

My Group Benefits Plan



TFI WEST

**Division 102 – Canadian Freightways MOVEUP employees
Full-time and Part-time MOVEUP employees**

June 1, 2019

Great-West Life is a leading Canadian life and health insurer. Great-West 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.

Great-West Life Online

Visit our website at www.greatwestlife.com for:

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

GroupNet for Plan Members

As a Great-West Life plan member, you can register for GroupNet™ for Plan Members at <http://www.greatwestlife.com/register>. Follow the instructions to register. Make sure to have your plan and ID numbers available when registering.

GroupNet™ makes it easier to access benefits information from any device, including:

- access to your benefits information and claims history
- your personal benefit cards
- online claim submission for most of your claims
- extensive health and wellness content

In addition, by using GroupNet Text, you can get immediate information that is specific to your benefits. GroupNet Text allows you to use your mobile device to access detailed plan information, including:

- plan and member identification numbers
- coverage details (details available depend on your plan design)
- reimbursement amounts
- benefit maximums, balances and more

To use GroupNet Text, text keywords to **204-289-1667**. You will receive an instant text back providing information on your coverage. For a complete list of keywords, text Help. For a brief description of the type of information that a keyword provides, text Help along with the specific keyword.

Compatibility of GroupNet Text may vary by mobile device or operating system.

Great-West Life's Toll-Free Number

To contact a customer service representative at Great-West Life:

- for assistance with your medical and dental coverage, please call **1-800-957-9777**.

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

The Plan is underwritten by



This booklet was prepared on: July 19, 2019

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 Great-West Life as evidence of insurability, subject to certain limitations.

INTRODUCTION

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

While every effort has been made to ensure the accuracy of this booklet, your rights and benefits are governed by the terms of the group insurance policy, plan document or plan text providing the group benefits. Those governing documents will prevail if they differ from this booklet. Any amendment to the governing documents is effective without notice to you except as otherwise required by law.

The relevant provisions of the governing documents are available for review through your employer's group administrator. Requests for information about coverage and questions about benefits should be directed through your employer's group administrator.

Unless otherwise indicated, the benefits described in this booklet are administered by The Great-West Life Assurance Company. However, only those benefits described as "insurance" are underwritten by The Great-West Life Assurance Company.

Policy Number: 320289

Optional Life Billing Number: 151696

Group CONTACT Contract Number: 152004

PLAN DETAIL

Eligibility period

first day following 90 days of employment

For employees

Life insurance

Basic

\$50,000

Optional

An employee who is insured for basic life insurance may apply for optional life insurance available in units of \$10,000 to a maximum benefit of \$250,000.

The optional life insurance on an employee will not continue beyond the date the employee attains age 65.

Dependent life insurance

Optional

A spouse of an employee who is insured for basic life insurance may apply for optional dependent spousal life insurance available in units of \$10,000 to a maximum benefit of \$250,000.

The optional dependent life insurance on a spouse will not continue beyond the date the spouse attains age 65.

PLAN DETAIL

Long term disability insurance

Full-time MOVEUP employees \$1,350

- payment commences following the later of 52 weeks and the expiration of any short term disability benefits.

Prescription drug insurance

deductible	none
portion payable	100%
maximum amount payable	\$30,000 every calendar year

Major medical expense insurance

deductible:

for visioncare expenses	-	nil
for all other expenses	-	\$15 a calendar year for the total covered expenses incurred by all covered persons in a family.
portion payable	-	100%
lifetime maximum amount for Out-of-Country covered expenses	-	\$1,000,000
maximum amount for visioncare expenses	-	\$300 every 24 months
maximum amount for all other covered expenses	-	\$30,000 every three consecutive years

PLAN DETAIL

Dental insurance

Full-time MOVEUP employees:

deductible	-	nil
basic services payable	-	100%
restorative services payable	-	80%
orthodontic services payable (for dependent children under 17 years of age at the commencement of treatment)	-	50%
calendar year maximum for basic and restorative expenses combined	-	unlimited
lifetime maximum for orthodontic expenses payable to the earlier of completion of treatment or 19 years of age	-	\$2,000

Fee schedule:

dentist, denturist and dental hygienists (practising independently):

the current fee schedule, on the date of treatment, approved and published by the provincial dentist, denturist and dental hygienist association of the province of residence of the covered person.

Contact

See description in the booklet

COMMENCEMENT AND ADJUSTMENT OF INSURANCE

1. Eligibility

A person indicated under eligible class in the plan detail is eligible to become insured on the first day that such person is actively at work either full-time or part-time with the employer following the eligibility period shown in the plan detail provided such person has been at work continuously, actively, in full-time or part-time employment with the employer for the eligibility period.

Full-time and part-time means performing as an employee in the required manner for the required number of hours each week, and for full pay for the required hours, all the regular duties of the employment either at the customary place of employment or at some other location required by the employer's business.

You will not be considered to be

- full-time if you either (a) are classified by the employer as "part-time", or (b) work for fewer than 20 hours each week, and
- part-time if you either (a) are classified by the employer as "full-time", or (b) work for fewer than 15 hours each week.

If insurance under the Great-West Life group insurance policy replaces similar insurance within 31 days of its termination, other persons indicated under eligible class in the plan detail who were covered by the prior insurance are eligible to become insured for similar insurance under the Great-West Life group insurance policy for an amount not exceeding the amount lost on termination, provided application is made within 31 days after the coverage is lost.

2. Application for Insurance

A person eligible to be insured shall become insured by:

- submitting a written application for insurance on forms furnished by Great-West Life and
- providing any required evidence of insurability.

COMMENCEMENT AND ADJUSTMENT OF INSURANCE

3. Evidence of Insurability

Insurance is subject to evidence of insurability satisfactory to Great-West Life according to the underwriting rules of Great-West Life in effect at that time.

