121, 52129, 52230, 52231, 52232, 52400, 52410, 52420, 52500, 52510, 52520, 52530, 52600, 52610, 52620, 59101, 59102**</p>
<p>*53131-53133 incl, 53221-53223 incl**</p>	<p>Equilibrated 16, 20. (*to** incl)</p>	<p>*53131-53133 incl, 53221-53223 incl, 52541**</p>
<p>73511, 73521</p>	<p>Dentures 20.</p>	<p>73360, 73361</p>

	MAJOR RESTORATIVE	
ALL OTHER PROVINCES		QUEBEC

LEGEND:

- 22. Follow up visits restricted to 3 in the 3 months post insertion, eligible in British Columbia only.
- 23. Restricted to 1 visit in the 3 months post insertion, eligible in British Columbia only.

	Partial Upper and Lower Dentures fabricated - in conjunction with a Denturist	
*59201, 59202, 59211, 59212, 59301, 59302, 59511, 59512, 59521, 59522, 59531, 59532**	22.	Not Applicable in Quebec

	Dentures, Complete and Partial in conjunction with a Denturist	
58411	22.	Not Applicable in Quebec

	Examination and Diagnosis	
58901	23.	Not Applicable in Quebec

ALL OTHER PROVINCES	MAJOR RESTORATIVE	QUEBEC
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LEGEND:

- 16. Reimbursement up to the cost of a standard denture
- 20. Some restrictions apply to the following procedures. **Prior approval strongly recommended.**

	Bridges (Fixed) - pontics	
*62101, 62102, 62103, 62107, 62108, 62501, 62502, 62701-62704 incl**	20 (*to** incl)	*62100, 62502, 62510, 62700, 62701, 62702**

	Bridges (Fixed) - retainers - inlays and onlays	
*67321, 67322, 67331, 67341**	20 (*to** incl)	*65500, 65510**

	Bridges (Fixed) – repairs	
66111-66113 incl, 66119, 66211-66214 incl, 66219, 66221-66225 incl, 66229, 66301-66304 incl, 66309		66600, 66610, 66620

	Bridges (Fixed) – retainers	
*67121, 67201, 67211, 67217, 67218, 67221, 67301, 67311, 67312, 67317, 67318, 67501, 67502**	20 (*to** incl)	*67100, 67101, 67105, 67107, 67200, 67210, 67410, 67600, 67711-67713 incl, 67721-67723 incl, 69300**

	Bridges (Fixed) - other services	
69201, 69301-69305 incl, 69701, 69702		

ALL OTHER PROVINCES	MAJOR RESTORATIVE	QUEBEC
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LEGEND:

15. Reimbursement up to the cost of non-bonded amalgam/composite core.

	Bonded Core Buildup in Conjunction with Crown	
*21302, 23602**	15. (*to** incl)	Not Applicable in Quebec

	Other Restorative Services	
21301, 23601, 25731-25733 incl, 25741-25743 incl, 25751-25756 incl, 25781-25784 incl, 25789, 29101-29103 incl, 29109, 29301-29303 incl		20161, 25751-25753 incl, 25771-25773 incl, 29100, 29300, 29501-29503 incl, 29600

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