My group benefit plan

canada life™

CANADA LIMITED
Hertz Rent-A-Car
Vancouver Hourly-paid Union Employees

July 1, 2023

We are pleased to offer you our services. As we adhere to principles of inclusion, the words he, she, his and her refer to all genders.

Canada Life™ is a leading Canadian life and health insurer. Canada Life's financial security advisors work with our clients from coast to coast to help them secure their financial future. We provide a wide range of retirement savings and income plans; as well as life, disability and critical illness insurance for individuals and families. As a leading provider of employee benefits in Canada, we offer effective benefit solutions for large and small employee groups.

Canada Life Online

Visit our website at www.canadalife.com for:

- information and details on Canada Life's corporate profile and our products and services
- investor information
- news releases
- contact information
- online claims submission

My Canada Life at Work

As a Canada Life plan member, you can register for My Canada Life at Work™ at www.mycanadalifeatwork.com. Make sure to have your plan and ID numbers available when registering.

With My Canada Life at Work you can:

- submit claims quickly
- review your coverage and balances
- find healthcare providers like chiropractors and massage therapists near you
- save your benefits cards to your payment service application or program
- get notified when your claims have been processed

Canada Life's Toll-Free Number

To contact a customer service representative at Canada Life for assistance with your medical and dental coverage, please call **1-800-957-9777**.

Customer Complaints

We are committed to addressing your concerns promptly, fairly and professionally. Here is how you may submit your complaint.

- toll free:
  - phone: 1-866-292-7825
  - fax: 1-855-317-9241
- email: ombudsman@canadalife.com
- in writing:

The Canada Life Assurance Company
Ombudsman's Office T262
255 Dufferin Avenue
London, ON N6A 4K1

For additional information on how you may submit a complaint, please visit www.canadalife.com/complaints.

Employer Role

For insured benefits, the employer's role is limited to providing employees with information and not advice.

This booklet contains important information and should be kept in a safe place known to you and your family.

The Plan is administered by

This booklet was prepared on: August 1, 2023

PROTECTING YOUR PERSONAL INFORMATION

At Canada Life, we recognize and respect the importance of privacy. Personal information about you is kept in a confidential file at the offices of Canada Life or the offices of an organization authorized by Canada Life. Canada Life may use service providers located within or outside Canada. We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

We use the personal information to administer the group benefits plan under which you are covered. This includes many tasks, such as:

- determining your eligibility for coverage under the plan
- enrolling you for coverage
- investigating and assessing your claims and providing you with payment
- managing your claims
- verifying and auditing eligibility and claims
- creating and maintaining records concerning our relationship
- underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- Canada Life's and its affiliates' internal data management and analytics
- preparing regulatory reports, such as tax slips

Your employer has an agreement with Canada Life in which your employer has financial responsibility for some or all of the benefits in the plan and we process claims on your employer's behalf. We may exchange personal information with your health care providers, your plan administrator, any insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us or the above when relevant and necessary to administer the plan.

As a plan member, you are responsible for the claims submitted. We may exchange personal information with you or a person acting on your behalf when relevant and necessary to confirm coverage and to manage the claims submitted.

You may request access or correction of the personal information in your file. A request for access or correction should be made in writing and may be sent to any of Canada Life's offices or to our head office.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to www.canadalife.com.

GROUP BENEFIT PLAN

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YOU SHOULD KNOW

Effective Date of Plan - **January 1, 2020**

Covered Classes - **All eligible Vancouver hourly-paid union employees**

IMPORTANT

The coverages described in this group benefit plan are available to you if you are included in the covered classes shown above. Only those coverages for which you become covered will apply to you.

The Employee Life Coverage, Accidental Death and Dismemberment Coverage, Long Term Disability Coverage and Global Medical Assistance Coverage described in Part I of this group benefit plan are **insured** under **Group Policy No. 325299,** issued to the Contractholder by Canada Life. The billing number for the optional portion of the Employee Life Coverage and the Dependents Life Coverage is **168432.**

The Short Term Disability Coverage, Pay-Direct Prescription Drug Plan, Extended Health Care Coverage and Dental Care Coverage described in Part II of this group benefit plan are **not insured** but are administered on behalf of the Contractholder by Canada Life pursuant to **Administrative Services Agreement (ASO) No. 57030** between the Contractholder and Canada Life. **These coverages are not insured by Canada Life and your employer has liability for them.**

The Contact – Employee Assistance Program described in Part III of this group benefit plan is not insured but is administered under Group Contract No. 325299GEAP, issued to the Contractholder by Canada Life. Because this contract is not insured, it is not protected by Assuris.

This means that these benefits are an unsecured financial obligation and are payable from your employer's net income, retained earnings or other financial resources and not underwritten by a licensed insurer or regulated insurer.

All claims will, however, be processed by Canada Life.

If British Columbia law applies, the giving of this notice exempts your employer from the requirements under the Financial Institutions Act (British Columbia).

If Quebec law applies, any uninsured benefit is not under the supervision and control of the Autorité des marchés financiers.

This booklet describes the principal features of the group benefit plan sponsored by the employer, but Group Policy No. 325299 is the governing document. If there are variations between the information in the booklet and the provisions of the policy, the policy will prevail. Contact the employer if you require any additional information.

This booklet is a description of the group benefits at the date shown on the front cover.

Conformity with law

If any provision of this group benefit plan conflicts with any law which applies to individuals shown in the covered classes, the plan will be amended to conform to that law.

Access to documents

You have the right, upon request, to obtain a copy of the policy, your application and any written statements or other records you have provided to Canada Life as evidence of insurability, subject to certain limitations.

Cost

You will be advised of the amount of your **contribution** when you enroll for the coverage.

Waiting period, as follows:

(1) **If you are in the employment of the employer on the effective date of plan shown above,** you will be eligible for coverage on the later of:

   (a) the effective date of plan shown above; and

   (b) the first day of the month coincident with or next following **3 months** of continuous full-time employment.

(2) **If you begin employment with the employer after the effective date of plan shown above,** you will be eligible for coverage on the first day of the month coincident with or next following **3 months** of continuous full-time employment.

The coverages are described in full on later pages. Be sure to read these pages carefully. They show when benefits are or are not payable, and outline the conditions, limitations and exclusions that apply to the coverages.

DEFINITIONS

Unless specifically stated otherwise, the following definitions apply throughout this group benefit plan.

ACTIVELY AT WORK means you are working at your usual place of employment and performing all of the usual and customary duties of your occupation on a regular full-time basis.

ANNUAL EARNINGS means the current annual salary paid by the employer, excluding overtime and bonuses. For disability benefits, annual earnings will be those in effect at the start of the disability period.

If your hours vary, your earnings are based on the total number of hours worked in the last 12 months. If you have worked less than 12 months, the hours are averaged over the period of employment.

If there is a difference between the actual annual earnings and those reported by the employer for premium purposes, the lesser of the 2 amounts will be considered the annual earnings amount under this group benefit plan. For long term disability income benefits, this limitation will not apply in assessing your ability to be gainfully employed.

BENEFITS means any amounts which become payable under a coverage.

CALENDAR YEAR means January 1 through December 31.

CANADA LIFE means The Canada Life Assurance Company.

CONTRACT means, as the case may be:

(1) **Group Insurance Policy No. 325299** which provides Employee Life Coverage, Accidental Death and Dismemberment Coverage, Long Term Disability Coverage, Dependents Life Coverage and Global Medical Assistance Coverage; or

(2) **Administrative Services Agreement No. 57030** which applies to the Short Term Disability Coverage, Pay-Direct Prescription Drug Plan, Extended Health Care Coverage and Dental Care Coverage.

CONTRACTHOLDER means, as the case may be:

(1) Hertz Canada Limited in its capacity as the **Policyholder** of Group Insurance Policy No. 325299, which provides Employee Life Coverage, Accidental Death and Dismemberment Coverage, Long Term Disability Coverage, Dependents Life Coverage and Global Medical Assistance Coverage; or

(2) Hertz Canada Limited in its capacity as the **Purchaser** of Administrative Services Agreement No. 57030, which applies to the Short Term Disability Coverage, Pay-Direct Prescription Drug Plan, Extended Health Care Coverage and Dental Care Coverage.

COVERED PERCENTAGE is the percentage of eligible charges shown in the Summary of Coverages, which will be reimbursed under a coverage after satisfaction of the deductible.

COVERED PERSON is an individual who is covered for employee coverage under a coverage, or a qualified dependent with respect to whom an employee is covered for dependents coverage under a coverage.

DEDUCTIBLE is the amount of eligible charges shown in the Summary of Coverages, which must be paid by or on behalf of a covered person in any calendar year before reimbursement will be made under a coverage.

EMPLOYER means Hertz Rent-A-Car.

FULL-TIME BASIS means you regularly work at least 24 hours per week on a full-time basis for the employer.

HE or SHE and HIS or HER refers to all genders.

PHYSICIAN means a duly licensed doctor of medicine (M.D.).

SICKNESS means any disorder of the body or mind, including one caused by pregnancy.

YOU refers to the employee of the employer as shown in the covered classes on the You Should Know page.

WHO IS ELIGIBLE TO BECOME COVERED

FOR EMPLOYEE COVERAGE

You are eligible for employee coverage when you:

(1) are within the covered classes shown on the You Should Know page;

(2) are working on a full-time basis; and

(3) have completed the waiting period shown on the You Should Know page.

If your coverage ends because of leave of absence, layoff or disability and you are re-employed within 6 months of the date of termination, you will be eligible for coverage on the first day you are actively at work.

FOR DEPENDENTS COVERAGE

You are eligible for dependents coverage while you are eligible for employee coverage and you have a qualified dependent.

“Qualified dependent” means your spouse and dependent children as defined below.

SPOUSE

“Spouse” means either:

(1) an individual to whom you are legally married; or

(2) your common-law spouse who is an individual with whom you have been cohabiting for a period of at least 12 months and whom you publicly represent as your spouse.

You must state the name of the person to be considered your spouse for the purposes of the contract. Only one spouse will be considered at any time as being covered under the contract.

DEPENDENT CHILD

“Dependent child” means either:

(1) an unmarried person who is your natural child or your adopted child; or

(2) a step-child, foster child, or a child of a common-law spouse, who resides with you and is dependent on you for support;

and who is:

(1) younger than 22 years of age; or

(2) 22 years but younger than 26 years of age, and in full-time attendance at an accredited institute of learning, and dependent on you for support; or

(3) 22 years or older and incapable to self-sustaining employment due to a mental or physical handicap. Such child’s coverage will be continued under the contract, provided the child was covered under the contract as a dependent on the day prior to his or her 22nd birthday and remains dependent on you for support.

FOR EMPLOYEE AND DEPENDENTS COVERAGE

Any individual residing outside of Canada will not be eligible to be covered, unless an exception is requested by the employer and approved in writing by Canada Life.

If you and your spouse are employed by the employer, each of you may be eligible for and apply for employee and dependents coverage.

EFFECTIVE DATE OF COVERAGE

EMPLOYEE COVERAGE

The effective date of your coverage will be determined as follows:

(1) When you are required to contribute toward the cost of coverage, on the later of the following dates:

   (a) the date you become eligible for employee coverage;

   (b) the date your completed written application is received by the employer, provided application is made within 31 days of your date of eligibility. However, if you apply later than 31 days after your date of eligibility or if you apply for any optional life coverage, you must provide evidence of insurability and the effective date of your coverage will be the date Canada Life approves the evidence.

(2) When you are not required to contribute toward the cost of coverage, your coverage will commence on your date of eligibility.

Evidence of insurability may be required to be submitted at your expense.

In any event, if you are not actively at work on the date your coverage is to be effective, it will become effective when you return to active work.

DEPENDENTS COVERAGE

The effective date of a dependent's coverage will be the latest of the following dates:

(1) If you already have a qualified dependent at the time you become eligible for employee coverage, that dependent's coverage will be effective on the date the employee coverage is effective.

(2) If you have dependents coverage on a dependent on the date you acquire another qualified dependent, this dependent's coverage will be effective immediately.

(3) If you have no qualified dependents at the time you become eligible for employee coverage and later acquire a qualified dependent, this dependent's coverage will be effective on the date you apply for dependents coverage, provided application is made within 31 days of the date you are first eligible for dependents coverage, otherwise the dependent's coverage will be effective on the date Canada Life approves the evidence of insurability submitted for the dependents. However, any optional dependents life coverage for your spouse will only become effective on the date Canada Life approves the required evidence of insurability.

(4) A dependent's coverage will be effective on the date the dependent is discharged from the hospital if the dependent, other than a newborn child, is confined in a hospital on the date his or her coverage would otherwise have commenced. This does not apply to the Dental Care Coverage.

Evidence of a dependent's insurability may be required to be submitted at your expense.

CHANGE IN COVERAGE

If your coverage changes due to a change in earnings or classification, or as a result of a plan change, your coverage will not be adjusted until the first day, on or after the date of the change, on which you are actively at work and the appropriate contribution is being made.

If your dependents coverage changes due to a change in your classification, or as a result of a plan change, and a dependent (other than a newborn child) is confined in a hospital on the effective date of the change, the coverage will not be adjusted until the dependent is discharged from the hospital. This restriction does not apply to the Dental Care Coverage.

TERMINATION OF COVERAGE

EMPLOYEE COVERAGE

Your coverage will terminate on the earliest of the following dates:

(1) the date you cease to be a member of any eligible class because of termination of employment (described below) with the employer or for any other reason;

(2) the date your class is terminated;

(3) the date you enter service in the armed forces of any country;

(4) the date the employer ceases to make contributions for you;

(5) the date you attain the termination age shown in the Summary of Coverages; and

(6) the date the contract terminates.

Termination of employment

For the purposes of the contract, your employment will be considered to terminate when you are no longer actively at work for the employer. However, if you are absent from work for any of the reasons described in the Continuation of Coverage During Absence From Work section below, the employer may, without discrimination among persons in like circumstance, consider you as not having terminated employment for the purposes of the contract and as continuing to be a member of any eligible class, and coverage will then be continued as outlined in the section below.

CONTINUATION OF COVERAGE DURING ABSENCE FROM WORK

Your coverage will be continued while you are absent from work due to:

(1) **sickness or injury,**

- (a) for life coverage, with payment of premium,
  - (i) and you are younger than age 65 and do not qualify for waiver of premium, until the date which is the earliest of:
    1. the date the employer stops paying premiums or otherwise determines that coverage has terminated, and
    2. your attainment of age 65.
  - (ii) and you are age 65 or older and:
    1. qualify for benefits under the short term disability coverage in this group benefit plan or the employer's short term disability coverage plan if administered by Canada Life, from the date such disability commenced until the date you first cease to qualify for such benefits, or

2. do not qualify for benefits under the short term disability coverage in this group benefit plan or the employer's short term disabilitycoverage plan if administered by Canada Life, until the date which is the earliest of:

   a. the date the employer stops paying premiums or otherwise determines that coverage has terminated, and

   b. the end of the sixth month following the date you ceased to be actively at work due to disease or injury,

(b) for all other coverage, until the earliest of the dates specified in the above Employee Coverage section.

