

# Limestone District School Board

Group Policy Number: 38675  
Coverage Class B - Secondary Teachers

## A message from your plan sponsor

Limestone District School Board is pleased to be able to offer you medical and financial security by sponsoring your group benefits program.

We have selected Manulife Financial as a partner to help us deliver the program. They are committed to providing excellent service for us.

At this point, you will have received some basic information about how you can connect with Manulife Financial and how to submit claims. Now, I would encourage you to spend a few moments reviewing our plan's coverage so you can better understand what's available. You'll learn about not only the more routine things, but also about some of the benefits available that you may need to draw on in a time of crisis. Your plan is here to offer you some support in the event you encounter unforeseen circumstances in the future.

After reviewing the coverage, if you have any questions, check in with our plan administrator.

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# What you need to know about your plan

## Who and what your plan covers

We are Manulife Financial, your plan sponsor's partner in supporting the group insurance benefits you receive at work. We know how important your coverage is and that you count on us to give you great tools to help you understand what you have.

Your dependants - your spouse, child or children who are insured under your Provincial Health Plan - may also be eligible for some of the coverage provided through this benefits program. Your plan sponsor's plan must be in effect and you and your dependants must have satisfied all of the participation requirements first, for your coverage to be active.

In the event that a provincial plan or government-sponsored program or plan or legally mandated program discontinues or reduces payment for any services, treatments or supplies formerly covered in full or in part by such plan or program, your group benefits plan will not automatically assume coverage of the charges for such treatments, services or supplies, but will reserve the right to determine, at the time of change, whether the expenses will be considered eligible or not.

The information provided here is an overview of the coverage and services your plan sponsor has chosen to offer as part of your group benefits program. It doesn't include reference to all of the plan details, limitations and exclusions or terms and conditions your employer has arranged. Those are set out in your plan sponsor's group benefits plan documents (for example, the policy or plan document and any plan amendments). Manulife's administrative team will refer to those plan documents when evaluating claims, your eligibility for coverage, and for the general administration of the program. In the event of a discrepancy between this coverage overview and the plan documents, the terms outlined in the plan documents will apply.

## Enhanced information is also available on the Internet

There may be times when you may not have coverage details with you, but you need to find out about some portion of your coverage quickly. Know that you can always find the most up-to-date plan information - including an electronic version of this document - on the Plan Member Secure Site. Once registered, you can log-in any time from any Internet connection. Go to [www.manulife.ca/groupbenefits](http://www.manulife.ca/groupbenefits) and input your plan number and plan member certificate number. The site will tell you everything else you need to do to finish the registration process.

The electronic version also includes links to definitions, forms, and enhanced information that may help you understand how your benefits program can support you..

**Your plan sponsor is** Limestone District School Board

**This booklet produced:** February 7, 2013

**Your plan number is** 38675

This is the main number you should provide as a reference when contacting Manulife Financial. Be sure to record this number and your plan member certificate number (from your benefits card) on all correspondence and claim forms.

**Your coverage class is** Plan B - Secondary Teachers

**The plan effective date is** November 1, 2011

This is the official day when all of the coverage and services your plan sponsor has arranged with us begins. Coverage starts once you have fulfilled any waiting period requirements set for your plan.

**HOW LONG COULD IT TAKE TO HAVE MY CLAIM PROCESSED?**

This will depend largely on how you submit your claim and how you choose to receive payment. Send paper claims to the address printed on the claim form. Be sure to record your plan contract number and plan member certificate number on all correspondence and claim forms.

**REGULAR**  
LETTERMAIL SUBMISSION



PAPER CHEQUE +  
PAPER CLAIM STATEMENT  
PAYMENT

**FASTER**  
LETTERMAIL SUBMISSION



DIRECT DEPOSIT  
PAYMENT

**FASTEST**  
ELECTRONIC SUBMISSION  
VIA YOU OR YOUR SERVICE PROVIDER IF APPLICABLE



DIRECT DEPOSIT  
PAYMENT

**USE MORE THAN ONE PLAN TO GET MORE MONEY BACK**

Did you know that you can recover up to 100% of your expenses if you coordinate claims with your spouse's group plan? This is called coordination of benefits and here's how it works.

CLAIM IS FOR...	FIRST...	THEN...
<b>You</b> 	submit to Manulife	for any unpaid balance, send a copy of your Manulife claim statement and the other insurance company's claim form to the other insurance company for processing.
<b>Your spouse</b> 	submit claim to spouse's insurance company	for any unpaid balance, send a copy of the other insurance company's claim statement with a completed Manulife claim form to us for processing
<b>Your children</b> 	send to the insurance company of the partner who has the earlier birth month and day	submit any balance to the other insurance company

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## **Core Coverage and Services**

Your plan sponsor has chosen to offer the following benefits to form the coverage in this program.