For optional life insurance, an employee must complete an application for insurance and supply the information Great-West Life requests. Great-West Life will then assess the information according to its underwriting rules. The application will be approved if it meets underwriting standards. Insurance takes effect on the date of written approval.

4. Amount of Insurance

Each eligible person who applies to become insured may be insured for not more than the amount described in the plan detail.

5. Adjustment in Amount of Insurance

When a change in any circumstance would make you eligible for a different amount of insurance, the amount of insurance will be adjusted as follows:

(1) Optional life insurance benefits:

You may apply for an increase or decrease in your insurance at any time. Increases are subject to the same underwriting process as the initial application for insurance. They take effect on the date of written approval. Decreases take effect on the date the application for a decrease is made. No change in insurance will take effect during a waiver of premium disability period.

(2) Other benefits:

If the change would result in an increase, the increase will be effective on the later of:

- the date of the change in circumstance,
- the date you return to active full-time or part-time employment for full pay if you are not actively at work either full-time or part-time and for full pay on the date of change in circumstance, and
- the date any required evidence of insurability is approved by Great-West Life, provided written request is received by Great-West Life.

If the change would result in a decrease, the decrease will be effective on the date of the change in the circumstance.

TERMINATION OF INSURANCE

The policyholder may terminate your insurance by giving written notice to Great-West Life or no longer paying premium.

Your insurance will terminate on the date you would cease to be eligible to become insured except if continued as provided below or as required by law. Insurance may be continued after retirement as provided in the plan detail.

Your life insurance may be continued with payment of premium, while you are absent from work:

- (1) as a result of injury or disease and you do not qualify for the waiver of premium benefit under the Great-West Life group insurance policy, until the date which is the earliest of:
 - (a) the date your employer stops paying premiums or otherwise determines that insurance has terminated,
 - (b) the date you start to work in another job for more than 20 hours per week, except in an approved rehabilitation plan, and
 - (c) the date you attain age 65,
- (2) as a result of leave of absence or layoff, for up to 31 days after you are absent from work.

The policyholder may elect to continue other insurance with payment of premium as follows:

- (i) any long term disability insurance may be continued:
 - during a period when you are absent from work because of injury or disease, and
 - for up to six months during a period when you are absent from work because of leave of absence or temporary layoff;
- (ii) any health insurance except long term disability insurance, may be continued:
 - during a period when you are absent from work because of injury or disease, and
 - for up to 31 days during a period when you are absent from work because of leave of absence or temporary layoff.

LIFE INSURANCE

1. Benefit

In the event of your death, Great-West Life will pay the amount of life insurance for which you are insured 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.

2. Waiver of Premium on Disability

If prior to your 65th birthday and as a result of injury or disease, you become totally disabled as defined under the long term disability insurance provision in the Great-West Life group insurance policy and such disability has existed for a continuous period equal to the waiting period under the long term disability insurance in the Great-West Life group insurance policy for which you are insured, your life insurance will continue without payment of premium from the date long term disability benefits are payable and during the continuance of such disability, but not beyond the end of the month in which you attain 65 years of age.

If you cease to be totally disabled, your waiver of premium on disability benefit will terminate. Your life insurance may continue if you are then eligible to become insured under the Great-West Life group insurance policy and premium payments for this coverage are resumed, otherwise your life insurance will terminate as provided under Termination of Insurance.

3. Conversion Option

If your life insurance

- (1) reduces, or
- (2) terminates
 - (i) as provided under Termination of Insurance or
 - (ii) because of termination of the life insurance provided under the Great-West Life group insurance policy for your division,

and you are not eligible to become insured hereunder, then you will have the right, upon written application made within 31 days after such reduction or termination, to obtain a new policy of life insurance without evidence of insurability, as provided below.

LIFE INSURANCE

3. Conversion Option - continued

If the insurance reduces, the amount of the new policy will not exceed the amount of the reduction.

If the insurance terminates as provided in (i) above, the amount of the new policy will not exceed the amount for which you were insured immediately prior to termination.

If the insurance terminates as provided in (ii) above, the amount of the new policy will not exceed the amount required by law.

Great-West Life will issue the new policy, without total disability benefit or accidental death benefit, on any of its plans then available according to the class of risk to which you belong.

The premium for the new policy will be at the rates established by Great-West Life for your class of risk, sex and current age. The new policy will not become effective until the expiration of the 31 day period.

If you die during the 31 day period, Great-West Life will pay an amount equal to the insurance you could have converted under this policy. Payment will be made to the person who would have received the proceeds hereunder. This payment is in full settlement of all life insurance claims under the Great-West Life group insurance policy with respect to that person.

4. Self-Destruction

If you, while sane or insane, die by your own act within two years after the insurance on your life takes effect or increases, Great-West Life's liability for the portion of the insurance that has been in force for less than two years will be limited to the premiums paid for that insurance. All periods of coverage under this and previous optional life plans sponsored by the policyholder are considered together in satisfying the two-year condition as long as there is no interruption from one to the other.

LIFE INSURANCE

5. Disability Claims

For benefits to become payable, written notice of a claim must be received by Great-West Life within six months after total disability commenced. Written proof satisfactory to Great-West Life of your total disability must be received by Great-West Life within three months after receipt of written notice described above.

Great-West Life at any time may request written proof of the continuance of disability and may request you submit to examination by Great-West Life's medical advisors. If you fail to furnish proof satisfactory to Great-West Life or refuse to submit to examination, you will be considered to have ceased to be totally disabled immediately prior to the date the request was made. Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

6. Death Claims

For benefits to become payable, written notice and proof satisfactory to Great-West Life of your death must be received by Great-West Life within one year after the date of death. Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

7. How To Make a Life Insurance Claim

- (1) Obtain a claim form from your employer;
- (2) Complete the claim form according to the instructions provided on the form; and
- (3) Return the claim form to your employer.