(2) **approved leave of absence,** for a period of time outlined in the collective agreement.

(3) **temporary layoff,** until the end of the month following the month in which you were laid off or your leave commenced.

If the employer has terminated your employment and is required to extend benefits to you during a prescribed notice of termination in accordance with any federal or provincial employment standards legislation, you may continue to be covered under the contract for that period. The employer must ask for the continuation in writing and in no event will it extend past the date on which the contract terminates.

DEPENDENTS COVERAGE

A dependent's coverage will terminate on the earliest of the following dates:

(1) the date your own coverage terminates;

(2) the date the dependent ceases to be a qualified dependent;

(3) the date Canada Life receives a request to terminate the dependent's coverage; and

(4) the date the employer ceases to make contributions for dependents coverage.

WHEN YOU HAVE A CLAIM

LIFE COVERAGE

Employee life coverage

Proof of death must be sent to the employer, who will provide the proper claim forms for completion.

Dependents life coverage

You must provide the employer with proof of death. The employer will provide the proper claim forms for completion.

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

Death claims

Proof of death must be sent to the employer, who will provide the proper claim forms for completion.

Dismemberment claims

Contact the employer to obtain the proper claim forms and instructions.

SHORT TERM DISABILITY COVERAGE AND LONG TERM DISABILITY COVERAGE

To submit claims online, go to www.canadalife.com.

To submit paper claims, obtain an *Employee Claim Submission Guide* (form M5454 or M4307B) and follow the guide's instructions. You can get this form from your employer, or online at www.canadalife.com.

Forms should be completed without delay to ensure prompt payment of your benefits.

SUBMISSION OF HEALTH AND DENTAL CLAIMS

To make a health claim

Out-of-country claims (including those for global medical assistance expenses) should be submitted to Canada Life as soon as possible after the expense is incurred. It is very important that you send your claims to the Canada Life Out-of-Country Claims Department immediately as your Provincial or Territorial Medical Plan has very strict time limitations.

Access My Canada Life at Work to obtain a personalized claim form or obtain the Statement of Claim Out-of-Country Expenses form from your employer. You must also obtain the Government Assignment form, and residents of British Columbia must also obtain the Special Government Claim form. The Canada Life Out-of-Country Claims Department will forward the appropriate government forms to your attention when required.

You should complete all applicable forms, making sure all required information is included. Attach all original receipts and forward the claim to the Canada Life Out-of-Country Claims Department. Be sure to keep a copy for your own records. The plan will pay all eligible claims including your Provincial or Territorial Medical Plan portion. Your Provincial or Territorial Medical Plan will then reimburse the plan for the government's share of the expenses.

Out-of-country claims must be submitted within a certain time period that varies by province or territory. For the claims submission period applicable in your province or territory or for any other questions or for assistance in completing any of the forms, please contact Canada Life's Out-of-Country Claims Department at 1-800-957-9777.

For all other health claims, access My Canada Life at Work to obtain a personalized claim form or obtain the health claim form from the employer and send the completed form directly to Canada Life.

(1) Keep a separate running record of the covered expenses for each covered person.

(2) Save all bills; in most instances they will serve as proof of claim.

(3) Submit claims when a reasonable number of bills and receipts have been accumulated.

(4) Avoid frequent submission of small claims, but large claims should be submitted promptly.

(5) Each claim, other than for drugs, should show:

- (a) patient's full name,
- (b) date or dates the service was rendered or purchase was made,
- (c) nature of the sickness or injury,
- (d) type of service or supply furnished, and
- (e) itemized charges.

(6) Each drug bill must show:

(a) patient's full name,

(b) prescription number and name of medication, and

(c) date of purchase and the charge for each item.

Also refer to the procedures for using the pay-direct prescription drug plan as described on later pages of this group benefit plan.

If you prefer, claims for expenses incurred in Canada, for prescription drugs, paramedical services and visioncare may be submitted online.

(1) To use this online service you will need to be registered for My Canada Life at Work and signed up for direct deposit of claim payments with eDetails.

(2) For online claim submissions, your Explanation of Benefits will only be available online.

(3) Online claims must be submitted to Canada Life as soon as possible, but no later than 6 months after you incur the expense.

(4) You must retain your receipt for 12 months from the date you submit your claim to Canada Life as a record of the transaction, and you must submit it to Canada Life on request.

Submit only original bills and receipts; photocopies or carbon copies are not acceptable except when Canada Life is required to consider prescription drug charges that are not payable under any provincial Pharmacare drug plan.

To make a dental claim

Access My Canada Life at Work to obtain a personalized claim form or obtain the dental claim form from the employer, complete the claimant's portion and have the dental service provider complete the provider's statement. The form should then be sent directly to Canada Life.

If you prefer, you can submit the claim online (for expenses incurred in Canada) by entering the information on the completed claim form. To use this online service you will need to be registered for My Canada Life at Work and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online. Online claims must be submitted to Canada Life as soon as possible, but no later than 6 months after you incur the expense. You must retain your receipt for 12 months from the date you submit your claim to Canada Life as a record of the transaction, and you must submit it to Canada Life on request.

GENERAL INFORMATION

ASSIGNMENT RULES

Death benefits are not assignable, meaning that ownership of death benefits cannot be transferred to any person or organization.

BENEFICIARY RULES

"Beneficiary" means the person you designate in writing to receive the benefits.

Benefits becoming payable under the contract on account of your death will be paid to your named beneficiary. Any benefit amount for which you have not named a beneficiary or there is no surviving beneficiary at your death will be paid to your estate.

You may make, alter, or revoke a designation of beneficiary as permitted by law. Any designation of beneficiary you made under your employer's previous policy prior to the effective date of this policy applies to this policy until you make a change to that designation. You should review your beneficiary designation from time to time to ensure that it reflects your current intentions. You may change the designation by completing a form available from your employer.

If there is more than one beneficiary and the form does not specify their shares, the beneficiaries will share equally.

If a beneficiary dies before you, that beneficiary's interest will end. It will be shared equally by any remaining beneficiaries unless the designation form states otherwise.

CLAIM RULES

Proof of loss

The time limits for submitting proof of loss under a coverage are described in the applicable coverage description page.

Failure to furnish any such proof within the time required will not invalidate or reduce any such claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

Quebec time limit for the payment of benefits

Where Quebec law applies, Canada Life will pay benefits in accordance with the terms set out in this policy within the following time period:

Death benefits – 30 days following receipt of the required proof of loss.

Disability income benefits – for which there is no waiting period, 30 days following the receipt of the required proof of loss. For disability income benefits for which there is a waiting period, 30 days from the expiry of the waiting period provided the required proof of loss has been received.

All other benefits – 60 days following receipt of the required proof of loss.

Physical examination and autopsy

Canada Life, at its own expense, will have the right and opportunity to have any covered person, whose injury, sickness or treatment is the basis of a claim, examined by a physician or dentist designated by Canada Life when and as often as it may reasonably require during the period of a claim under the contract and, in a case of death, to have an autopsy performed where it is not forbidden by law.

Appeals

You have the right to appeal a denial of all or part of the insurance or benefits described in the contract as long as you do so within one year of the initial denial of the insurance or a benefit. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

Legal action

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

OVERPAYMENT OF BENEFITS

Nothing in this group benefit plan will prevent Canada Life from recovering any overpayment of benefits from the person or organization to whom such payment has been made, irrespective of the cause of such overpayment.

If benefits are paid that were not payable under the policy, you are responsible for repayment within 30 days after Canada Life sends you a notice of the overpayment, or within a longer period if agreed to in writing by Canada Life. If you fail to fulfill this responsibility, no further benefits are payable under the policy until the overpayment is recovered. This does not limit Canada Life's right to use other legal means to recover the overpayment.

COORDINATING COVERAGE GUIDELINES FOR OUT-OF-COUNTRY/PROVINCE HEALTH CARE EXPENSES

If a person who is covered under the contract for global medical assistance coverage or for expenses resulting from emergency or referral health care provided outside Canada or outside the province of residence under the extended health care coverage is also covered under another plan or plans* which provides similar coverage, any claim will be coordinated with the other plan(s) in accordance with the coordinating coverage guidelines for out-of-country/province health care expenses as outlined by the Canadian Life and Health Insurance Association Inc.

* The "other plans" may include employment-related group contracts, individual or group travel or health policies, credit card coverages or any other private insurance source.

COORDINATION OF BENEFITS

If a person who is covered under the contract for the pay-direct prescription drug plan, extended health care coverage or dental care coverage is also covered under another plan* which provides similar coverage, any claim will be coordinated and/or reduced so that benefits payable from all plans will not exceed 100% of the eligible charges incurred.

* The "other plan" is defined as group insurance or any other arrangement of coverage for individuals in a group, whether on an insured or uninsured basis, including any prepayment coverage or capitation plan, as long as the group is not formed solely for the purpose of obtaining insurance. This definition of other plan does not include school insurance or individual travel insurance.

If a person is eligible to receive benefits under this plan and the same, or similar benefits under another plan, payment will be determined as follows:

(1) The plan which does not contain a coordination of benefits provision will pay before the plan which does.

(2) If the other plan(s) contains a coordination of benefits provision, priority will be given to the plan(s) in the following order:

   (a) The plan where the person is covered as a member. However, if a person is a member of 2 or more plans, priority will be given as follows:

      (i) the plan where the member is covered as an active full-time employee,

      (ii) the plan where the member is covered as an active part-time employee,

      (iii) the plan where the member is covered as a retiree.

   (b) The plan where the person is covered as a dependent spouse.

   (c) The plan where the person is covered as a dependent child. However, if a person is covered as a dependent child under 2 or more plans, priority will be given as follows:

      (i) the plan of the parent with the earlier date of birth (month/day) in the calendar year,

(ii) the plan of the parent whose first name begins with the earlier letter in the alphabet, if the parents have the same date of birth.

An exception to this rule occurs if the parents are separated/divorced, in which case priority will be given as follows:

(i) the plan of the parent with custody of the child,

(ii) the plan of the spouse of the parent with custody of the child,

(iii) the plan of the parent not having custody of the child,

(iv) the plan of the spouse of the parent in (iii) above.

(d) Health plans with dental accident coverage will determine benefits before dental plans, where a person may be able to claim under both plans.

(e) If priority cannot be established using the above priorities, the benefits will be prorated in proportion to the amounts that would have been paid under each plan had there been coverage under just that plan.

If payments which should have been made under the contract by the terms of this coordination of benefits provision have been made under any other plan, Canada Life will have the right to pay to any company or organization the amount necessary to satisfy the intent of this coordination of benefits provision. The amounts paid in this manner will be considered benefits paid under the contract and Canada Life will be fully discharged from liability to the extent of the payments made.

If payments have been made by Canada Life under the contract which are in excess of the maximum amount of payment necessary to satisfy the intent of this coordination of benefits clause, Canada Life will have the right to recover any such excess from any company or organization or person to or for whom such payments were made.

TO WHOM PAYABLE

Benefits under a coverage will be payable to you unless otherwise specified within the coverage.

PART I. INSURED COVERAGES

The Employee Life Coverage, Accidental Death and Dismemberment Coverage, Long Term Disability Coverage, Dependents Life Coverage and Global Medical Assistance Coverage described in this part of this group benefit plan are **insured** under **Group Policy No. 325299** issued to the Contractholder by Canada Life.

SUMMARY OF COVERAGES

COVERAGES FOR YOU

LIFE COVERAGE

Basic coverage: An amount equal to the greater of:

(1) 100% of your annual earnings (rounded to the next higher multiple of $1,000 if not already a multiple thereof), up to a maximum of $100,000; or

(2) $25,000.

Reduction: On your 65th birthday, your basic coverage will be 50% of the amount determined above.

Termination: Your basic coverage terminates at your attainment of age 71 or your retirement, if earlier.

Optional coverage: If you have basic coverage, you may choose optional coverage in units of $10,000, up to a maximum of $500,000. If you are covered as both an employee and a spouse, you are still limited to the $500,000 maximum.

To become covered for optional coverage, you will be required to submit **evidence of insurability** satisfactory to Canada Life if:

(1) you enroll for the first time for optional coverage; or

(2) you wish to change to a higher number of units.

Termination: Your optional coverage terminates at your attainment of age 65 or your retirement, if earlier.

Overall maximum of life coverage: In no event will the total amount of your basic and optional life coverage exceed $600,000.

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

Principal sum: The same as your basic life coverage, subject to the reduction applicable to that life coverage.

Termination: At your attainment of age 71 or your retirement, if earlier.

LONG TERM DISABILITY COVERAGE

Monthly benefit: An amount equal to 66.67% of your monthly earnings, up to a maximum of $10,000. All monthly benefits that are not even dollar amounts are rounded to the next higher dollar. In no event will the monthly benefit payable be less than $50.

For non-taxable plans, the monthly benefit is the lesser of the above amount and the all source maximum.

Waiting period: Benefits are payable after a waiting period of 120 calendar days.

Initial assessment period: The initial assessment period is the waiting period plus the next 24 months of disability. During this period, your disability is assessed on the basis of the duties you regularly performed for the employer before disability started.

All source maximum: The all source maximum is 85% of your take-home pay. The all source maximum is used in calculating the monthly benefit for non-taxable plans and in calculating the amount payable in connection with other sources of income for both taxable and non-taxable plans. This is explained later in the Long Term Disability Coverage description pages.

Benefit period: Benefits are payable up to your 65th birthday.

Tax status: Since you pay the entire cost of this coverage, your long term disability benefits are non-taxable.

Termination: At your attainment of age 65 or your retirement, if earlier.

COVERAGE FOR YOUR QUALIFIED DEPENDENTS

LIFE COVERAGE

Optional coverage for your spouse who is younger than age 65: If you have basic life coverage, you may **choose** optional coverage in units of $10,000 for your spouse, up to a maximum of $500,000. If you are covered as both an employee and a spouse, you are still limited to the $500,000 maximum.

To become covered for optional coverage, your spouse will be required to submit **evidence of insurability** satisfactory to Canada Life if:

(1) you enroll your spouse for the first time for optional coverage; or

(2) you wish to change your spouse's coverage to a higher number of units.

Termination: The optional coverage for your spouse terminates on the earliest of: your attainment of age 65; your spouse's attainment of age 65; or, your retirement.

Optional coverage for each dependent child: $25,000.

Termination: The optional coverage for each dependent child terminates on the earliest of: your attainment of age 65; or, your retirement.

COVERAGE FOR YOU AND YOUR QUALIFIED DEPENDENTS

GLOBAL MEDICAL ASSISTANCE COVERAGE

This coverage is described in detail on later pages.