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## Dental

Benefit Details	Your Plan's Coverage
Waiting Period	first day of the month coincident with or immediately following the completion of the period stipulated by the Employer
Deductible	nil
Dental Fee Guide	Current Ontario Dental Association Approved Fee Guide for General Practitioners
Coverage ends	<ul style="list-style-type: none"> <li>• the last day of the month for which premiums have been paid</li> <li>• the last day of the month that you cease to be actively at work, unless the Group Policy allows for your coverage to be extended beyond this date</li> <li>• the date your employer terminates coverage</li> <li>• the date you enter the armed forces of any country on a full-time basis</li> <li>• the date the Group Policy terminates or coverage on the class to which you belong terminates</li> </ul>
<p>Level I - Basic Services</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> <li>• complete oral exam, once per 36 months</li> <li>• full-mouth x-rays, once per 36 months</li> <li>• panoramic x-rays, once per 36 months</li> <li>• one unit of light scaling and one unit of polishing, once every 6 months when the service is performed outside Quebec, or prophylaxis (polishing), once every 6 months, when the service is performed in Quebec</li> <li>• recall exams, bitewing x-rays and fluoride treatments, once every 6 months</li> <li>• oral hygiene instruction, once per 6 months</li> <li>• routine diagnostic and laboratory procedures</li> <li>• pit and fissure sealants, for dependant children under 16 years of age</li> <li>• fillings and retentive pins. Replacement</li> </ul>	100% - to an unlimited maximum

<p>fillings are covered provided:</p> <ul style="list-style-type: none"> <li>- the existing filling is at least 12 months old and must be replaced either due to significant breakdown of the existing filling or recurrent decay, or</li> <li>- the existing filling is amalgam and there is medical evidence indicating that the patient is allergic to amalgam</li> </ul> <ul style="list-style-type: none"> <li>• pre-fabricated full coverage restorations (metal and plastic)</li> <li>• space maintainers (appliances placed for orthodontic purposes are not covered)</li> <li>• minor surgical procedures and post surgical care</li> <li>• extractions (including impacted and residual roots)</li> <li>• consultation, anaesthesia, and conscious sedation</li> <li>• denture repairs, relines and rebases, only if the expense is incurred later than 3 months after the date of the initial placement of the denture</li> <li>• injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery</li> <li>• microbiological tests for determination of pathologic agents</li> <li>• unscheduled office/institutional appointments</li> <li>• bacteriological tests for determination of caries susceptibility</li> <li>• sinus exam</li> <li>• cephalometric films and tracing of cephalometric films</li> </ul>	
<p>Level II - Supplementary Basic Services</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> <li>• surgical procedures not included in Level I (excluding implant surgery)</li> <li>• periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including: <ul style="list-style-type: none"> <li>- scaling not covered under Level I, and root planing</li> <li>- provisional splinting</li> <li>- occlusal equilibration, up to a maximum of 8 units per calendar year</li> <li>- oral mucosal disorders</li> </ul> </li> </ul>	<p>100% - to an unlimited maximum</p>

<ul style="list-style-type: none"> <li>• endodontic services which include root canals and therapy, root amputation, apexifications, chemical bleaching and periapical services <ul style="list-style-type: none"> <li>- root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime</li> <li>- re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment</li> </ul> </li> <li>• management of temporomandibular joint (TMJ) dislocation</li> <li>• treatment of fractures</li> </ul>	
<p>Level III - Dentures</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> <li>• initial provision of a full or partial removable dentures</li> <li>• replacement of removable dentures, provided the dentures are required because: <ul style="list-style-type: none"> <li>- a natural tooth is extracted and the existing appliance cannot be made serviceable;</li> <li>- the existing appliance is at least 60 months old; or</li> <li>- the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation</li> </ul> </li> </ul>	<p>50% - to an unlimited maximum</p>
<p>Level IV - Major Restorative Services</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> <li>• crowns and onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay</li> <li>• inlays, covering at least 3 surfaces, provided the tooth cusp is missing</li> <li>• initial provision of fixed bridgework</li> <li>• replacement of bridgework, provided the new bridgework is required because: <ul style="list-style-type: none"> <li>- a natural tooth is extracted and the existing appliance cannot be made serviceable;</li> <li>- the existing appliance is at least 60 months old; or</li> <li>- the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation</li> </ul> </li> <li>• splinting</li> </ul>	<p>50% - to an unlimited maximum</p>