OPTIONAL DEPENDENT LIFE INSURANCE

1. Benefit

In the event of the death of your insured dependent, Great-West Life will pay the amount of insurance on the life of the dependent to you. Amounts of dependent life insurance are shown in the plan detail.

2. Waiver of Premium on Disability

During any period of total disability for which you are entitled to a waiver of premium benefit under the Great-West Life group insurance policy, Great-West Life will waive the premium on the life insurance for your dependents.

3. Limitations

No benefit will be paid

- (1) in the event of the death of a dependent under 24 hours of age; and
- (2) in the event of the death of a dependent who was confined in hospital on the day of becoming eligible for insurance and has been continuously so confined until the death of such dependent. This limitation will not apply to a dependent who has been confined to hospital from birth and attains 24 hours of age.

4. Conversion Option

If dependent insurance on the life of your spouse reduces or terminates and your spouse is not eligible to become insured hereunder, you (or your spouse on your death) will have the right, upon written application made within 31 days after such reduction or termination, to obtain a new policy of insurance on the life of your spouse without evidence of insurability, as provided below.

If the insurance reduces, the amount of the new policy will not exceed the amount of the reduction.

If the insurance terminates, the amount of the new policy will not exceed the amount of insurance on the life of your spouse at termination.

Great-West Life will issue the new policy, without total disability benefit or accidental death benefit, on any of its plans then available according to the class of risk to which the spouse belongs.

OPTIONAL DEPENDENT LIFE INSURANCE

4. Conversion Option - continued

The premium for the new policy will be at the rates established by Great-West Life for the spouse's class of risk, sex and current age. The new policy will not become effective until the expiration of the 31 day period.

If your spouse dies during the 31 day period, Great-West Life will pay an amount equal to the insurance on the life of your spouse at termination. Payment will be made to the person who would have received the proceeds hereunder.

5. Self-Destruction

If your spouse, while sane or insane, dies by his own act within two years after the insurance on his life takes effect or increases, Great-West Life's liability for the portion of the insurance that has been in force for less than two years will be limited to the premiums paid for that insurance. All periods of coverage under this and previous optional life plans sponsored by the policyholder are considered together in satisfying the two-year condition as long as there is no interruption from one to the other. This limitation does not apply to dependent children.

6. Claims

For benefits to become payable, written proof satisfactory to Great-West Life of the death of your insured dependent must be received by Great-West Life within one year after the date of death. Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

7. How to Make an Optional Dependent Life Insurance Claim

- (1) Obtain a claim form from your employer;
- (2) Complete the claim form according to the instructions provided on the form; and
- (3) Return the claim form to your employer.

LONG TERM DISABILITY INSURANCE

1. Benefit

If you become totally disabled and are continuously so disabled for the waiting period shown in the plan detail, Great-West Life will pay the monthly benefit for which you were insured at the commencement of total disability. Payment will accrue from the end of the waiting period and will be payable monthly thereafter during the continuance of total disability but not beyond the earliest of:

- (1) your death, and
- (2) the end of the month in which you attain age 65.

The long term disability premium for you will be waived while you are receiving such benefits.

2. Total Disability

You will be totally disabled if unable, because of injury or disease, to do any work for which you are or become reasonably qualified by education, training or experience.

3. Reduction of Benefit

The monthly long term disability benefit will be reduced by

- (1) any amount of income for the month to which you are entitled under any Workers' Compensation or similar coverage; and
- (2) an amount so that the benefit hereunder together with:
 - (a) any amount of disability benefits for the month to which you or any other person is entitled on the basis of your disability under the Canada Pension Plan or similar provincial plan; this does not include benefits to which another person who is 18 or more years of age is entitled; and
 - (b) all other benefits for the month payable on account of your disability under any other sick leave plan, association or group insurance plan, employee retirement plan, or government plan; and
 - (c) any benefit payable for the month as a retirement pension under the Canada Pension Plan or similar provincial planwill not exceed:
 - (i) if the payment is taxable, 85 percent of monthly basic earnings, or
 - (ii) if the payment is not taxable, 85 percent of monthly basic earnings less income tax and pension plan deductions.

Any benefit not paid on a monthly basis will be considered to have been paid monthly on a reasonable basis determined by Great-West Life.

LONG TERM DISABILITY INSURANCE

3. Reduction of Benefit - continued

You must apply for all such disability benefits for which you may be eligible in order to receive benefits hereunder. Great-West Life will estimate the amount of any reduction until it has been established.

For the purpose of long term disability insurance "monthly basic earnings" means

- (1) regular monthly earnings excluding overtime pay, bonuses and other special compensation at the commencement of total disability and
- (2) the monthly average of commissions for the six months immediately preceding the commencement of total disability.

4. Limitations

No benefit will be paid

- (1) for any period of total disability during which you are not under treatment by a licensed physician;
- (2) for any total disability resulting directly or indirectly from any one of the following:
 - (a) self-inflicted injuries while sane or insane;
 - (b) riot, civil commotion, insurrection, war or hostilities of any kind or any act incident thereto;
- (3) if you are engaged in any occupation for compensation or profit, other than a rehabilitation program;
- (4) after you refuse to participate and co-operate in a rehabilitation program.

5. Rehabilitation

Rehabilitation program means:

- any occupation for compensation or profit,
 - any assessment, counselling, training or vocational program, or work related activity,
 - any educational program, or
 - any reasonable and customary treatment program,
- approved by Great-West Life and the attending physician.

If you engage in a rehabilitation program the monthly benefit will be reduced by 50 percent of his compensation or profit.

LONG TERM DISABILITY INSURANCE

6. Recurrence of Disability

If you cease to be totally disabled after receiving benefits and within six months again becomes totally disabled due to the same or a related cause, the later disability will be considered to be a continuation of the previous disability. Where you have returned to active work full time and for full pay for a continuous period of less than 60 days, benefits will be paid at the same rate as before. No benefit will be payable if you are entitled to receive any other group income benefits, on account of your disability.