Termination: At your retirement.

EMPLOYEE LIFE COVERAGE

FOR YOU

A. DEATH BENEFIT

If you die while covered under this coverage, Canada Life will pay the amount of your life coverage to your beneficiary determined according to the beneficiary rules shown on the General Information page. The amount of your life coverage is shown in the Summary of Coverages.

B. WAIVER OF PREMIUM BENEFIT

If you become disabled while covered under this coverage, Canada Life will waive the premiums on your life coverage throughout the benefit period, subject to the notice of claim provision.

You are considered disabled if you satisfy the disability definition under this contract's long term disability coverage.

A waiver of premium disability period is:

(1) the waiting period; plus

(2) the benefit period.

The waiting period for life disability benefits is the same as the waiting period under this contract's long term disability coverage.

A benefit period is the period of time after the waiting period during which you satisfy the disability definition under this contract’s long term disability coverage. A benefit period will not continue past your 65th birthday.

C. CONVERSION PRIVILEGE

You are entitled to obtain an individual life insurance policy without evidence of insurability if you meet the following conditions.

(1) All or part of your life coverage terminates on or before your 65th birthday.

(2) You must apply for the individual policy in writing and pay the first premium within 31 days after the coverage terminates.

The conversion privilege is not available if coverage terminates because of age.

The individual policy will be one of the standard life insurance conversion forms made available by Canada Life or any of its affiliates. No disability or accidental death benefit will be offered.

The premium for the individual policy will be based on current individual insurance rates.

The amount of the individual policy will not exceed the lesser of:

(1) the amount of terminated coverage less the amount of any group term life insurance for which you become eligible within the 31 days allowed for conversion; and

(2) $200,000.00.

This is the combined maximum that can be converted under all group life plans issued to the employer by Canada Life.

You can convert less than the maximum individual policy amount but, if you do, you cannot convert an amount less than the minimum issued for the type of policy chosen.

The individual policy takes effect at the end of the 31 days allowed for conversion.

If you die within the 31 days allowed for conversion, the lesser of the following amounts is payable as if the death occurred while the coverage was still in force:

(1) the total amount of terminated life coverage; and

(2) $200,000.

If you are approved for the waiver of premium benefit after you have been issued an individual life insurance conversion policy, the individual policy will be cancelled and the premiums paid on that policy refunded to you.

D. SUICIDE LIMITATION ON OPTIONAL COVERAGE

If you commit suicide within 2 years after any optional coverage on your life takes effect or increases, Canada Life's liability for the portion of the optional coverage that has been in force for less than 2 years will be limited to the premiums paid for that coverage. All periods of coverage under this contract's optional life plan and previous optional life plans sponsored by the employer are considered together in satisfying the 2-year condition as long as there is no interruption from one to the other.

E. NOTICE OF CLAIM

Canada Life will not be liable for waiver of premium claims for which initial notice of the qualifying disability is submitted more than 6 months after the earlier of:

(1) the end of the period following the date you were last actively at work equal to the waiver of premium waiting period; and

(2) the date this contract terminates.

A qualifying disability is one that satisfies the definition of disability.

F. PROOF OF CLAIM

Death benefits will be paid only after Canada Life has received satisfactory proof that payment is due.

Waiver of premium benefits will only be approved for periods for which Canada Life has received satisfactory proof that you are entitled to benefits.

You must provide information required to prove your entitlement to benefits and must also authorize Canada Life to obtain information from other sources for this purpose. Whenever Canada Life requests information or authorization, it must be submitted within 6 months. If it is not submitted within this time, Canada Life will not be liable for any further benefits.

Canada Life will give you a written notice of assessment on a waiver of premium claim showing:

(1) whether or not benefits have been approved;

(2) whether or not further information is required; and

(3) if benefits have not been approved, the reasons for denial and the procedures you may follow to appeal.

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

FOR YOU

DEFINITIONS

Where used in this coverage, the following words or phrases have the meanings set forth below:

(1) "Principal sum" means the amount of accidental death and dismemberment coverage (shown in the Summary of Coverages) in effect at the time of the accident.

(2) "Loss by dismemberment" means:

  (a) for hands and feet, complete severance through or above the wrist or ankle joints;

  (b) for arms and legs, complete severance through or above the elbow or knee joints;

  (c) for thumb and big toe, complete severance of one entire phalange;

  (d) for fingers and other toes, complete severance of 2 entire phalanges.

(3) Loss of sight, speech or hearing means total and irrecoverable loss beyond correction by surgical or other means.

(4) "Loss of use" means total and irrecoverable loss of the ability to perform every action the arm, leg, or hand was able to perform before the accident occurred, beyond correction by surgical or other means. No benefits will be paid for loss of use if benefits for loss by dismemberment of the same arm, leg, or hand are paid or payable as a result of the same accident.

A. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If you are injured in an accident that occurs while you are covered and the injury results in a covered loss, Canada Life will pay a lump sum to you or, in the case of your death, to your named beneficiary. If you have not named a beneficiary or there is no surviving beneficiary at the time of your death, payment will be made to your estate.

Any loss listed in the Table of Losses is considered a covered loss if:

(1) it occurs as a direct result of the injury, independent of all other causes;

(2) it occurs within one year after the accident, and

(3) in the case of loss of use, it is continuous for one year.

Canada Life has full responsibility for the assessment of your entitlement to benefits.

B. BENEFIT AMOUNT PAYABLE

The amount payable is the principal sum or the portion or the factor or portion of the principal sum shown opposite the loss in the Table of Losses. If you have multiple losses to the same limb resulting from the same accident, only the loss providing the highest benefit amount will be paid. Not more than the principal sum is payable for all covered losses resulting from the same accident, with the following exception. For paraplegia, hemiplegia, and quadriplegia, the maximum amount payable for all covered losses resulting from the same accident is 2 times the principal sum.

An amount equal to 50% of the dismemberment benefit is payable if a dismembered part is surgically reattached, regardless of the use regained. The balance of the dismemberment benefit is payable if the reattachment fails and the reattached part is removed within one year after the reattachment was performed.

C. TABLE OF LOSSES

For loss of:	**Amount payable**
Life Both hands Both feet Sight of both eyes One hand and one foot One hand and sight of one eye One foot and sight of one eye Speech and hearing in both ears	the principal sum
One arm One leg	3/4 principal sum
One hand One foot Sight of one eye Speech Hearing in both ears	1/2 principal sum
Thumb and index finger Four fingers of one hand	1/4 principal sum
All toes of one foot	1/8 principal sum

For loss of use of:	Amount payable
Both arms and both legs (quadriplegia) Both legs (paraplegia) One arm and one leg on the same side of the body (hemiplegia)	2 X the principal sum
One arm and one leg on different sides of the body Both arms Both hands One hand and one leg	the principal sum
One arm One leg	3/4 principal sum
One hand	1/2 principal sum

D. REPATRIATION BENEFIT

If benefits are payable under this coverage for loss of life which occurred at least 150 kilometres from your place of residence, Canada Life will pay the actual expense incurred for preparation and transportation of your body to the place of burial or cremation. The amount payable is the actual expense incurred reduced by any amount paid for the same expenses under this plan's global medical assistance coverage. The maximum amount payable under this provision is $2,500.

E. EDUCATIONAL BENEFIT FOR DEPENDENT CHILDREN

If benefits are payable under this benefit provision for loss of your life, Canada Life will pay the tuition fees for enrolling your dependent children as full-time students at a post-secondary institution. To qualify for an educational benefit, a dependent child must satisfy one of the following conditions:

(1) he or she must have been enrolled as a full-time student at a post-secondary institution at the time of the accident causing the loss of life; or

(2) he or she must have been enrolled as a full-time student at the secondary school level at the time of the accident causing the loss of life and enrols as a full-time student at a post-secondary institution within 365 days after the accident.

The maximum amount payable under this provision for each year of full-time post-secondary school enrolment is the lesser of:

(1) 5% of the principal sum; and

(2) $5,000.

Canada Life will pay the educational benefit each year for a maximum of 4 consecutive years upon receipt of proof of full-time enrolment.

A child is considered a full-time student if he or she is in registered attendance for 15 hours a week or more.

A post-secondary institution means an accredited university, general and vocational school, trade school, community college, or private college that provides an education above the secondary school level.

Limitations

No benefits will be paid for:

(1) tuition expenses incurred before the accident.

(2) room or board or other ordinary living, travelling, or clothing expenses.

F. FAMILY TRANSPORTATION BENEFIT

If you are hospitalized more than 150 kilometres from your home as a result of a covered loss for which benefits are payable under this benefit provision, Canada Life will pay for transportation and lodging expenses for one family member to join you. The amount payable is the actual expense incurred reduced by any amount paid for the same expenses under this plan's global medical assistance coverage. The maximum amount payable under this provision is $2,000.

Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Telephone expenses and taxicab and car rental charges are included.

Transportation expenses are limited to round trip economy class transportation. If a private vehicle is used, expenses are limited to $0.44 per kilometre travelled.

Limitation

Meal expenses are not covered.

G. OCCUPATIONAL TRAINING BENEFIT FOR SPOUSES

If benefits are payable under this benefit provision for loss of your life, Canada Life will pay for expenses associated with your spouse's enrolment in an accredited occupational training program. The purpose of the training program must be to provide your spouse with at least the minimum qualifications required for employment in an occupation for which your spouse would not otherwise qualify. The maximum amount payable under this provision is the lesser of:

(1) 10% of the principal sum; and

(2) $10,000.

Limitations

No benefits will be paid for:

(1) expenses incurred more than 3 years after the accident causing the loss of life.

(2) room or board or other ordinary living, travelling, or clothing expenses.

H. EDUCATIONAL BENEFIT

If benefits are payable under this benefit provision for a loss that requires you to change occupations, Canada Life will pay the tuition fees for enrolling you as a student at a post-secondary institution for training in a new occupation. To qualify for an educational benefit, you must enrol at a post-secondary institution within 365 days after the accident. The maximum amount payable under this provision is $10,000.

A post-secondary institution means an accredited university, general and vocational school, trade school, community college, or private college that provides an education above the secondary school level.

Limitations

No benefits will be paid for:

(1) tuition expenses incurred before the accident.

(2) expenses incurred more than 2 years after the accident causing the loss.

(3) room or board or other ordinary living, travelling, or clothing expenses.

I. WHEELCHAIR BENEFIT

If benefits are payable under this benefit provision for a loss due to an injury that requires the use of a wheelchair for you to be ambulatory, Canada Life will pay for expenses associated with:

(1) alterations to your principal residence to make it wheelchair accessible and habitable; and

(2) modifications to a motor vehicle used by you to make it accessible to and driveable by you.

Benefits for home alterations are payable only if the person or persons making the changes are:

(1) experienced in home alterations for wheelchairs; and

(2) recommended by an organization recognized for providing support and assistance to wheelchair users.

Benefits for vehicle modifications are payable only if:

(1) the person or persons making the changes are experienced in vehicle modification for wheelchairs; and

(2) the modifications are approved by the provincial vehicle licensing authority.

The amount payable is the actual expense incurred reduced by any amount paid for the same expenses under this plan's health care coverage. The maximum amount payable under this provision for all home and vehicle modifications combined is $10,000.

Limitations

No benefits will be paid for:

(1) expenses incurred more than 365 days after the accident.

(2) subsequent alterations to your home or vehicle after an initial claim for benefits has been made under this provision.

J. LOSSES NOT COVERED

No benefits will be paid for loss resulting from or associated with the following:

(1) intentionally self-inflicted injury or suicide, regardless of your state of mind and whether or not you were able to understand the nature and consequences of your actions;

(2) viral or bacterial infections, except pyogenic infections occurring through the injury for which loss is being claimed;

(3) disease or infirmity;

(4) medical or surgical treatment, except surgical reattachment;

(5) services, including part-time or temporary service, in the armed forces of any country;

(6) war, insurrection, or voluntary participation in a riot;

(7) air travel, ascent, or descent, except as a passenger in a licensed aircraft flown by a pilot certified to fly the aircraft. Under no circumstances will benefits be paid where the aircraft is owned, leased, or rented by the employer or where the person who suffers the loss is acting as a crew member.

K. TO WHOM PAYABLE

If you are injured in an accident that occurs while you are covered and the injury results in a covered loss, Canada Life will pay a lump sum benefit to you or, in the case of death, to your beneficiary as determined under the beneficiary rules shown on the General Information page.

L. PROOF OF CLAIM

Written proof of the loss on which claim may be based must be given to Canada Life not later than 15 months after the date of the loss.

LONG TERM DISABILITY COVERAGE

FOR YOU

A. ASSESSMENT RESPONSIBILITY

Canada Life has full responsibility for the assessment of your entitlement to benefits.

B. DISABILITY

Long term disability income benefits under the contract are for disability periods that start while you are covered.

During the initial assessment period:

During the initial assessment period shown in the Summary of Coverages, you are considered disabled if:

(1) disease or injury prevents you from performing the essential duties of your regular occupation; and

(2) except for any employment under an approved rehabilitation plan, you are not employed in any occupation that is providing you with income equal to or greater than the monthly benefit available under this plan, as shown in the Summary of Coverages.

After the initial assessment period:

After the initial assessment period, you are considered disabled if disease or injury prevents you from being gainfully employed.

"Gainful employment" means work:

(1) you are medically able to perform;

(2) for which you have at least the minimum qualifications;

(3) that provides income of at least 60% of your pre-disability monthly earnings; and

(4) that exists either in the province or territory where you worked when you became disabled or where you currently live.

The availability of work will not be considered in assessing disability.

Loss of license:

Loss of any license required for work will not be considered in assessing disability.

C. DISABILITY PERIOD

A disability period is:

(1) the waiting period; plus

(2) the benefit period.

D. WAITING PERIOD

The waiting period starts when you first become disabled and lasts, if disability is continuous, for the number of days shown in the Summary of Coverages.

If disability is not continuous, the days you are disabled will be accumulated to satisfy the waiting period as long as:

(1) no interruption is longer than 2 weeks; and

(2) the disabilities arise from the same disease or injury.

E. BENEFIT PERIOD

A benefit period is:

(1) the period of time after the waiting period during which you are continuously disabled; plus

(2) if the disability is not continuous, any period of time during which the disability is considered to be a recurrence.

A benefit period will not continue past your 65th birthday.

F. RECURRENCE

After the waiting period, a disability is considered a recurrence if it arises from the same disease or injury and starts:

(1) within 6 months after the previous disability ends; or

(2) within 6 months after the end of an approved rehabilitation plan.

G. INCOME BENEFITS

You are entitled to income benefits after the waiting period ends and for as long as the benefit period lasts. No income benefits are payable for the waiting period itself.

Amount payable:

The amount payable is the monthly benefit shown in the Summary of Coverages in effect at the start of the disability period, less the reductions, if any, required under the offset and all source maximum provisions. The monthly benefit is payable to you monthly in arrears. One thirtieth of the monthly benefit is payable for each day of any period less than a full month.