7. Claims

For benefits to become payable, written notice of a claim must be received by Great-West Life while you are totally disabled and within 60 days following the waiting period or any recurrence of total disability. Written proof satisfactory to Great-West Life that you have become totally disabled must be received by Great-West Life while you are totally disabled and within 90 days following the waiting period or any recurrence of total disability. Proof of claim must be signed by a licensed physician personally attending you.

Great-West Life at any time may request written proof of the continuance of total disability and may request you to submit to examination by Great-West Life's medical advisors. If you fail to furnish proof satisfactory to Great-West Life within 90 days following the request or refuse to submit to examination, you will be considered to have ceased to be totally disabled immediately prior to the date such request was made.

Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

Great-West Life, in its discretion and to the extent permitted by law, may pay another person on your behalf.

8. How to Make a Long Term Disability Claim

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

P R E S C R I P T I O N D R U G I N S U R A N C E

1. **Benefit**

If a covered person (you or your insured dependent) incurs expenses for a necessary drug for the treatment of any injury or disease, Great-West Life will pay to you, a portion of the reasonable charges in excess of the deductible, for the following drugs and drug supplies when prescribed by a person entitled by law to prescribe them, and dispensed by a person entitled by law to dispense them, subject to the assessment provisions described in Section 2:

- (1) drugs, including contraceptive drugs and products containing a contraceptive drug, that require a prescription according to:
 - (a) the Food & Drug 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) 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
Potassium replacements	Nitroglycerin
Single entity iron salts	Single entity fluorides
Topical enzymatic debriding agents	Thyroid agents
	Smoking cessation products

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.
- (6) influenza vaccines.

PRESCRIPTION DRUG INSURANCE

1. **Benefit** - continued

The deductible and portion payable are shown on the plan detail.

Great-West Life can, on such terms as it determines, cover services or supplies not otherwise covered under this policy where the service or supply represents reasonable treatment.

Smoking cessation products will be considered drugs for the treatment of disease, however, the maximum amount payable for such expenses is \$300 in a covered person's lifetime.

When the drug dispensed is interchangeable with any other drug, the "reasonable charges" for such drug are 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.

Great-West Life can limit the covered expense for a drug or drug supply to that of a lower cost alternative drug or drug supply that represents reasonable treatment.

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.

P R E S C R I P T I O N D R U G I N S U R A N C E

2. Assessment Provisions

Covered expenses are subject to the following assessment provisions.

Prior Authorization

In order to determine whether coverage is provided for certain drugs or drug supplies, Great-West 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, Great-West 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 drug or drug supply.

Health Case Management

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

- (1) consultation with the covered person and his attending physician to gain understanding of the treatment plan recommended by the attending physician;
- (2) comparison with the covered person's attending physician of the recommended treatment plan with alternatives, if any, that represent reasonable treatment;
- (3) identification to the covered person's attending physician of opportunities for education and support; and
- (4) monitoring the covered person's adherence to the treatment plan recommended by his attending physician.

In determining whether to implement health case management, Great-West 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.

P R E S C R I P T I O N D R U G I N S U R A N C E

2. Assessment Provisions – continued

Great-West Life can, on such terms as it determines, limit the payment of benefits for a drug or drug supply where:

- (1) Great-West Life has implemented health case management and the person does not participate or cooperate; or
- (2) the person has not adhered to the treatment plan recommended by his attending physician with respect to the use of the drug or drug supply.

Expenses associated with health case management may be paid for by Great-West Life at its discretion. Expenses claimed under this provision must be pre-authorized by Great-West Life.

Designated Provider Limitation

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

- (1) limit the covered expense for a drug or drug supply that was not purchased from or administered by a provider designated by Great-West Life to the cost of the drug or drug supply had it been purchased from or administered by the provider designated by Great-West Life; or
- (2) decline a claim for a drug or drug supply that was not purchased from or administered by a provider designated by Great-West Life.

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. Great-West Life can require a covered person to apply to and participate in any patient assistance program to which the person may be entitled. Further, Great-West Life can reduce the amount of a covered expense 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.

P R E S C R I P T I O N D R U G I N S U R A N C E

3. Limitations

No benefits will be paid:

- (1) for drugs or drug supplies that appear on an exclusion list maintained by Great-West Life. Great-West 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. Great-West 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) Great-West 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) Great-West 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) for drugs used to treat erectile dysfunction;
- (3) for any drug that does not have a drug identification number as defined by the Food and Drugs Act, Canada
- (4) for 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
- (5) for drugs administered during treatment in an emergency room of a hospital, or as an in-patient in a hospital;
- (6) for preventative immunization vaccines and toxoids except for influenza vaccines as listed under section 1. Benefit, item (6);
- (7) for non-injectable allergy extracts;
- (8) for drugs that are considered cosmetic, such as topical minoxidil or sunscreens, whether or not prescribed for a medical reason;
- (9) for injury or disease for which a covered person is entitled to payment under any Workers' Compensation or similar coverage;

PRESCRIPTION DRUG INSURANCE

3. Limitations - continued

- (10) for any drug which a covered person is not required to pay, or for which the covered person is entitled to reimbursement under any non-contractual arrangement or under the health plan of the province in which the covered person resides, whether or not the covered person is insured thereunder;
- (11) for a charge which is not permitted to be insured;
- (12) for any portion of drugs or drug supplies which the covered person is entitled to receive, or for which the covered 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 limitation, government plan does not include a group plan for government employees;
- (13) for drugs or drug supplies that Great-West 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 drug or drug supply is proportionate, Great-West 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;
- (14) for an injury or disease resulting from war or hostilities of any kind.

Great-West Life can decline a claim for drugs or drug supplies purchased from a provider that is not approved by Great-West Life.

4. Co-ordination of Benefits

If benefits with respect to the same expense are payable under this prescription drug insurance provision and from any other source, Great-West Life may reduce the amount payable under this provision to ensure that the total amount payable from all sources does not exceed the expense incurred.

P R E S C R I P T I O N D R U G I N S U R A N C E

5. **Concurrent Drug Utilization Review**

Your employer will provide you with a prescription drug identification card. To have a prescription filled or refilled for yourself or your insured dependent, take the prescription and present it, along with your prescription drug card, to the pharmacist. You will be required to pay the total cost of the prescription to the pharmacist and a benefit will be paid to you on the earliest of:

- (1) the date on which you and your insured dependents incur a minimum of \$25 in drug benefits, or
- (2) 15 days from the date a prescription was purchased.

Claims for covered drugs submitted electronically to the pharmacy benefits manager appointed by Great-West Life are subject to concurrent drug utilization review at point-of sale to determine if:

- (1) an adverse reaction is possible between a prescribed drug and another drug already being taken by the patient;
- (2) a prescribed drug may be harmful to a patient who is a child or a senior;
- (3) a refill prescription is being filled too early or too late;
- (4) a prescribed drug contains ingredients in the same therapeutic class as another drug currently being taken or that has recently been taken and the ingredients remain active in the patient's system;
- (5) the prescribed therapy duration falls outside the drug manufacturer's recommended minimum and maximum limits;
- (6) the prescribed daily dosage of a drug falls outside the age band limits established by the drug manufacturer;
- (7) a prescribed drug is intended solely for the use of a person of the opposite gender to that of the patient.

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

Claims for covered drugs are not subject to concurrent drug utilization review if:

- (1) the drugs are dispensed at a pharmacy that is not properly equipped to provide the service; or
- (2) the drugs are extemporaneous preparations or compounds.

Neither Great-West Life nor the pharmacy benefits manager makes any guarantees, representations or warranties about the accuracy or completeness of the patient information provided for the concurrent drug utilization review or about the review results nor are they liable for any decision made by a pharmacist as a result of the review process.

P R E S C R I P T I O N D R U G I N S U R A N C E

6. Termination of Coverage

If the prescription drug insurance on an insured person terminates for any reason

- (1) no benefits will be payable under this plan in respect of any supplies which are purchased by such insured person or his insured dependents on or after the said termination date;
- (2) the employer will promptly retrieve and destroy the prescription drug insurance identification card(s); and
- (3) the employer will notify Great-West Life of such termination within one working day of the termination.

7. Claims

For benefits to become payable, written proof satisfactory to Great-West Life of the incurring of an expense for which benefits are claimed hereunder must be received by Great-West Life or its designated agent not later than 15 months following the date the expense was incurred.

Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

Great-West Life, in its discretion and to the extent permitted by law, may pay another person on behalf of the insured person.

Payment for a charge by a hospital or a dentist may be made directly to the hospital or the dentist, instead of to you. Such payment will be a complete discharge to Great-West Life for the amount so paid.

P R E S C R I P T I O N D R U G I N S U R A N C E

8. How to Make a Prescription Drug Claim

When purchasing drugs at a non-participating pharmacy, you will be required to pay the full price of the prescription. Follow this procedure to obtain reimbursement for out-of-pocket expenses incurred as a result of purchasing prescription drugs (not to include your deductible, if applicable).

- (1) Access GroupNet for Plan Members to obtain a personalized claim form or obtain a claim form from your employer. Complete and submit the claim form according to the instructions provided on the form.
- (2) 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 GroupNet for Plan Members 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 Great-West 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 Great-West Life as a record of the transaction, and you must submit it to Great-West Life on request.

MAJOR MEDICAL EXPENSE INSURANCE

1. Benefit

If a covered person (you or your insured dependent) incurs covered expenses in excess of the deductible, Great-West Life will pay to you a portion of such covered expenses. The deductible and the portion payable are shown in the plan detail. No amount will be paid for covered expenses otherwise payable under the Great-West Life group insurance policy.

The maximum amount payable for the covered expenses incurred by a covered person during the current and the two immediately preceding calendar years under this major medical expense insurance and any similar coverage issued by Great-West Life, is shown in the plan detail; if any covered expense is not paid because of this provision, it may not be claimed in a subsequent calendar year.

Great-West Life can limit the covered expense for a service or supply to that of a lower cost alternative service or supply that represents reasonable treatment.

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.

2. Covered Expenses

Covered expenses are the reasonable charges for the medically necessary services and supplies for the treatment of any injury or disease, as described below, subject to the assessment provisions described in Section 4, made

- (1) by a licensed hospital
 - (a) in Canada, and
 - (b) outside Canada for a temporary period in the case of a resident of Canada who requires hospitalization due to an emergency while travelling or on vacation; if a resident of Canada elects hospitalization outside Canada, payment is made for a temporary period and is limited to \$75 a day.
- (2) for services rendered outside the province of residence of the covered person by a licensed physician in excess of the charges allowed under the health plan of the province of residence whether or not the covered person is insured thereunder. The amount payable for such services will not exceed the amount specified in the fee schedule except in an emergency while the covered person is travelling or on vacation.

MAJOR MEDICAL EXPENSE INSURANCE

2. Covered Expenses - continued

"Fee schedule" means the schedule of fees of the medical association or the College of Physicians and Surgeons at the time of treatment in the province of residence of a covered person and, if the covered person is resident outside Canada, in the province where the Canadian head office of the policyholder is located.