At Canada Life's discretion, the monthly benefit may be paid more frequently than monthly, on a pro-rated basis.

The income used in the offset and all source maximum provisions is the income payable for the same period as the monthly benefit under the contract.

Except for retirement benefits, all income is considered payable when you are entitled to it, whether or not it has been awarded or received. If it has not been awarded, Canada Life will have the right to estimate it according to the terms of any plans or legislation involved. Retirement benefits are considered payable when they are actually received.

If income is payable in a lump sum, the amount used will be the portion payable for loss of income during the benefit period.

Before the amount payable is calculated under a non-taxable plan, taxable income will be reduced by the deductions specified under this plan's take-home pay definition. This does not apply to Canada Pension Plan or Quebec Pension Plan benefits or to benefits from a similar plan in another country which has a reciprocal agreement with Canada or Quebec.

Monthly earnings are 1/12 of annual earnings.

"Take-home pay" means your monthly earnings less deductions for federal and provincial income taxes, Canada and Quebec Pension Plan contributions, and federal Employment Insurance premiums.

Offset provision:

Under this provision, your monthly benefit is reduced by the following income:

(1) Disability or retirement benefits to which you are entitled on your own behalf under:

  (a) the Canada Pension Plan;

  (b) the Quebec Pension Plan; or

  (c) a similar plan in another country which has a reciprocal agreement with Canada or Quebec.

  This does not include retirement benefits that were payable for each of the 12 months before a disability period.

(2) Benefits under any Workers' Compensation Act or similar law except for:

  (a) permanent partial disability awards that were payable for each of the 12 months before a disability period; and

  (b) benefits related to employment with another employer.

(3) Employer sponsored short term disability or sick leave benefits.

(4) Loss of income benefits under an automobile insurance plan, to the extent permitted by law.

(5) 50% of earnings received from an approved rehabilitation plan.

All source maximum provision:

Under this provision, your monthly benefit is reduced if the total of the following income and your monthly benefit exceeds the all source maximum shown in the Summary of Coverages. The reduction is the amount by which this total exceeds the all source maximum.

(1) Loss of income benefits available through legislation to which you or another member of your family is entitled on the basis of your disability, except for Employment Insurance benefits and automobile insurance benefits.

(2) The wage loss portion of any criminal injury award, except for awards that included the long term disability income benefits available under this plan in the calculation of the award.

(3) Disability benefits under a plan of insurance available through an association, except for benefits that were payable for each of the 12 months before a disability period.

(4) Employment income, disability benefits, or retirement benefits related to any employment, except for:

  (a) disability benefits that are prepayments of life insurance.

  (b) benefits from retirement plans to which an employer has not contributed.

  (c) any amount that is related to employment other than with the employer and that was payable for each of the 12 months before a disability period. All employment income, disability benefits, and retirement benefits resulting from the same employment are considered together in satisfying the 12-month condition as long as there is no interruption from one to the other. Waiting periods for disability benefits do not count as interruptions.

  (d) employer sponsored short term disability or sick leave benefits.

  (e) income from an approved rehabilitation plan. This income is considered under the offset and rehabilitation incentive provisions.

  Termination pay, severance benefits, and any similar termination of employment benefits, including any salary paid in lieu of notice, are considered employment income under this provision.

  If income under this provision is payable on a commission basis, the income used will not be reduced by commission related expenses.

  If disability is a recurrence, employment related disability benefits which become payable after the disability period starts will be included under the offset provision rather than under this all source maximum provision.

Rehabilitation incentive provision:

Earnings received from an approved rehabilitation plan are not used to reduce your monthly benefit unless 50% of those earnings, your income from this plan, and the income described under the offset and all source maximum provisions would exceed:

(1) for taxable plans, 100% of your monthly earnings; and

(2) for non-taxable plans, 100% of your take-home pay.

If it does, your monthly benefit is reduced by the amount in excess of 100%.

H. INDEXING

The following provisions provide inflation protection.

Assessment:

In assessing your ability to be gainfully employed, Canada Life will multiply your pre-disability monthly earnings by the Consumer Price Index factor.

Recalculation:

The amount payable will be recalculated for inflation protection 1 year after the start of the benefit period and annually after that. On those dates the income limit under the rehabilitation incentive provision will be multiplied by the Consumer Price Index factor:

The Consumer Price Index factor will not be applied to the following amounts:

(1) the monthly benefit.

(2) the all source maximum for purposes of recalculating both the monthly benefit for non-taxable plans and the amount payable for both taxable and non-taxable plans.

Other income:

When the amount payable is recalculated, cost-of-living increases in the income described under the offset and all source maximum provisions, that take effect after the benefit period starts, are not included as income subject to the offset, all source maximum and rehabilitation incentive provisions.

This provision does not apply to earnings received from an approved rehabilitation plan.

Consumer Price Index factor:

The Consumer Price Index factor for an assessment or recalculation date is the ratio of the Consumer Price Index as of 3 months before that date, to the Consumer Price Index as of 3 months before the start of the benefit period.

Changes to the Consumer Price Index:

If there is a change in the method of calculating the Consumer Price Index:

(1) the Consumer Price Index will be used for the period preceding the change; and

(2) an appropriate measure of inflation will be used for the period after the change.

Consumer Price Index:

The Consumer Price Index means the all-item Consumer Price Index for Canada (not seasonally adjusted).

I. VOCATIONAL REHABILITATION

Vocational rehabilitation involves a training strategy or work related activity that:

(1) is designed to facilitate a disabled person's return to his or her job or other gainful employment; and

(2) is recommended or approved by Canada Life.

In considering whether to recommend or approve a rehabilitation proposal, Canada Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate the earliest possible return to work.

The goal of a rehabilitation plan must be:

(1) to return the person to work in the same job;

(2) to return the person to work in a modified job with the same employer; or

(3) to return the person to work in a different job that capitalizes on transferable skills.

Participation commitment:

If you do not participate or cooperate in a rehabilitation plan that has been recommended or approved by Canada Life, you will no longer be entitled to income benefits.

Time commitment:

The duration of a rehabilitation plan must be approved by Canada Life. Once approved, your benefit period is guaranteed for that duration as long as you continue to participate and cooperate in the plan.

Employment income:

Employment income earned during a rehabilitation period will be considered under the offset and rehabilitation incentive provisions.

Expense benefit:

Reasonable expenses associated with a rehabilitation plan, other than usual employment expenses, may be paid for by Canada Life at its discretion.

Expenses claimed under this provision must be pre-authorized by Canada Life.

Limitation:

Vocational rehabilitation benefits are only available while you are entitled to income benefits.

J. MEDICAL COORDINATION

Medical coordination is a program that:

(1) is designed to provide cost effective, quality care;

(2) is designed to facilitate medical stability; and

(3) is recommended or approved by Canada Life.

In considering whether to recommend or approve a medical coordination program, Canada Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate medical stability.

A medical coordination program may include the following services:

(1) consultation with the disabled person, members of the person's family, and the attending physician to gain further understanding of the treatment plan and its goals.

(2) comparison of the person's current treatment plan with generally accepted treatment standards for similar conditions and, where suitable, follow up identified alternatives with the attending physician.

(3) referral to professionals, including physician specialists, or facilities, for diagnosis or treatment.

Participation commitment:

If you do not participate or cooperate in a medical coordination program that has been recommended or approved by Canada Life, you will no longer be entitled to income benefits.

Expense benefit:

Reasonable expenses associated with a medical coordination program may be paid for by Canada Life at its discretion.

Expenses claimed under this provision must be pre-authorized by Canada Life.

No benefits will be paid for any portion of the expense for which benefits are payable under a government plan.

Limitations:

Medical coordination benefits are only available while you are entitled to income benefits. Canada Life will not cover medical coordination services after you have returned to work, unless you are receiving vocational rehabilitation benefits.

K. GENERAL LIMITATIONS

No benefits will be paid for:

(1) disability arising from a disease or injury for which you obtained medical care before you became covered. Medical care is considered to be obtained when you consult a physician, use medication on the advice of a physician, or receive other medical services or supplies.

This exclusion does not apply if disability starts after:

(a) you have been continuously covered for 1 year; or

(b) you have not had medical care for the disease or injury for a continuous period of 90 days ending on or after the date your coverage took effect.

(2) any period in which you do not participate or cooperate in a reasonable and customary treatment program.

A reasonable and customary treatment program is systematic treatment that:

(a) is performed or prescribed by a physician; and

(b) is of the nature and frequency usually required for the condition involved.

Where considered appropriate by Canada Life for the severity of the condition, the treatment must be prescribed by and, if appropriate, performed or supervised by a certified specialist for the condition involved.

If substance abuse contributes to a person's disability, his treatment program must include participation in a recognized substance withdrawal program.

(3) any period after you fail to cooperate in applying for other disability benefits, reapplying for such benefits, or appealing decisions regarding such benefits, where considered appropriate by Canada Life.

(4) any period after you fail to participate or cooperate in a rehabilitation plan that has been recommended or approved by Canada Life.

(5) any period after you fail to participate or cooperate in a medical coordination program that has been recommended or approved by Canada Life.

(6) any period after you fail to participate or cooperate in a medical or vocational assessment required by Canada Life.

(7) the scheduled duration of a leave of absence. A leave of absence is considered to start on the date agreed upon by you and the employer.

This exclusion does not apply to any portion of a period of maternity leave during which the person is disabled as a result of pregnancy. If a child is born before a period of maternity leave is scheduled to start, the leave is considered to start on the date of birth.

(8) any period in which you are outside Canada. This exclusion does not apply during the first 30 days of an absence, or if Canada Life pre-authorized the absence prior to your departure.

(9) any period of incarceration, confinement, or imprisonment by authority of law.

(10) disability arising from war, insurrection or voluntary participation in a riot.

L. NOTICE AND PROOF OF CLAIM

To permit prompt assessment, initial notice of claim should be submitted to Canada Life no later than 10 days after disability starts.

Canada Life will not be liable for claims for which initial notice is submitted more than 3 months after the earlier of:

(1) the end of the waiting period; and

(2) the date the contract terminates.

Benefits will only be payable for periods for which Canada Life has received satisfactory proof that you are entitled to benefits.

You must provide information required to prove your entitlement to benefits and must also authorize Canada Life to obtain information from other sources for this purpose.

Whenever Canada Life requests information or authorization, it must be submitted within 3 months. If it is not submitted within this time, Canada Life will not be liable for any further benefits.

Canada Life will give you a written notice of assessment showing:

(1) whether or not benefits have been approved;

(2) whether or not further information is required; and

(3) if benefits have not been approved, the reasons for denial and the procedures you may follow to appeal.

Proof satisfactory to Canada Life may be required to verify statements made to establish insurability.

Canada Life, at its discretion and to the extent permitted by law, may pay another person on your behalf.

M. WAIVER OF PREMIUM

No premium is payable for your long term disability coverage during a disability benefit period.

DEPENDENTS LIFE COVERAGE

FOR YOUR QUALIFIED DEPENDENTS

A. DEATH BENEFIT

If a dependent dies while covered under this coverage, Canada Life will pay the amount of his or her life coverage to you. The amount of his or her life coverage is shown in the Summary of Coverages.

B. WAIVER OF PREMIUM BENEFIT

During any period of disability for which you are entitled to a waiver of premium benefit under this contract's employee life coverage, Canada Life will waive the premium on the life coverage for your dependents.

C. CONVERSION PRIVILEGE

Your spouse is entitled to obtain an individual life insurance policy without evidence of insurability if he or she meets the following conditions.

(1) All or part of your spouse's life coverage terminates on or before his or her 65th birthday.

(2) You or your spouse must apply for the individual policy in writing and pay the first premium within 31 days after the coverage terminates.

The conversion privilege is not available if coverage terminates because of age.

The conversion privilege is not available to a spouse for whom coverage terminates because:

(1) he or she ceases to satisfy the spouse definition; or

(2) you choose to cover a different spouse.

The individual policy will be one of the standard life insurance conversion forms made available by Canada Life or any of its affiliates. No disability or accidental death benefit will be offered.

The premium for the individual policy will be based on current individual insurance rates.

The amount of the individual policy will not exceed the lesser of:

(1) the amount of terminated coverage less the amount of any group term life insurance for which your spouse becomes eligible within the 31 days allowed for conversion; and

(2) $200,000.00.

This is the combined maximum that can be converted under all group life plans issued to the employer by Canada Life.

Your spouse can convert less than the maximum individual policy amount but, if he or she does, he or she cannot convert an amount less than the minimum issued for the type of policy chosen.

The individual policy takes effect at the end of the 31 days allowed for conversion.

If your spouse dies within the 31 days allowed for conversion, the lesser of the following amounts is payable as if the death occurred while the coverage was still in force:

(1) the total amount of terminated life coverage; and

(2) $200,000.

If you are approved for this contract's waiver of premium benefit after your spouse has been issued an individual life insurance conversion policy, the individual policy will be cancelled and the premiums paid on that policy refunded to you.

D. SUICIDE LIMITATION ON OPTIONAL COVERAGE

If your spouse commits suicide within 2 years after any optional coverage on his or her life takes effect or increases, Canada Life's liability for the portion of the optional coverage that has been in force for less than 2 years will be limited to the premiums paid for that coverage. All periods of coverage under this contract's optional life plan and previous optional life plans sponsored by the employer are considered together in satisfying the 2-year condition as long as there is no interruption from one to the other.

E. PROOF OF CLAIM

Death benefits will be paid only after Canada Life has received satisfactory proof that payment is due.

You must provide information required to prove your entitlement to benefits and must also authorize Canada Life to obtain information from other sources for this purpose.

GLOBAL MEDICAL ASSISTANCE COVERAGE

FOR YOU AND YOUR QUALIFIED DEPENDENTS

COVERAGE

Global medical assistance is covered if:

(1) it is required as a result of a medical emergency arising while the covered person is travelling for vacation, business, or education; and

(2) the covered person is covered by the government health plan in that person's home province.

Coverage for travel within Canada is limited to emergencies arising more than 500 kilometres from the covered person's home.

Assistance is provided through a worldwide communications network that operates 24 hours a day. The network assists in locating medical care and obtaining Canada Life's prior approval of covered services. The network can also approve on-site hospital payment when required for admission, to a maximum of $1,000.

A. COVERED SERVICES

The following services are covered subject to Canada Life's prior approval:

(1) **Medical evacuation**

Medical evacuation is covered if suitable local care is not available. If the covered person is travelling within Canada, coverage is provided for transportation to the nearest hospital where treatment is available. If the covered person is travelling outside Canada, coverage is provided for transportation to:

(a) the nearest hospital outside Canada where treatment is available; or,

(b) a hospital in Canada.

When services are covered under this coverage they are not covered under other coverages in this plan.