- (3) for services of the following if licensed by a licensing and registration authority in the province where the service is rendered: chiropractor, acupuncturist, osteopath, naturopath, podiatrist, chiropodist, physiotherapist, speech therapist, masseur, psychologist, social worker and dieticians limited to a combined maximum amount payable of \$500 for each covered person. Charges for services by a member of the College of Physicians and Surgeons are paid by the provincial health insurance plan.
- (4) for x-rays by a licensed chiropractor, not to exceed \$45 a calendar year for each covered person;
- (5) for surgery performed by a licensed podiatrist, not to exceed \$200 a calendar year for each covered person;
- (6) for visual motor therapy by a licensed optometrist not to exceed \$10 a half-hour;
- (7) for eye examinations by a licensed physician or a licensed optometrist, limited to a maximum amount of \$50 once every two consecutive years for each covered person;
- (8) for services of a dentist for the excision of a cyst or tumour and for treatment required as a direct result of an accidental injury to natural teeth from an external blow, excluding biting accidents, provided treatment is received within 12 months of the accident;
- (9) for ambulance service to the nearest hospital where treatment is available;
- (10) for private duty nursing service in the home of the covered person, and in hospital outside Canada if the covered person is a resident of Canada, by a registered nurse not ordinarily resident in the home of the covered person or related to the covered person; provided such service can be performed only by a registered nurse and not by a person of lesser qualifications and such service was recommended and approved by a licensed physician;
- (11) for an artificial eye, arm, hand, leg, foot, breast and orthopaedic brace, including repairs and adjustments, or replacement if repair is not possible, or to accommodate a growing child;
- (12) for stump socks limited to six pair a calendar year for each covered person;
- (13) for a hearing aid, limited to \$500 every three calendar years for each covered person;
- (14) for glasses or contact lenses following a cataract operation, limited to \$100 for each eye once only;
- (15) for oxygen and its administration;
- (16) for rental of a wheel chair, crutches or hospital bed recommended and approved by a licensed physician;

MAJOR MEDICAL EXPENSE INSURANCE

2. Covered Expenses – continued

- (17) for the following items if recommended and approved by a licensed physician: elastic stockings, limited to two pair a calendar year for each covered person, traction appliance, spinal and abdominal medical support, varco traction kit, belt and similar appliance, neck brace, cervical collar, ileostomy or colostomy kit;
- (18) for custom built orthopaedic shoes, the charge reduced by the cost of ordinary shoes, and orthopaedic modifications to shoes; provided such shoes and modifications are recommended and approved by a licensed physician or by a licensed podiatrist;
- (19) for glasses or contact lenses when provided by a licensed ophthalmologist, optometrist or optician for the correction of vision, limited to \$250 every 24 months for each covered person;
- (20) for flash glucose monitoring machines for diabetics;
- (21) for continuous glucose monitoring machines, including sensors and transmitters to a maximum of \$4,000 per calendar year for each covered person;
- (22) for such services and supplies where, and to the extent that, such expenses are required by law to be covered expenses under this benefit.

Additional services and supplies may be included at the discretion of Great-West Life.

3. Other Services or Supplies

Great-West Life can, on such terms as it determines, cover services or supplies not otherwise covered under this policy where the service or supply represents reasonable treatment.

4. Assessment Provisions

Covered expenses are subject to the following assessment provisions.

Prior Authorization

In order to determine whether coverage is provided for certain services or supplies, Great-West 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, Great-West 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.

MAJOR MEDICAL EXPENSE INSURANCE

4. Assessment Provisions - continued

Health Case Management

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

- (1) consultation with the covered person and his attending physician to gain understanding of the treatment plan recommended by the attending physician;
- (2) comparison with the covered person's attending physician of the recommended treatment plan with alternatives, if any, that represent reasonable treatment;
- (3) identification to the covered person's attending physician of opportunities for education and support; and
- (4) monitoring the covered person's adherence to the treatment plan recommended by his attending physician.

In determining whether to implement health case management, Great-West 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.

Great-West Life can, on such terms as it determines, limit the payment of benefits for a service or supply where:

- (1) Great-West Life has implemented health case management and the person does not participate or cooperate; or
- (2) the person has not adhered to the treatment plan recommended by his attending physician with respect to the use of the service or supply.

Expenses associated with health case management may be paid for by Great-West Life at its discretion. Expenses claimed under this provision must be pre-authorized by Great-West Life.

Designated Provider Limitation

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

- (1) limit the covered expense for a service or supply that was not purchased from or administered by a provider designated by Great-West Life to the cost of the service or supply had it been purchased from or administered by the provider designated by Great-West Life; or
- (2) decline a claim for a service or supply that was not purchased from or administered by a provider designated by Great-West Life.

MAJOR MEDICAL EXPENSE INSURANCE

4. Assessment Provisions - continued

Patient Assistance Program

A patient assistance program means a program that provides assistance to persons with respect to the purchase of services or supplies. Great-West Life can require a covered person to apply to and participate in any patient assistance program to which the person may be entitled. Further, Great-West Life can reduce the amount of a covered expense 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.

5. Limitation of Coverage

No benefit will be paid

- (1) for any covered expense incurred during a period of hospital confinement which began before the covered person became insured hereunder; this limitation will not apply to a child who became insured at birth;
- (2) for a periodic health check-up or examination, travel for health, dental services other than those covered in 2(9) above or cosmetic surgery;
- (3) for injury or disease for which a covered person is entitled to payment under any Workers' Compensation or similar coverage;
- (4) for an expense for which a covered person is not required to pay, or for which the covered person is entitled to reimbursement under any non-contractual arrangement or under the health plan of the province in which the covered person resides, whether or not the covered person is insured thereunder;
- (5) for any service or supply that Great-West 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 service or supply is proportionate, Great-West 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 service or supply, including by professional advisory bodies or government agencies;
 - (c) information provided by a manufacturer or provider of the service or supply; and;
 - (d) assessments of the cost effectiveness of the service or supply, including by professional advisory bodies or government agencies;
- (6) for a charge which is not permitted to be insured;
- (7) for an injury or disease resulting from war or hostilities of any kind;

MAJOR MEDICAL EXPENSE INSURANCE

5. **Limitation of Coverage** - continued

- (8) for safety glasses, sun glasses (with or without prescription), glasses or contact lenses for cosmetic or decorative purposes, or for more than one frame or set of lenses;
- (9) for visioncare services and supplies required by an employer as a condition of employment.