(2) **Family assistance**

Round trip economy class transportation and lodging are covered for one family member joining a covered person who will be hospitalized for more than 7 days while travelling provided that there was no family member travelling with the covered person.

(3) **Travelling companion**

Extra lodging costs are covered for one travelling companion when the return trip for the covered person and travelling companion is delayed because the covered person is hospitalized.

Exclusion

No benefits are payable for extra lodging costs for a travelling companion if family assistance benefits are claimed under (2) for the same period of confinement.

(4) **Transportation reimbursement**

The cost of comparable return transportation home for a covered person and one travelling companion is covered if prearranged, prepaid return transportation is missed because the covered person is hospitalized. A rental vehicle is not considered prearranged, prepaid return transportation.

Exclusion

Any amount for which other compensation is available is not covered.

(5) **Death**

In case of death, preparation of the covered person's body and its return transportation home are covered.

(6) **Unaccompanied minor children**

Return transportation home is covered for minor children who had travelled with the covered person and who are left unaccompanied because of the covered person's hospitalization or death. Return or round trip transportation for an escort for the children is also covered when considered necessary.

(7) **Vehicle return**

The cost of returning a covered person's vehicle, whether private or rental, home or to the nearest appropriate vehicle rental agency is covered when sickness or injury prevents the covered person from driving. The maximum amount payable is $1,000.

Exclusion

No benefits will be paid for vehicle return if transportation reimbursement benefits are claimed under (4) for the same period of confinement.

B. REFUND OF ON-SITE HOSPITAL PAYMENTS

Where on-site hospital payments exceed the employer's liability for that confinement under this group benefit plan, the covered person must refund the excess to the employer. If the hospital confinement is not covered under the group benefit plan, the employer is entitled to a full refund of the amount advanced.

C. LODGING LIMITATION

Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Telephone expenses as well as taxicab and car rental charges are included. The maximum amount payable for lodging expenses is $1,500 per confinement.

Exclusion

Meal expenses are not covered.

D. DISCLAIMER

Neither the communication network nor Canada Life is responsible for:

(1) the availability, quantity, quality, or results of any medical treatment a person receives; or

(2) any unsuccessful attempts by a person to obtain medical services.

E. IDENTIFICATION CARDS

If a covered person's coverage terminates for any reason, the employer is responsible for immediate recall of the global medical assistance identification cards.

F. LIMITATIONS

No benefits will be paid for:

(1) expenses that private insurers are not permitted to cover by law.

(2) services the person is entitled to without charge by law or for which a charge is made only because the person has insurance coverage.

(3) expenses arising from war, insurrection, or voluntary participation in a riot.

G. EXTENSION OF BENEFITS

If the coverage of a covered person terminates for any reason and if the covered person is disabled on the date of termination, benefit payments for the expenses incurred as a result of that sickness will continue during the disability as if such coverage had continued. Benefits will continue for a period of 90 days or, if earlier, to the date the individual becomes covered under any other group plan, whether issued by Canada Life or another company.

"Disabled" and "disability" means that the covered person, if an employee, is prevented solely because of sickness from engaging in any work for compensation or profit, or, if a dependent, is prevented solely because of sickness from engaging in all of the normal activities of a person of like age and sex, and who is in good health.

H. PROOF OF CLAIM

Written proof of the loss on which a claim may be based must be given to Canada Life within 15 months of the date the expense was incurred.

PART II. ASO COVERAGES

The Short Term Disability Coverage, Pay-Direct Prescription Drug Plan, Extended Health Care Coverage and Dental Care Coverage described in this part of the group benefit plan are **administered** on behalf of the Contractholder by Canada Life pursuant to **Administrative Services Agreement (ASO) No. 57030** between the Contractholder and Canada Life. **These coverages are not insured by Canada Life and your employer has liability for them**.

This means that the Short Term Disability Coverage, Pay-Direct Prescription Drug Plan, Extended Health Care Coverage and Dental Care Coverage are an unsecured financial obligation and are payable from your employer's net income, retained earnings or other financial resources and not underwritten by a licensed insurer or regulated insurer.

All claims will, however, be processed by Canada Life.

If British Columbia law applies, the giving of this notice exempts your employer from the requirements under the Financial Institutions Act (British Columbia).

If Quebec law applies, any uninsured benefit is not under the supervision and control of the Autorité des marchés financiers.

SUMMARY OF COVERAGES

COVERAGES FOR YOU

SHORT TERM DISABILITY COVERAGE

Weekly benefit: An amount equal to 66.67% of your weekly earnings, up to a maximum of $250. All weekly benefits that are not even dollar amounts are rounded to the next higher dollar.

Waiting period:

(1) For accidental injury - benefits are payable immediately. There is no waiting period for disability due to accidental injury.

(2) For disease - benefits are payable after a waiting period of 7 consecutive days for disability due to disease.

If you are hospitalized for at least 24 hours or have day surgery during the waiting period, it will be waived from the first day of confinement or the date of surgery.

Benefit period: Benefits are payable for a maximum of 26 weeks for any one period of disability.

Tax status: Since you do not pay the entire cost of this coverage, your short term disability benefits are taxable.

Termination: At your retirement.

COVERAGES FOR YOU AND YOUR QUALIFIED DEPENDENTS

PAY-DIRECT PRESCRIPTION DRUG PLAN

The drug plan is described in detail on later pages.

Covered percentage: 100% of the total amount payable for the prescription or refill, including dispensing fee.

Termination: At your retirement.

EXTENDED HEALTH CARE COVERAGE

Covered percentage: 100% of eligible charges.

Overall lifetime maximum: Unlimited.

Termination: At your retirement.

Benefits provided (The complete list is shown on later pages.)	**Maximum amount payable** (per covered person)
Hospital	Semi-private room daily rate.
Out-patient hospital	Reasonable and customary charges.
Convalescent hospital	Semi-private room daily.
Chronic care hospital or chronic care wing of a public general hospital	$25 per day, up to 120 days for any one disability.
Expenses incurred while out of province or Canada, as follows:	
Treatment of a medical emergency	A lifetime maximum of $2,000,000.
Specialized treatment not available in province or Canada	A lifetime maximum of $200,000.
Psychologist	$300 in a calendar year.
Psychiatrist (if not reimbursed by a provincial plan)	$250 in a calendar year.
Naturopath, osteopath, podiatrist, or chiropodist	$300 per practitioner in a calendar year.
Massage therapist or chiropractor	$350 per practitioner in a calendar year.
Private duty nursing in the home	$10,000 in a calendar year.
Physiotherapist	Reasonable and customary charges.
Speech therapist	$300 in a calendar year.
Custom-made orthopedic shoes	One pair in a calendar year.
Continuous glucose monitoring machines, including sensors and transmitters	$4,000 in a calendar year
Hearing aids	$400 every 5 years.
Lenses required as a result of cataract surgery	$200 per surgery.
Eye examinations	Once every 2 calendar years (once every calendar year for dependent children younger than age 18).

Vision care	$350 every 24 months for eyeglass lenses and frames, contact lenses, dispensing fees, and diagnosis and treatment of accidental injury or disease of the eyes.
Visual training and remedial therapy	Included under the maximum amount payable shown under vision care above.
Diabetic monitoring and administration equipment	$1,000 lifetime.
Apnea monitors for respiratory dysrhythmia	Reasonable and customary charges.
Orthotics	$200 in a calendar year.
Support hose	Two pairs in a calendar year.
Artificial limbs, including repair and replacement (but excluding myoelectrical limbs)	$2,000 in a calendar year for repair and replacement.
Traction apparatus	Reasonable and customary charges.
External breast prostheses following a mastectomy	One in a calendar year.
Standard or electric (where a standard is not suitable) wheelchair	$4,000 lifetime.
Bed rail	Reasonable and customary charges.
Trapeze bar	Reasonable and customary charges.
Transcutaneous nerve stimulator	$1,000 lifetime.
Sphygmomanometers	$200 lifetime.

DENTAL CARE COVERAGE

BASIC AND MAJOR SERVICES are shown in the List of Dental Services.

Covered percentage: Basic services – 100% of eligible charges.

Major services – 60% of eligible charges.

Deductible: $25 per covered person or $50 per covered family (maximum of $25 per covered person).

Fee guide: The dental association fee guide for general practitioners in the covered person's province of residence, the guide in effect on the date the service is rendered.

Maximum: $1,500 per covered person in a calendar year.

Termination: At your retirement.

ORTHODONTIC SERVICES

Each dependent child who is younger than age 18 on the date the orthodontic procedure commences will be eligible.

Covered percentage: 50% of eligible charges.

Lifetime maximum: $1,250 per covered person.

Termination: At your retirement.

SHORT TERM DISABILITY COVERAGE

FOR YOU

A. ASSESSMENT RESPONSIBILITY

Canada Life has full responsibility for the assessment of your entitlement to benefits.

B. DISABILITY

Short term disability income benefits under the contract are for disability periods that start while you are covered.

Disability is assessed on the basis of the duties you regularly performed for the employer before disability started. You are considered disabled if, because of disease or injury, there is no combination of duties you can perform that regularly took at least 60% of your time at work to complete.

If disease or injury prevents you from performing a duty, it will also be considered to prevent you from performing:

(1) others that are performed only in order to complete that duty; and

(2) others that can only be performed after that duty is completed.

C. DISABILITY PERIOD

A disability period is:

(1) the waiting period; plus

(2) the benefit period.

D. WAITING PERIOD

The waiting period starts when you first become disabled and lasts for the number of days shown in the Summary of Coverages.

A disability is considered to be caused by accidental injury only when:

(1) it occurs as a direct result of an accident, independent of all other causes; and

(2) it occurs within 30 days after the accident.

Otherwise, the disability is considered to be caused by disease.

E. BENEFIT PERIOD

A benefit period is:

(1) the period of time after the waiting period during which you are continuously disabled; plus

(2) if the disability is not continuous, any period of time during which the disability is considered to be a recurrence.

A benefit period will not continue past the number of weeks shown in the Summary of Coverages.

F. RECURRENCE

After the waiting period, a disability is considered a recurrence if it arises from the same disease or injury and starts before you have completed 2 weeks of continuous re-employment at the same number of hours per week as you regularly worked for the employer before the disability started.

G. INCOME BENEFITS

You are entitled to income benefits after the waiting period ends and for as long as the benefit period lasts. No income benefits are payable for the waiting period itself.

Amount payable:

The amount payable is the weekly benefit shown in the Summary of Coverages in effect at the start of the disability period, less the reductions, if any, required under the offset and rehabilitation incentive provisions. All weekly benefits that are not even dollar amounts are rounded to the next higher dollar.

The weekly benefit is payable to you weekly in arrears. One seventh of the weekly benefit is payable for each day of any period less than a full week. Payments do not begin until you are actually absent from work.

The income used in the offset and rehabilitation incentive provisions is the income payable for the same period as the weekly benefit under the contract.

All income is considered payable when you are entitled to it, whether or not it has been awarded or received. If it has not been awarded, Canada Life will have the right to estimate it according to the terms of any plans or legislation involved. If income is payable in a lump sum, the amount used will be the portion payable for loss of income during the benefit period.

Before the amount payable is calculated under a non-taxable plan, taxable income will be reduced by multiplying it by the ratio of take-home pay to weekly earnings. This does not apply to Canada or Quebec Pension Plan benefits.

Weekly earnings are 1/52 of annual earnings.

"Take-home pay" means your weekly earnings less deductions for federal and provincial income taxes, Canada and Quebec Pension Plan contributions, and federal Employment Insurance premiums. The deductions are the amounts the employer would be required to withhold from your weekly earnings assuming:

(1) your taxable income equals 52 times your weekly earnings;

(2) your deductions equal those shown for your income level in the payroll deduction tables produced by Canada Revenue Agency and equivalent provincial tables; and

(3) deductions for taxes reflect the benefit of personal tax credits, Canada and Quebec Pension Plan tax credits and federal Employment Insurance tax credits.

Where your income level exceeds the maximum for Canada or Quebec Pension Plan deductions or federal Employment Insurance deductions, the Canada or Quebec Pension Plan contributions and federal Employment Insurance premiums used will be your annualized deductions divided by 52.

The tables and tax credits used are those in effect the day before the disability started.

Offset provision:

Your weekly benefit is reduced by the following income:

(1) Disability benefits to which you are entitled on your own behalf under:

  (a) the Canada Pension Plan;

  (b) the Quebec Pension Plan; or

  (c) a plan in another country for which there is a reciprocal agreement with the Canada or Quebec Pension Plan;

  except for increases that take effect after the benefit period starts.

(2) Benefits under any Workers' Compensation Act or similar law except for:

  (a) permanent partial disability awards that were payable for each of the 12 months before a disability period; and

  (b) benefits related to employment with another employer.

(3) To the extent permitted by law, loss of income benefits payable under a provincial or territorial automobile insurance plan that does not take income benefits payable under the *Employment Insurance Act* (Canada) into account when determining its benefits.

Rehabilitation incentive provision:

Earnings received from an approved rehabilitation plan or program are not used to reduce your weekly benefit unless those earnings, your income from the contract, and the income described under the offset provision would exceed:

(1) for taxable plans, 100% of your weekly earnings; and

(2) for non-taxable plans, 100% of your take-home pay.

If it does, your weekly benefit is reduced by the amount in excess of 100%.

H. VOCATIONAL REHABILITATION BENEFITS

Vocational rehabilitation involves a training strategy or work related activity that:

(1) is designed to facilitate a disabled person's return to his or her job or other gainful employment; and

(2) is recommended or approved by Canada Life.

In considering whether or not a rehabilitation proposal is appropriate, Canada Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate the earliest possible return to employment.

Canada Life recognizes the individual needs of persons with disabilities by making a distinction between a comprehensive rehabilitation program and a rehabilitation plan.

To be classified as a "comprehensive rehabilitation program", the goal must be:

(1) to return the person to work in a different job that requires extensive or prolonged training; or

(2) to return the person to work in a self-employed capacity.

Training is considered extensive or prolonged if it lasts longer than 12 consecutive months.

To be classified as a "rehabilitation plan", the goal must be:

(1) to return the person to work in the same job;

(2) to return the person to work in a modified job with the same employer; or

(3) to return the person to work in a different job that capitalizes on transferable skills.

Participation commitment:

If you do not participate or cooperate in a rehabilitation plan or program that has been recommended or approved by Canada Life, you will no longer be entitled to income benefits.

Employment income:

Employment income earned during a rehabilitation period will be considered under the rehabilitation incentive provision.

Expense benefit:

Canada Life will pay for reasonable expenses, other than usual employment expenses, associated with a rehabilitation plan or program.

The maximum expense benefit during a disability period will be 13 times your weekly benefit before reduction by other income.

Expenses claimed under this provision must be pre-authorized by Canada Life.

Limitation:

Vocational rehabilitation benefits are only available while you are entitled to income benefits.