Great-West Life can decline a claim for services or supplies purchased from a provider that is not approved by Great-West Life.

6. **Co-ordination of Benefits**

If benefits with respect to the same expense are payable under this major medical expense insurance provision and from any other source, Great-West Life will reduce the amount payable under this provision to ensure that the total amount payable under all plans does not exceed the expense incurred.

7. **Continuation of Coverage**

If you are totally disabled because of injury or disease so as to be unable to perform substantially all of the duties of your occupation on the date when your major medical expense insurance would otherwise have terminated, coverage will be continued, during the period of disability, for not more than 90 days from such termination date.

If your insured dependent is confined in a licensed hospital because of injury or disease on the date when his major medical expense insurance would otherwise have terminated, coverage will be continued, during the period of hospital confinement, for not more than 90 days from such termination date.

MAJOR MEDICAL EXPENSE INSURANCE

8. Claims

For benefits to become payable, written notice and proof satisfactory to Great-West Life of the incurring of an expense for which benefits are claimed hereunder must be received by Great-West Life not later than 15 months following the date the expense was incurred.

Great-West Life may require a covered person to submit to examination by Great-West Life's medical advisors.

Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

Great-West Life, in its discretion and to the extent permitted by law, may pay another person on your behalf.

Payment for a charge by a hospital or a dentist, instead of being made to you, may be made to the hospital or the dentist. Such payment will be a complete discharge to Great-West Life for the amount so paid.

MAJOR MEDICAL EXPENSE INSURANCE

9. How to Make a Major Medical Expense Insurance Claim

- (1) **Out-of-country claims** should be submitted to Great-West Life as soon as possible upon incurring the expense. It is very important that you send your claims to our Benefit Payment Office immediately as your Provincial or Territorial Medical Plan has very strict time limitations. Access GroupNet for Plan Members to obtain a personalized claim form or obtain the Statement of Claim Out-of-Country Expenses form from your employer. Great-West Life will then send you a Government Assignment form and, if required in your province or territory, a Special Government Claim form. Complete these forms and return them to us. We will pay all eligible claims including your Provincial or Territorial Medical Plan portion. Great-West Life will then be reimbursed directly from your Provincial or Territorial Medical Plan for their share of the expenses.
- (2) If you have any questions or if assistance is required to complete any of the forms, please contact our Out-of-Country Claims Unit at 1-800-957-9777.
- (3) Out-of-country claims must be submitted within a certain time period which varies with each province or territory. Please contact our Out-of-Country Claims Unit for the time restriction for submitting claims in your province or territory.
- (4) **For all other Healthcare claims**, access GroupNet for Plan Members to obtain a personalized claim form or obtain a claim form from your employer. Complete and submit the claim form according to the instructions provided on the form. Enclose receipts and statements of payments for items paid in part or in full by another source (e.g. another insurance company, government plan, Workers' Compensation, etc).
- (5) If you prefer, **claims for expenses incurred in Canada, for paramedical services and visioncare may be submitted online**. To use this online service you will need to be registered for GroupNet for Plan Members 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 Great-West 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 Great-West Life as a record of the transaction, and you must submit it to Great-West Life on request.

DENTAL - C INSURANCE

1. Benefit

If a covered person (you or your insured dependent) incurs covered expenses, Great-West Life will pay to you a portion of the covered expenses in excess of the deductible shown in the plan detail. The portion payable is shown in the plan detail.

The maximum amount payable for a covered person is shown in the plan detail.

2. Covered Expenses

Covered expenses are the reasonable charges, not exceeding those specified in the fee schedule, incurred for necessary dental services as described below which are performed or prescribed by a licensed dentist or a denturist licensed to practise denture therapy, or performed by a dental hygienist entitled by law to practise independently:

(1) Basic Services:

Examinations:

- Routine (once every 6 months)
- Complete (once every 12 months)

X-rays:

- Periapical, bitewing and occlusal Complete series (once every 24 months)
- Panorex (one every 24 months)

Fillings

Extractions

Oral surgery

Polishing (2 units once every 6 months)

Cleaning and scaling (once every 6 months)

Fluoride treatments

Periodontal treatment of the soft and hard tissue supporting the teeth, excluding any type of splinting, appliances or orthodontic treatment

Endodontics

Rebasing, relining and repair of dentures

Space maintainers for missing primary teeth

Limitations:

No benefit will be paid for an expense incurred

- (a) for the removal of an amalgam restoration and its replacement with an alternate material unless there is evidence of recurrent decay or significant breakdown;
- (b) for oral hygiene instruction and plaque control;
- (c) for occlusal equilibration and adjustment;
- (d) for orthodontic purposes including preliminary and preparatory procedures.

DENTAL - C INSURANCE

2. Covered Expenses - continued

(2) Restorative Services:

Onlays

Crowns

Fixed bridges (abutment crowns, onlays or inlays and pontics) to replace missing natural permanent teeth

Standard dentures, excluding a duplicate set and equilibrated dentures

Bridge repair

Limitations:

No benefit will be paid for an expense incurred

- (a) for construction of an onlay or crown unless there is extensive decay, breakdown or fracture of the tooth at the time of construction where an amalgam or similar restorative material cannot adequately restore the tooth;
- (b) for a precision attachment or for dental restorations for the purposes of periodontal splinting, full mouth rehabilitation, altering of the vertical dimension or modifying the occlusion;
- (c) as a result of teeth which were missing prior to the date of becoming insured for restorative benefits under any group insurance plan or policy of the policyholder;
- (d) for replacement of an onlay, crown or bridge unless there is extensive decay or breakdown which can not be repaired by use of amalgam or similar restorative material;
- (e) for replacement of dentures within 5 years of placement.