I. MEDICAL COORDINATION BENEFITS

Medical coordination is a care coordination process that:

(1) is designed to provide cost effective, quality care; and

(2) is recommended or approved by Canada Life.

In considering whether or not a medical coordination program is appropriate, Canada Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate medical stability.

Canada Life covers the following services, when considered appropriate:

(1) initial diagnosis and treatment program assessment.

(2) consultation with the disabled person, members of the person's family, and the attending physician to gain further understanding of the treatment program and its goals.

(3) comparison of the person's current treatment program with generally accepted treatment standards for similar conditions and, where suitable, follow up identified alternatives with the attending physician.

(4) referral to a physician specialist contracted with the medical coordination network for diagnostic assessment.

(5) monitoring and coordination of care throughout the disability period to determine treatment plan updates to meet employee health care needs.

(6) referral to professionals or facilities outside the medical coordination network for diagnosis or treatment. Services provided by these outside sources are covered only to the extent that benefits may be payable under the expense benefit provision.

Participation commitment:

If you do not participate or cooperate in a medical coordination program that has been recommended or approved by Canada Life, you will no longer be entitled to income benefits.

Expense benefit:

Canada Life will pay for reasonable expenses associated with medical rehabilitation services and facilities.

The maximum expense benefit during a disability period will be 13 times your weekly benefit before reduction by other income.

Expenses claimed under this provision must be pre-authorized by Canada Life.

No benefits will be paid for any portion of the expense for which benefits are payable under a government plan.

Limitations:

Medical coordination benefits are only available while you are entitled to income benefits. Canada Life will not cover medical coordination services after you have returned to work, unless you are receiving vocational rehabilitation benefits.

J. GENERAL LIMITATIONS

No benefits will be paid for:

(1) any period:

(a) preceding the date you are first treated by a legally licensed doctor of medicine; or

(b) in which you do not participate or cooperate in a reasonable and customary treatment program.

A reasonable and customary treatment program is systematic treatment:

(a) that is performed or prescribed by a legally licensed doctor of medicine or other health care provider or health care facility;

(b) that is of the nature and frequency usually required for the condition involved; and

(c) where attendance, participation and progress can be verified through medical records.

Notwithstanding the above, based on the nature or severity of the condition, for a treatment program to be considered reasonable and customary, Canada Life may:

(a) require you to be under the care of a legally licensed doctor of medicine instead of or in addition to another health care provider or health care facility; and

(b) require the treatment program to be prescribed, performed or supervised by a legally licensed doctor of medicine certified as a specialist for the condition involved.

If the use of drugs or alcohol contributes to a person's disability, the treatment program must be overseen by a legally licensed doctor of medicine and the treatment program's primary goal must be abstinence, unless otherwise approved by Canada Life.

(2) any period after you fail to participate or cooperate in a rehabilitation plan or program that has been recommended or approved by Canada Life.

(3) any period after you fail to participate or cooperate in a medical coordination program that has been recommended or approved by Canada Life.

(4) the scheduled duration of a lay-off, unless you become disabled:

(a) before notice of lay-off; or

(b) more than 2 months before the lay-off is scheduled to start, whether or not notice of lay-off has been given.

(5) the scheduled duration of a leave of absence. A leave of absence is considered to start on the date agreed upon by you and the employer.

This exclusion does not apply to any portion of a period of maternity leave during which the person is disabled as a result of pregnancy. If a child is born before a period of maternity leave is scheduled to start, the leave is considered to start on the date of birth.

(6) any period of employment, except in an approved rehabilitation plan or program.

(7) the normal recovery period for treatment performed for cosmetic purposes only. This limitation does not apply where such treatment was undertaken as a result of a disease or injury.

(8) a period of confinement in a prison or similar institution.

(9) disability arising from war, insurrection or voluntary participation in a riot.

K. NOTICE AND PROOF OF CLAIM

To permit prompt assessment, initial notice of claim should be submitted to Canada Life no later than 10 days after disability starts.

Canada Life will not be liable for claims for which initial notice is submitted more than 3 months after the earlier of:

(1) the end of the waiting period; and

(2) the date the contract terminates.

Benefits will only be payable for periods for which Canada Life has received satisfactory proof that you are entitled to benefits.

You must provide information required to prove your entitlement to benefits and must also authorize Canada Life to obtain information from other sources for this purpose.

Whenever Canada Life requests information or authorization, it must be submitted within 3 months. If it is not submitted within this time, Canada Life will not be liable for any further benefits.

Canada Life will give you a written notice of assessment showing:

(1) whether or not benefits have been approved;

(2) whether or not further information is required; and

(3) if benefits have not been approved, the reasons for denial and the procedures you may follow to appeal.

Proof satisfactory to Canada Life may be required to verify statements made to establish insurability.

Canada Life, at its discretion and to the extent permitted by law, may pay another person on your behalf.

L. SUBROGATION AND RIGHT OF RECOVERY

Where permitted by law, Canada Life has full rights of subrogation with respect to damages for loss of income when responsibility for your disability may be attributable to another party. Canada Life also has the right to recover from you any benefits paid under the contract for loss of income for which you have been indemnified by the other party. However, Canada Life has no obligation under the contract to exercise its rights of recovery and subrogation.

PAY-DIRECT PRESCRIPTION DRUG PLAN

FOR YOU AND YOUR QUALIFIED DEPENDENTS

Your Pay-Direct Prescription Drug Plan covers the eligible charges for drugs, medicines and certain supplies that represent reasonable treatment of a disease or injury.

Treatment is considered reasonable if it is

(1) accepted by the Canadian medical profession;

(2) proven to be effective; and

(3) of a form, intensity, frequency, and duration essential to diagnosis or management of the disease or injury.

A disease is a physical or psychiatric disorder.

Before incurring large drug expenses, you may want to confirm your coverage by contacting Canada Life with both the name and drug identification number (DIN) of the drug prescribed. You can obtain this information from your pharmacist.

To have a prescription filled for yourself or a qualified dependent, take the prescription to a participating pharmacy and present it, along with your prescription drug card, to the pharmacist and the prescription will be filled.

Do not lend your prescription drug card to anyone outside your immediate family and do not leave it at the pharmacy.

If your employment ends, you are no longer eligible for this coverage.

A. SERVICES PROVIDED

The services described in this coverage are provided by the pharmacy benefits manager appointed by Canada Life and are subject to the agreement between Canada Life and the pharmacy benefits manager, as may be amended from time to time.

B. PAYMENT OF BENEFITS

A benefit will be paid if a covered person incurs eligible charges for drugs, medicines and supplies described in section C. while covered for this coverage. A charge is considered to be incurred on the date of the purchase for which the charge is made.

For all eligible charges, benefits will be equal to the covered percentage shown in the Summary of Coverages. Benefits for drug claims submitted through the pharmacy benefits manager's electronic claims system will be issued to the pharmacy benefits manager.

The eligible charge for interchangeable products is limited to the cost of the lowest priced item in the applicable generic category plus a professional fee, unless the prescription has been written by brand name and directed by the prescriber not to be interchanged. If it has, the actual expense will be considered eligible for payment under the Health Disciplines Act – Pharmacy regulations as long as the prescription bears the notation "DO NOT PRODUCT SELECT", "NO SUB", or "NO SUBSTITUTION" on the actual script in the prescriber's own handwriting.

Covered charges for drugs eligible under any government drug plan are limited to any amounts the employee is required to pay for himself or his family under the government plan.

C. ELIGIBLE CHARGES

Eligible charges are the charges actually made to the covered person for the following drugs, medicines and supplies when prescribed by a person entitled by law to prescribe them, dispensed by a person entitled by law to dispense them, and provided in Canada, subject to the assessment provisions described in section D. Benefits for drugs, medicines and supplies outside Canada are payable only as provided under extended health care coverage.

Canada Life may limit the eligible charge for a drug or drug supply to that of a lower cost alternative drug or drug supply that represents reasonable treatment.

(1) drugs, including contraceptive drugs and products containing a contraceptive drug, that require a prescription according to:

  (a) the Food and Drugs Act, Canada; or

  (b) provincial legislation in effect where the drug is dispensed.

(2) drugs that must be injected, including vitamins, insulins and allergy extracts. Syringes for self-administered injections are also covered.

(3) disposable needles for use with non-disposable insulin injection devices, lancets, test strips and sensors for flash glucose monitoring machines.

(4) extemporaneous preparations or compounds if one of the ingredients is a covered drug.

(5) preventative immunization vaccines and toxoids.

(6) hydroquinidine, quinidine and erythrol tetranitrate.

(7) drugs that do not require a prescription by law if:

  (a) they are listed in the current Compendium of Pharmaceuticals and Specialties; and

  (b) they are categorized as:

- antimalarials
- fibrinolytics
- nitroglycerin
- potassium replacements
- single entity fluorides
- single entity iron salts
- thyroid agents
- topical enzymatic debriding agents

Exclusions

The following non-prescription items are not covered:

(a) atomizers, appliances, prosthetic devices, or colostomy supplies.

(b) first aid or diagnostic supplies or testing equipment.

(c) non-disposable insulin delivery devices or spring loaded devices used to hold blood letting supplies.

(d) delivery or extension devices for inhaled medications.

(e) oral vitamins, minerals, dietary supplements, homeopathic preparations, infant formulas, or injectable total parenteral nutrition solutions, whether or not prescribed for a medical reason, except where federal or provincial law requires a prescription for their sale.

(f) diaphragms, condoms, contraceptive jellies, foams, sponges, or suppositories, contraceptive implants, or appliances normally used for contraception, whether or not prescribed for a medical reason.

Canada Life may, on such terms as it determines, cover services or supplies not otherwise covered under this group benefit plan where the service or supply represents reasonable treatment.

D. ASSESSMENT PROVISIONS

Eligible charges are subject to the following assessment provisions.

(1) **Prior authorization**

In order to determine whether coverage is provided for certain drugs or drug supplies, Canada Life maintains a limited list of drugs and drug supplies that require prior authorization.

Prior authorization is intended to help ensure that a drug or drug supply represents reasonable treatment.

If the use of a lower cost alternative drug or drug supply represents reasonable treatment, Canada Life may require a covered person to provide medical evidence why the lower cost alternative drug or drug supply cannot be used before coverage may be provided for the service or supply.

(2) **Health case management**

Health case management is a program recommended or approved by Canada Life that may include but is not limited to:

(a) consultation with the covered person and his or her regularly attending physician to gain understanding of the treatment plan recommended by the attending physician;

(b) comparison with the covered person’s regularly attending physician of the recommended treatment plan with alternatives, if any, that represent reasonable treatment;

(c) identification to the covered person's regularly attending physician of opportunities for education and support; and

(d) monitoring the covered person's adherence to the treatment plan recommended by his or her regularly attending physician.

In determining whether to implement health case management, Canada Life may assess such factors as the drug or drug supply, the person's medical condition, and the existence of generally accepted medical guidelines for objectively measuring medical effectiveness of the treatment plan recommended by the attending physician.

Canada Life may, on such terms as it determines, **limit** the payment of benefits for a drug or drug supply where:

(a) Canada Life has implemented health case management and the person does not participate or cooperate; or

(b) the person has not adhered to the treatment plan recommended by his or her regularly attending physician with respect to the use of the drug or drug supply.

(3) **Designated provider limitation**

For a drug or drug supply to which prior authorization applies or where Canada Life has recommended or approved health case management, Canada Life can require that the drug or drug supply be purchased from or administered by a provider designated by Canada Life, and may:

(a) **limit** the eligible charge for a drug or drug supply that was not purchased from or administered by a provider designated by Canada Life to the cost of the drug or drug supply had it been purchased from or administered by the provider designated by Canada Life; or

(b) **decline** a claim for a drug or drug supply that was not purchased from or administered by a provider designated by Canada Life.

(4) **Patient assistance program**

A patient assistance program means a program that provides assistance to persons with respect to the purchase of drugs or drug supplies.

Canada Life may require a covered person to apply to and participate in any patient assistance program to which the person may be entitled. Further, Canada Life may **reduce** the amount of an eligible charge for a drug or drug supply by an amount up to the amount of financial assistance the person is entitled to receive for that drug or drug supply under a patient assistance program.

E. EXCLUSIONS

Canada Life may decline a claim for drugs or drug supplies purchased from a provider that is not approved by Canada Life.

No benefits will be paid for:

(1) any expense for a drug or drug supply that appears on an exclusion list maintained by Canada Life. Canada Life may exclude coverage for all expenses for a drug or drug supply, or only those expenses that relate to the treatment of specific diseases or injuries or the stages or progressions of specific diseases or injuries. Canada Life may add or remove a drug or drug supply from an exclusion list at any time.

For greater certainty, a drug or drug supply may be added to an exclusion list for any reason including, but not limited to, the following:

(a) Canada Life determining that further information from professional advisory bodies, government agencies or the manufacturer of the drug or drug supply is necessary to assess the drug or drug supply; or

(b) Canada Life determining that the drug or drug supply is not proportionate to the disease or injury or, where applicable, the stage or progression of the disease or injury.

(2) any drug that does not have a drug identification number as defined by the Food and Drugs Act, Canada.

(3) any single purchase of a drug that would not reasonably be consumed or used within 34 days, except for the following maintenance drugs when dispensed in quantities that would reasonably be consumed or used within 100 days:

antiasthmatics
antibiotics for acne
anticoagulants
anticonvulsants
antihypertensive agents
antiparkinson
antituberculosis
cardiac agents
estrogens
glaucoma
hypoglycemic agents
oral contraceptives
potassium replacements
thyroid preparations.

(4) drugs administered during treatment in an emergency room of a hospital, or as an in-patient in a hospital.

(5) non-injectable allergy extracts.

(6) drugs that are considered cosmetic, such as topical minoxidil or sunscreens, whether or not prescribed for a medical reason.

(7) smoking cessation products.

(8) fertility drugs, whether or not prescribed for a medical reason.

(9) drugs used to treat erectile dysfunction.

(10) expenses that private insurers are not permitted to cover by law.

(11) drugs, medicines or supplies for which a charge is made only because the person has insurance coverage.

(12) any portion of drugs, medicines or supplies which the person is entitled to receive, or for which the person is entitled to a benefit or reimbursement, by law or under a plan that is legislated, funded, or administered in whole or in part by a government ("government plan"), without regard to whether coverage would have otherwise been available under this plan. In this exclusion, government plan does not include a group plan for government employees.

(13) drugs, medicines or supplies that do not represent reasonable treatment.

(14) any drug or drug supply that Canada Life has determined is not proportionate to the disease or injury or, where applicable, the stage or progression of the disease or injury. In determining whether a drug or drug supply is proportionate, Canada Life may take any factor into consideration including, but not limited to, the following:

  (a) clinical practice guidelines;

  (b) assessments of the clinical effectiveness of the drug or drug supply, including by professional advisory bodies or government agencies;

  (c) information provided by a manufacturer or provider of the drug or drug supply; and

  (d) assessments of the cost effectiveness of the drug or drug supply, including by professional advisory bodies or government agencies.

(15) drugs, medicines or supplies associated with covered items, unless specifically listed as a covered charge.

(16) drugs, medicines or supplies associated with:

  (a) treatment performed for cosmetic purposes only;

  (b) recreation or sports rather than with other regular daily living activities.

(17) drugs, medicines or supplies received out of province in-Canada unless:

  (a) the person is covered by the government health plan in his home province; and

  (b) Canada Life would have paid benefits for the same services or supplies if they had been received in the person's home province.

(18) expenses arising from war, insurrection, or voluntary participation in a riot.

F. CONCURRENT DRUG UTILIZATION REVIEW

In Canada claims for covered drugs submitted electronically to the pharmacy benefits manager are subject to concurrent drug utilization review at point-of-sale to determine if:

(1) drug interactions between a prescribed drug and another drug already being taken by the patient may occur;

(2) a prescribed drug may be harmful to a patient;

(3) the frequency of refills is reasonable; or

(4) the duration and dosage of the therapy is within recommended limits.

Based on the outcome of the review, a pharmacist may refuse to dispense the drug as prescribed.

Neither Canada Life nor the pharmacy benefits manager makes any guarantees about the accuracy of the patient information provided for the concurrent drug utilization review or about the review results, nor are they responsible for any decision made by the pharmacist as a result of the review process.

G. PROOF OF CLAIM

Satisfactory proof of the loss on which a claim may be based must be given to Canada Life within 15 months of the date the expense was incurred.

EXTENDED HEALTH CARE COVERAGE

FOR YOU AND YOUR QUALIFIED DEPENDENTS

DEFINITIONS

Where used in this coverage, the following words or phrases have the meanings set forth below:

(1) "Convalescent or rehabilitation hospital" means an institution that is legally operated, is supervised by a staff of physicians, has registered nurses (R.N.) in attendance 24 hours a day, provides room and board and skilled nursing care of sick or injured persons during the convalescent stage of a sickness or injury, and which is not, other than incidentally, a nursing home or a facility for rest or for the aged. Additionally, it must be approved for resident inpatient care under a provincial hospital services program and eligible to receive payments under, and in accordance with, the provincial hospital services plan.

(2) "Eligible charges" means the reasonable and customary charges actually made to the covered person for the medical services and supplies described in section B., provided the services and supplies are medically necessary for the care and treatment of a covered person's sickness, injury or condition and are ordered by a physician unless otherwise stated, and the charges:

   (a) exceed the amount payable under any government medical, health or hospital services plan or, if the person is not covered under such a plan, exceed the amount that would have been payable by the plan of the province or territory in which the covered person resides;

   (b) exceed the amount payable under any other coverage of the contract, any Workers' Compensation Act or similar law, or any other source, other than an individual policy issued by another company; and

   (c) are those for which Canada Life is not prohibited by law from providing.

(3) "Hospital" means an institution that is legally operated, is supervised by a staff of physicians, has registered nurses (R.N.) in attendance 24 hours a day, provides a broad range of 24-hours-a-day medical and surgical services for sick and injured persons, and which is not, other than incidentally, a nursing home or a facility for rest or for the aged.

(4) "Medical emergency" means an unforeseen event occurring while a covered person is travelling which causes that person injury or sickness. Such travel must be for the purpose of business or pleasure and not in any way for the purpose of obtaining hospital or medical treatment.

(5) "Medically necessary" means the service or supply is ordered by a physician and is commonly and customarily recognized throughout the physician's profession as appropriate in the treatment of the patient's diagnosed sickness, injury or condition. The service or supply must not be educational, experimental or investigational in nature, nor provided primarily for the purpose of medical or other research.

In the case of a hospital confinement, the duration and the services and supplies will be considered necessary only to the extent Canada Life determines them to be:

(a) related to the treatment of the sickness or injury; and

(b) not allocable to the scholastic education or vocational training of the patient.

(6) "Physician" means a duly licensed doctor of medicine (M.D.). "Physician" also means a duly licensed dentist, podiatrist, chiropodist, chiropractor, osteopath, naturopath or psychologist, practising within the scope of his or her profession who is licensed by the licensing and registration authority in the jurisdiction where the service is rendered.

(7) "Reasonable and customary charge" means the usual charge of the provider for the service or supply, in the absence of coverage, but not more than the prevailing charge in the area for a like service or supply. A like service or supply is one of the same nature and duration, requires the same skill, and is performed by a provider of similar training and experience.

(8) "Reasonable treatment" means treatment that is:

(a) accepted by the Canadian medical profession;

(b) proven to be effective; and

(c) of a form, intensity, frequency, and duration essential to diagnosis or management of the disease or injury.

A. PAYMENT OF BENEFITS

A benefit will be paid if a covered person incurs eligible charges in connection with the services and supplies described in section B. while covered under this coverage. A charge is considered to be incurred on the date of the service or purchase for which the charge is made.

For all eligible charges, benefits will be equal to the covered percentage shown in the Summary of Coverages.

B. ELIGIBLE CHARGES

Eligible charges are the reasonable and customary charges actually made to the covered person for the following medically necessary services and supplies, subject to the assessment provisions described in section C.

Canada Life may limit the eligible charge for a service or supply to that of a lower cost alternative service or supply that represents reasonable treatment.

(1) **Hospital**

Charges for room and board in a hospital in Canada, up to the maximum amount payable shown in the Summary of Coverages.

(2) **Out-patient hospital**

Charges for services and supplies while the covered person is not confined in a hospital, up to the maximum amount payable shown in the Summary of Coverages.

(3) **Convalescent hospital**

Charges for room and board in a convalescent hospital in Canada up to the maximum amount payable shown in the Summary of Coverages.

The confinement must be ordered by a physician as necessary for recuperative care or rehabilitative treatment and the covered person must be admitted within 14 days following a period as an inpatient in a hospital.

Exclusion

Charges which are primarily for custodial care such as chronic care facilities and nursing homes.

(4) **Chronic care hospital or chronic care wing of a public general hospital**

Charges for room and board in a chronic care hospital or chronic care wing of a public general hospital, up to the maximum amount payable shown in the Summary of Coverages.

(5) **Expenses incurred while out of province of residence or Canada**

Charges for expenses incurred while out of the covered person's province of residence or Canada will be eligible provided the expense is recommended by a physician on account of:

(a) **treatment of a medical emergency while travelling outside the covered person's province of residence or Canada;** or

(b) **specialized treatment not available in the covered person's province of residence or Canada** when the covered person is referred outside his or her province of residence or Canada by his or her regularly attending physician.

The eligible charges will be equivalent to the charges actually made to the covered person minus any charge covered by any government plan up to the maximum amount payable shown in the Summary of Coverages.

Eligible expenses include:

(a) public ward accommodation and other services and supplies furnished by the hospital;

(b) services of a physician;

(c) emergency outpatient services;

(d) drugs and medicines which **by law** may only be dispensed upon the prescription of a doctor of medicine (M.D.) or other person entitled by law to prescribe them; and

(e) any other medically necessary services and supplies which would otherwise be covered under this coverage.

(6) **Ambulance service** or any form of emergency transportation to and from the nearest medical facility equipped to provide adequate treatment.

(7) **Services** of a dentist for **dental treatment** of injuries to sound, vital, natural teeth (including capped or crowned teeth) when caused by a direct **accidental** blow to the mouth occurring while a covered person (but not when caused by an object wittingly or unwittingly placed in the mouth). Fractured jaws are also covered.

Exclusion

Benefits will not be payable for charges incurred more than 12 months after the accident.

(8) Services of a **psychologist** in connection with the diagnosis and treatment of mental, nervous or emotional disorders, up to the maximum amount payable shown in the Summary of Coverages.

(9) Services of a **psychiatrist** (if not reimbursed by a provincial plan), up to the maximum amount payable shown in the Summary of Coverages.

(10) Services of a **chiropractor**, **naturopath**, **osteopath**, **podiatrist**, or **chiropodist**, including one X-ray examination per specialty, up to the maximum amount payable shown in the Summary of Coverages. (The amount payable will be limited to one specialty per practitioner per day.)

(11) Treatment by a registered **massage therapist** when the person is referred by a duly licensed doctor of medicine (M.D.), up to the maximum amount payable shown in the Summary of Coverages.

(12) **Private duty professional nursing services in the home** by a registered nurse, a registered practical nurse (if the covered person is a resident of Ontario), a licensed practical nurse (if the covered person is a resident of any other province or territory), or similarly licensed person, other than a close relative, provided (a) the service is prescribed by a duly licensed doctor of medicine (M.D.), and (b) intensive care nursing is required in the treatment of an acute sickness; up to the maximum amount payable shown in the Summary of Coverages.

Exclusions

Benefits will not be payable when the services actually furnished:

(a) are mainly custodial;

(b) are mainly to assist the covered person with the functions of daily living or to dispense oral medication; or

(c) could be furnished properly by someone who does not have the professional qualifications stated above.

(13) Treatment by a **physiotherapist**, or **speech therapist** up to the maximum amount payable shown in the Summary of Coverages.

(14) **Custom-made orthopedic shoes** and modifications to such shoes, up to the maximum amount payable shown in the Summary of Coverages.

(15) Purchase, repair or replacement of **hearing aids**, up to the maximum amount payable shown in the Summary of Coverages.

(16) **Lenses required as a result of cataract surgery**, up to the maximum amount payable shown in the Summary of Coverages.

(17) **Eye examinations** by an optometrist or ophthalmologist up to the maximum amount payable shown in the Summary of Coverages.

(18) **Vision care:** eyeglass frames and lenses, contact lenses, dispensing fees, and diagnosis and treatment of accidental injury or disease of the eyes, up to the maximum amount payable shown in the Summary of Coverages.

Exclusions

(a) Sunglasses, whether prescription or not, safety glasses or tinted lenses provided for aesthetic or cosmetic purposes.

(b) Services or supplies not reasonably necessary for the vision care of the covered person.

(19) **Visual training and remedial therapy**, up to the maximum amount payable shown in the Summary of Coverages.

(20) **Intra-uterine devices** inserted by a physician.

The requirement that the service or supply is necessary on account of sickness of a covered person does not apply to this item.

(21) **Other services and supplies:**

X-ray examinations and therapy and diagnostic laboratory procedures.
Colostomy and ileostomy apparatus and supplies.
Diabetic supplies: rubbing alcohol, cotton swabs and flash glucose monitoring machines.
Diabetic monitoring and administration equipment, up to the maximum amount payable shown in the Summary of Coverages.
Continuous glucose monitoring machines, including sensors and transmitters, up to the maximum amount payable shown in the Summary of Coverages.
Blood and blood plasma not replaced by or for the patient.
Oxygen and rental of equipment for its administration.

Artificial limbs, including repair and replacement, up to the maximum amount payable shown in the Summary of Coverages.
Artificial larynx and eyes.
Electronic heart pacemaker.
Casts, splints, trusses, braces, crutches, surgical dressings.
Apnea monitors for respiratory dysrhythmia, up to the maximum amount payable shown in the Summary of Coverages.
Orthotics up to the maximum amount payable shown in the Summary of Coverages.
Support hose, up to the maximum amount payable shown in the Summary of Coverages.
Rental of a hospital bed or iron lung.
Traction apparatus, up to the maximum amount payable shown in the Summary of Coverages.
Purchase of a standard or electric (where a standard is not suitable) wheelchair, up to the maximum amount payable shown in the Summary of Coverages.
External breast prostheses following a mastectomy, up to the maximum amount payable shown in the Summary of Coverages.
Bed rail, up to the maximum amount payable shown in the Summary of Coverages.
Trapeze bar, up to the maximum amount payable shown in the Summary of Coverages.
Transcutaneous nerve stimulator, up to the maximum amount payable shown in the Summary of Coverages.
Sphygmomanometers, up to the maximum amount payable shown in the Summary of Coverages.
Canes, walkers, Jobst burn garments, Jobst sleeves for lymphoedema following mastectomy, stump socks, cervical collar, shoulder harness, head halter.
Intermittent positive pressure breathing machine, aerosol equipment, mist tents, nebulizers (excluding air purifiers, humidifiers and vaporizers) for cystic fibrosis, acute emphysema, chronic obstructive bronchitis or chronic asthma.

(22) **Other services or supplies**

Canada Life may, on such terms as it determines, cover services or supplies not otherwise covered under this group benefit plan where the service or supply represents reasonable treatment.

C. ASSESSMENT PROVISIONS

Eligible charges are subject to the following assessment provisions.

(1) **Prior authorization**

In order to determine whether coverage is provided for certain services or supplies, Canada Life maintains a limited list of services and supplies that require prior authorization.

Prior authorization is intended to help ensure that a service or supply represents reasonable treatment.

If the use of a lower cost alternative service or supply represents reasonable treatment, Canada Life may require a covered person to provide medical evidence why the lower cost alternative service or supply cannot be used before coverage may be provided for the service or supply.

(2) **Health case management**

Health case management is a program recommended or approved by Canada Life that may include but is not limited to:

(a) consultation with the covered person and his or her regularly attending physician to gain understanding of the treatment plan recommended by the attending physician;

(b) comparison with the covered person's regularly attending physician of the recommended treatment plan with alternatives, if any, that represent reasonable treatment;

(c) identification to the covered person's regularly attending physician of opportunities for education and support; and

(d) monitoring the covered person's adherence to the treatment plan recommended by his or her regularly attending physician.

In determining whether to implement health case management, Canada Life may assess such factors as the service or supply, the person's medical condition, and the existence of generally accepted medical guidelines for objectively measuring medical effectiveness of the treatment plan recommended by the attending physician.

Canada Life may, on such terms as it determines, **limit** the payment of benefits for a service or supply where:

(a) Canada Life has implemented health case management and the person does not participate or cooperate; or

(b) the person has not adhered to the treatment plan recommended by his or her regularly attending physician with respect to the use of the service or supply.

(3) **Designated provider limitation**

For a service or supply to which prior authorization applies or where Canada Life has recommended or approved health case management, Canada Life can require that the service or supply be purchased from or administered by a provider designated by Canada Life, and may:

(a) **limit** the eligible charge for a service or supply that was not purchased from or administered by a provider designated by Canada Life to the cost of the service or supply had it been purchased from or administered by the provider designated by Canada Life; or

(b) **decline** a claim for a service or supply that was not purchased from or administered by a provider designated by Canada Life.

(4) **Patient assistance program**

A patient assistance program means a program that provides assistance to persons with respect to the purchase of services or supplies.

Canada Life may require a covered person to apply to and participate in any patient assistance program to which the person may be entitled. Further, Canada Life may **reduce** the amount of an eligible charge for a service or supply by an amount up to the amount of financial assistance the person is entitled to receive for that service or supply under a patient assistance program.