(3) Orthodontic Services (for insured dependent children under 17 years of age at the commencement of treatment):

Orthodontic treatment

Orthodontic appliances

General orthodontic exam (records) (once every 24 months)

DENTAL - C INSURANCE

2. Covered Expenses - continued

Meaning of "fee schedule":

The fee schedule is as described on the data page.

If an allowance for an expense is not shown in the applicable fee schedule, Great-West Life will determine the reasonable and customary allowance.

In the absence of an applicable fee schedule Great-West Life will determine the reasonable and customary allowance.

If the covered person is resident outside of Canada the applicable fee schedule is that of the province where the Canadian head office of the policyholder is located.

3. General Limitations

No benefit will be paid

- (1) for a covered expense otherwise payable under the Great-West Life group insurance policy;
- (2) for an expense incurred for cosmetic purposes;
- (3) for injury or disease for which a covered person is entitled to payment under any Workers' Compensation or similar coverage;
- (4) for an expense for which a covered person is not required to pay, or for which the covered person is entitled to reimbursement under any non-contractual arrangement;
- (5) for an expense for an injury or disease resulting from war or hostilities of any kind.

4. Co-ordination of Benefits

If benefits with respect to the same expense are payable under this dental insurance provision and from any other source, Great-West Life will reduce the amount payable under this provision to ensure that the total amount payable from all sources does not exceed the expense incurred.

DENTAL - C INSURANCE

5. Claims

For benefits to become payable, written proof satisfactory to Great-West Life of the incurring of an expense for which benefits are claimed hereunder must be received by Great-West Life not later than 15 months following the date the expense was incurred.

Great-West Life may require a covered person to submit to examination by Great-West Life's dental advisors.

Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

Great-West Life, in its discretion and to the extent permitted by law, may pay another person on your behalf.

Payment may be made directly to the provider of service instead of to you and such payment will be a complete discharge to Great-West Life for the amount so paid.

6. How to Make a Dental Claim

- (1) Access GroupNet for Plan Members to obtain a personalized claim form or obtain a claim form from your employer. Complete and submit the claim form according to the instructions provided on the form.
- (2) 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 GroupNet for Plan Members 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 Great-West 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 Great-West Life as a record of the transaction, and you must submit it to Great-West Life on request.

Pre-determination:

For extensive dental work over \$500, submit a claim form/estimate (available from your dental service provider) showing the proposed treatment and estimated costs so that the amount of benefits payable can be determined.

CONTACT – EMPLOYEE ASSISTANCE PROGRAM

1.1 What is Contact – Employee Assistance Program?

The Contact employee assistance program provides you and your insured 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: 1-800-387-4765

For service in French: 1-800-361-5676

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: www.shepellfgi.com.

GENERAL PROVISIONS

(Dependent Insurance)

1. Dependent

Dependent means

- (1) (i) the person with whom you cohabit and to whom you are legally married (spouse) or
(ii) the person with whom you are cohabiting in a marriage like relationship for a period of at least one year (spouse),
- (2) your unmarried child, under 21 years of age and dependent on you for support and
- (3) your unmarried child, 21 years of age or over but less than 26 years of age, who is a full-time student attending or on vacation from an educational institution and dependent on you for support.

The following will be considered your child:

- (a) a person being adopted by you, during the period of probation,
- (b) your stepchild,
- (c) a person related to you by blood or marriage and for whom you are the legal guardian, and
- (d) a child of the person with whom you have been continuously cohabiting in a marriage like relationship for a period of at least one year, provided such child is living with you.

The age restriction does not apply to a mentally or physically handicapped person who had this condition and was insured as your dependent immediately before the age of 21.

You can only insure one spouse at a time. You must insure the same person for all spouse benefits provided under the Great-West Life group insurance policy. Where you have more than one eligible spouse, Great-West Life will consider your eligible spouse to be the one for whom you first submit a claim for any benefit provided under the Great-West Life group insurance policy.

Insured dependent means a person insured under the Great-West Life group insurance policy as a dependent.

GENERAL PROVISIONS **(Dependent Insurance)**

2. Termination of Dependent Insurance

The insurance on your dependent will terminate on the earliest of:

- (1) the date the dependent ceases to qualify as your dependent,
- (2) the date you cease to be insured for similar coverage, and
- (3) the date specified by the policyholder in a written notice to Great-West Life.

On your death, any health insurance on your dependents will continue without premium payment until the last day of the third month following the month in which your death occurs.

GENERAL PROVISIONS

1. Contract

Reference to province also includes territory when required by the context.

2. Age

If your age has been misstated, the true age will govern and there will be an equitable adjustment in the amount of premium paid by the policyholder.

3. Beneficiary

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.

3. Conformity With Law

Any provision of the policy which is in conflict with any law to which the policy is subject, is understood, declared, and acknowledged to be amended to the extent necessary to conform to such law.

5. Legal Actions

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.

GENERAL PROVISIONS

6. 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.

7. Currency

All payments to or by Great-West Life will be in lawful money of Canada.

8. Overpayment

If benefits are paid that were not payable under the policy, you are responsible for repayment within 30 days after Great-West Life sends you a notice of the overpayment, or within a longer period if agreed to in writing by Great-West 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 Great-West Life's right to use other legal means to recover the overpayment.

PROTECTING YOUR PERSONAL INFORMATION

At Great-West Life, we recognize and respect the importance of privacy. Personal information about you is kept in a confidential file at the offices of Great-West Life or the offices of an organization authorized by Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West 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 benefit 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; and
- Preparing regulatory reports, such as tax slips.

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 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 Great-West 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 Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.