D. OVERALL LIFETIME MAXIMUM

Benefits payable are subject to the overall lifetime maximum (shown in the Summary of Coverages) per covered person.

E. EXCLUSIONS

Canada Life may decline a claim for services or supplies purchased from a provider that is not approved by Canada Life.

(1) Any charges incurred in connection with:

(a) Commission of, or attempt to commit, any criminal offence but not when injuries are sustained as a result of driving a vehicle when the covered person's blood contained more than 80 milligrams of alcohol in 100 millilitres of blood (.08).

(b) Sickness due to war or any act of war, civil commotion, insurrection or hostilities of any kind.

(c) Rest cures, travel for health reasons, periodic checkups and examinations, or pregnancy tests.

(d) Telephone consultations made by a physician with respect to a person's sickness or injury.

(2) Any charges incurred for:

(a) Services or supplies that Canada Life has determined are not proportionate to the disease or injury or, where applicable, the stage or progression of the disease or injury. In determining whether a service or supply is proportionate, Canada Life may take any factor into consideration including, but not limited to, the following:

(i) clinical practice guidelines;

(ii) assessments of the clinical effectiveness of the service or supply, including by professional advisory bodies or government agencies;

(iii) information provided by a manufacturer or provider of the service or supply; and

(iv) assessments of the cost effectiveness of the service or supply, including by professional advisory bodies or government agencies.

(b) Services or supplies dispensed by a person who normally resides with the covered person or who is related to the covered person by blood or marriage.

(c) Physicians' services or X-ray examinations involving one or more teeth, the tissue or structure around them, the alveolar process or the gums. This applies even if a condition requiring any of these services involves a part of the body other than the mouth such as the treatment of temporomandibular joint dysfunctions (TMJD) or malocclusion involving joints or muscles by methods, including, but not limited to, crowning, wiring or repositioning teeth. This does not apply to a charge made for dental treatment described in section B.

(d) Services or supplies to the extent that they are available under any government medical, health or hospital services plan or where such a plan prohibits payment.

(e) Services or supplies for which the covered person is not required to make payment, or where payment is received as a result of legal action or settlement.

(f) Services or supplies to the extent that they are payable or would have been payable under any Workers' Compensation Act or similar law, had timely pursuit been made.

(g) Services or supplies to the extent that such services or benefits for such services are available under any plan or program established pursuant to the laws or regulations of any government, including any motor vehicle no fault coverage required by statute.

F. EXTENSION OF BENEFITS

If the coverage of a covered person terminates for any reason and if the covered person is disabled on the date of termination, benefit payments for the expenses incurred as a result of that sickness will continue during the disability as if such coverage had continued. Benefits will continue for a period of 90 days or, if earlier, to the date the individual becomes covered under any other group plan, whether issued by Canada Life or another company.

"Disabled" and "disability" means that the covered person, if an employee, is prevented solely because of sickness from engaging in any work for compensation or profit, or, if a dependent, is prevented solely because of sickness from engaging in all of the normal activities of a person of like age and sex, and who is in good health.

G. PROOF OF CLAIM

Written proof of the loss on which a claim may be based must be given to Canada Life within 15 months of the date the expense was incurred.

DENTAL CARE COVERAGE

FOR YOU AND YOUR QUALIFIED DEPENDENTS

DEFINITIONS

Where used in this coverage, the following words or phrases have the meanings set forth below:

(1) "Dentist" means a duly licensed dentist practising within the scope of his or her profession and any other licensed, certified and/or registered dental auxiliary personnel.

(2) "Eligible charges" means the charges actually made to the covered person for services which are included for payment in the List of Dental Services described in the following pages, and which are reasonable, necessary and customary for good dental care and are performed or recommended by a dentist, performed by a dental hygienist entitled by law to practise independently, or performed by a denturist; to the extent that the charges:

(a) do not exceed the amount specified in the fee guide shown in the Summary of Coverages;

(b) are not provided by any law or governmental program under which the individual is or could be covered; and

(c) exceed the amount payable under any other coverage of the contract, any Workers' Compensation Act or similar law, or any other source.

When 2 or more covered dental procedures are separately suitable for the dental care of a specific condition, and both are consistent with good dental care, the contract will provide benefits for the least expensive service.

When a charge is made for an unlisted service furnished for the dental care of a specific condition and the list contains one or more services which, under standard practices, are separately suitable for the dental care of that condition, the contract will provide benefits for the least expensive service.

Where a covered dental expense does not appear in the prevailing fee guide, the amount of the eligible charge for such procedure will be determined by Canada Life on a reasonable and customary basis.

Denturist fee guides are applicable when services are provided by a denturist. Dental hygienist fee guides are applicable when services are provided by a dental hygienist practising independently.

(3) "Orthodontic procedure" means the movement of teeth by means of active appliances to correct the position of maloccluded or malpositioned teeth.

(4) "Orthodontic treatment plan" means a dentist's report, on a form satisfactory to Canada Life, which:

(a) describes the recommended treatment for orthodontic procedures;

(b) estimates the duration over which treatment will be completed;

(c) states the total charge for such treatment; and

(d) is accompanied by cephalometric X-rays, study models, photographs and such other supporting evidence as Canada Life may reasonably require.

(5) "Reasonable and customary charge" means the usual charge made for the covered dental expense, in the absence of coverage, but not more than the prevailing charge in the area where the expense is incurred.

A. PAYMENT OF BENEFITS

After satisfaction of the deductible, a benefit will be paid if a covered person incurs eligible charges for the covered dental procedures described in the List of Dental Services while covered for this coverage. Benefits will be equal to the covered percentage once the deductible has been satisfied, up to the maximum shown in the Summary of Coverages. The deductible and the covered percentage are shown in the Summary of Coverages.

Charge incurred

When a covered dental procedure requires multiple appointments to complete, the charge will be considered to have been incurred on the date the procedure was completed, subject to any limitations or exclusions in this coverage.

Materials to be furnished

In order to determine the eligible charges, Canada Life may ask for pre-treatment X-rays and other diagnostic and evaluative materials. If they are not given, Canada Life will determine eligible charges on the basis of the information which is available. This may reduce, or eliminate, the benefits which otherwise would have been payable.

Pre-determination of benefits

Canada Life recommends that a treatment plan, in the form of a report prepared by the dental service provider, be submitted prior to commencement of treatment when:

(1) the course of treatment is expected to cost more than $600; or

(2) there are alternative methods of treatment.

Canada Life will review the treatment plan and advise the covered person of the amount payable under this coverage, **before** the dental work begins.

LIST OF DENTAL SERVICES

BASIC SERVICES

EXAMINATIONS

Complete oral examination, once every 3 years.
Periodic oral examination, twice every 12 months.
Specific oral-area examination, twice yearly.
Emergency oral-area examination.

X-RAY EXAMINATIONS (RADIOGRAPHS)

Complete series, including panoramic survey, once every 24 months.
Bitewing films, twice every 12 months.
Extraoral films.
Periapical and intraoral films.
Interpretation of radiographs from another source.
Tomography.
Hand and wrist radiographs - as a diagnostic aid for dental treatment.
Cephalometric films.
Temporomandibular joint films.

TESTS AND LABORATORY EXAMINATIONS

Cultures/smears for determining pathologic agents.
Biopsies.
Pulp vitality test.
Diagnostic casts - unmounted.
Radiopaque dyes.

CASE PRESENTATIONS

Consultation with patient - when performed on a day other than the day of the examination.
Treatment planning.

PREVENTIVE SERVICES

Polishing and light scaling, twice every 12 months.
Fluoride treatment, twice every 12 months.
Oral hygiene instruction, twice every 12 months.
Pit and fissure sealants.
Caries/pain control.
Interproximal discing.
Space maintainers.

RESTORATIONS

Silver amalgams.
Silicate, acrylic or composite resins – for treatment of decay or accidental injury only. (If composites are used on posterior teeth, the eligible charge will be limited to the equivalent amalgam fee.)
Retentive pins.
Stainless-steel crowns and polycarbonate crowns - for primary teeth.

ENDODONTIC SERVICES

Pulp capping.
Pulpotomy.
Root canal therapy for permanent teeth, limited to one course of treatment per tooth. Repeat treatment is covered only if the original therapy fails after the first 18 months.
Periapical services.
Banding.
Hemisection.
Intentional removal, apical filling and reimplantation.
Emergency procedures.
Bleaching.

PERIODONTAL SERVICES

Nonsurgical services.

Exclusion

No benefits will be paid for training in personal therapeutic periodontal care.

Surgical services.
Post-surgical visits - 4 visits per year.
Occlusal adjustments – for periodontal purposes only.
Occlusal equilibration – maximum of 8 time units per lifetime.
Subgingival scaling and/or root planing - maximum of 8 time units per year.
Special periodontal appliance for bruxism only.

DENTURE SERVICES

Repairs.
Relines.
Rebasing.
Tissue conditioning.

ORAL SURGERY

Extractions - uncomplicated and complicated.
Removal of residual roots.
Surgical exposure of teeth.
Alveoloplasty, gingivoplasty, stomatoplasty and osteoplasty.
Surgical excisions.
Surgical incisions.
Frenectomy.
Treatment of fractures.
Miscellaneous surgical services.

Exclusion

No benefits will be paid for a surcharge for immediate insertion of dentures.

ADJUNCTIVE SERVICES

House and hospital visit.
Office visit after regularly scheduled hours and no operative services performed.
Injection of drugs.
Anaesthesia and sedation - only when performed in conjunction with oral surgery.

MAJOR SERVICES

SINGLE RESTORATIONS

Onlays, inlays, crowns
- only if the tooth cannot be restored with a basic restoration.
- transitional (temporary) crowns are considered part of the final restoration.
- porcelain crowns on molar teeth.

Porcelain repairs.
Retentive pins, posts and cores.
Recementation.
Removal of crown or inlay.

PROSTHODONTICS - REMOVABLE

Complete standard dentures.
Immediate standard dentures.
Transitional standard dentures.
Partial dentures - including cast chrome (but not gold).
Denture adjustments - 3 months after insertion (once each year).
Remount and occlusal equilibration.
Denture additions.

PROSTHODONTICS - FIXED

Retainer inlays/onlays.
Abutment crowns and pontics - porcelain crowns and pontics for molars.
Repairs.
Retentive pins, post and cores, copings.
Removal of bridge.

ORTHODONTIC SERVICES

FOR YOUR DEPENDENT CHILDREN YOUNGER THAN AGE 18

The amount payable is the covered percentage of the reasonable and customary charge for the covered orthodontic services, up to the lifetime maximum. The covered percentage and lifetime maximum are shown in the Summary of Coverages.

An orthodontic treatment plan should be submitted prior to commencement of the orthodontic procedure. Canada Life will review the treatment plan and advise you of the estimated benefits. The total eligible charges will then be paid in equal quarterly installments over a period of time equal to the estimated duration of the orthodontic treatment plan.

The following are covered orthodontic services:

(1) Diagnostic services (once only) and surgical services.

(2) Interceptive orthodontics.

(3) Comprehensive orthodontics.

(4) Habit-inhibiting appliances.

Exclusions

Expenses incurred in connection with any of the following are not covered:

(1) Myofunctional therapy.

(2) Charges for replacement or repair of an orthodontic appliance.

(3) Motivation of a patient.

(4) A procedure for which an active orthodontic appliance was installed before the individual became covered under this coverage.

B. LIMITATIONS AND EXCLUSIONS

Expenses incurred for any of the following are not covered:

(1) Installation of fixed bridgework, removable, partial or complete dentures to replace teeth missing prior to the individual's becoming covered under this coverage, **unless** the partial or full removable denture or fixed bridgework also includes replacement of a natural tooth extracted while the individual was a covered person and the extracted tooth was not an abutment to a partial denture or fixed bridge installed within the immediately preceding 5 years.

(2) Modification or replacement of removable dentures, fixed bridgework, crowns, inlays and onlays within 5 years of installation.

(3) Fixed bridgework to replace removable dentures unless a professionally adequate result can only be achieved with fixed bridgework and fixed bridgework is a covered dental procedure.

(4) Replacement of lost or stolen appliances.

Any charges incurred for, or in connection with, any of the following are not covered:

(1) Expenses for which Canada Life is prohibited by law from providing.

(2) Expenses for which the covered person is not required to make payment, or where payment is received as a result of legal action or settlement.

(3) Expenses payable under Workers' Compensation Act or similar law.

(4) An examination by, or the services of a dentist if required solely for the use of a third party.

(5) Duplication of a recent service by the same, or a different, dentist.

(6) Cosmetic services (including facings on molar crowns or molar pontics) unless necessitated as a result of accidental injuries sustained while a covered person.

(7) Procedures, appliances and restorations used to increase vertical dimension or to restore the occlusion.

(8) Splinting for periodontal reasons where cast crowns, inlays, or onlays are used for this purpose.

(9) Services for the correction of temporomandibular joint dysfunctions (TMJD).

(10) Implantology, specialized services (including precision attachments and stress breakers) and services which are experimental in nature.

(11) Laboratory charges exceeding 60% of the fixed fee for the procedure in the fee guide shown in the Summary of Coverages.

(12) Services received for injuries sustained while committing, or attempting to commit, a criminal offence but not when injuries are sustained as a result of driving a vehicle when the covered person's blood contained more than 80 milligrams of alcohol in 100 millilitres of blood (.08).

(13) Prefabricated metal and plastic restorations on permanent teeth.

Late entrants limitation

If an individual enrolls for the dental care coverage more than 31 days after first becoming eligible to do so, benefits will be limited to $100 per covered person during the first 12 months of coverage.

This limitation will be waived under the following circumstances:

(1) when the covered dental expense is the result of accidental injuries sustained while a covered person;

(2) for a covered dependent child younger than 5 years of age; or

(3) for a dependent

  (a) who was previously covered for employee coverage under another group plan;

  (b) whose coverage terminated due to termination of employment; and

  (c) who enrolls for this coverage within 31 days of the prior coverage's termination.

C. PROOF OF CLAIM

Written proof of the loss on which a claim may be based must be given to Canada Life within 15 months of the date the expense was incurred.

PART III. CONTACT - EMPLOYEE ASSISTANCE PROGRAM

FOR YOU AND YOUR QUALIFIED DEPENDENTS

The Contact - employee assistance program provides you and your qualified dependents with access to confidential counselling and information services.

The services provided under the Contact - employee assistance program are available by dialing the toll-free number shown below. This toll-free number is staffed 24 hours a day, 7 days a week by intake counsellors who can provide immediate support and counselling, respond to crisis or emergency situations or schedule appointments.

For service in English or French:	1-866-289-6749
TTY:	1-877-338-0275

For more information on the services available under the Contact - employee assistance program, please see the employee assistance program brochure provided by your plan administrator or visit the employee assistance program: **login.lifeworks.com**.