<ul style="list-style-type: none"> <li>• gold foil restoration</li> </ul>	
<p>Level V - Orthodontics</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> <li>• orthodontic services</li> </ul>	<p>50% - to a maximum of \$3,000 per lifetime</p>
<p><u>Exclusions</u></p> <ul style="list-style-type: none"> <li>• <i>self-inflicted injuries</i></li> <li>• <i>war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion</i></li> <li>• <i>committing or attempting to commit an assault or criminal offence</i></li> <li>• <i>injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol</i></li> <li>• <i>dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was insured under this benefit</i></li> <li>• <i>anti-snoring or sleep apnea devices</i></li> <li>• <i>broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms</i></li> <li>• <i>services which are payable by any government plan</i></li> <li>• <i>services or supplies provided by an employer's medical or dental department</i></li> <li>• <i>services or supplies for which no charge would normally be made in the absence of insurance</i></li> <li>• <i>treatment rendered for a full mouth reconstruction, for a vertical dimension or for a correction of temporomandibular joint (TMJ) dysfunction, except for management of temporomandibular joint (TMJ) dislocation</i></li> <li>• <i>replacement of removable dental appliances which have been lost, mislaid or stolen</i></li> <li>• <i>laboratory fees which exceed reasonable and customary charges</i></li> <li>• <i>services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured person</i></li> <li>• <i>implants, or any services rendered in conjunction with implants</i></li> <li>• <i>treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition</i></li> <li>• <i>services or supplies which are not specified as a covered expense under this benefit</i></li> </ul> <p><i>If you anticipate charges for any treatment to exceed \$500, please submit a pre-treatment plan before receiving the service so you can understand what portion your plan may cover.</i></p> <p><i>Your plan will pay benefits for the least expensive course of treatment when there are two or more courses of treatment covered that would produce professionally adequate results for a given condition. Manulife's professional dental consultant will aid in evaluating the various courses of treatment available to determine which is professionally adequate.</i></p> <p><i>If you apply for coverage for Dental insurance for yourself or your dependants late, the benefit will be limited to \$150 for each covered person for the first 12 months of coverage.</i></p> <p><i>All claims must be submitted by the end of the calendar year following the year in which the claim was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.</i></p>	

## Extended Health Care Benefit

This benefit has many components that extend your coverage to a wide variety of health care providers and services. Under the broad category there may be coinsurances, deductibles, maximums and limitations that apply to specific components of the coverage.

Benefit Details	Your Plan's Coverage
Waiting Period	first day of the month coincident with or immediately following the completion of the period stipulated by the Employer
Maximum	Unlimited
Deductible	<p>\$25 per policy year Individual, \$50 per policy year Family</p> <p>Not applicable to:            Hospital Care (If Elected)            Vision            Professional Services (chiropractor, naturopath, osteopath and podiatrist/chiropracist)            Medical Services and Supplies (hearing aids)            Out of Province/Out of Canada            Emergency Travel Assistance</p>
Deductible Carry-Forward	Covered expenses used to satisfy the deductible in the last 3 months of the calendar year may also be used to satisfy the deductible in the following calendar year.
Coinsurance	<p>100% for            Hospital Care (If Elected)            Drugs            Vision            Professional Services            Medical Services &amp; Supplies</p> <p>The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 100%.            The Benefit Percentage for Emergency Travel Assistance is 100%.</p>
Coverage ends	<ul style="list-style-type: none"> <li>• the last day of the month for which premiums have been paid</li> <li>• the last day of the month that you cease to be actively at work, unless the Group Policy allows for your coverage to be extended beyond this date</li> <li>• the date your employer terminates coverage</li> </ul>

	<ul style="list-style-type: none"> <li>• the date you enter the armed forces of any country on a full-time basis</li> <li>• the date the Group Policy terminates or coverage on the class to which you belong terminates</li> </ul>
<p><i>No Extended Health Care benefits are payable for expenses related to:</i></p> <ul style="list-style-type: none"> <li>• self-inflicted injuries</li> <li>• war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion</li> <li>• committing or attempting to commit an assault or criminal offence</li> <li>• injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol</li> <li>• an illness or injury for which benefits are payable under any government plan or workers' compensation</li> <li>• charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms</li> <li>• services or supplies provided by an employer's medical or dental department</li> <li>• services or supplies for which no charge would normally be made in the absence of insurance</li> <li>• services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of insurance</li> <li>• services or supplies which are not permitted by law to be paid</li> <li>• services or supplies which are required for recreation or sports</li> <li>• services or supplies which would have been payable by the Provincial Plan if proper application had been made</li> <li>• medical treatment which is not usual or customary, or is experimental or investigational in nature</li> <li>• medical or surgical care which is cosmetic</li> <li>• services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured person</li> <li>• services or supplies which are provided while confined in a hospital on an in-patient basis</li> <li>• services or supplies which are not specified as a covered expense under this benefit</li> </ul>	

## EHC - Drugs

Benefit Details	Your Plan's Coverage
<p>Direct Prescribed Drugs</p> <p>Includes the following drug classes:</p> <ul style="list-style-type: none"> <li>• oral contraceptives</li> <li>• preventive vaccines and medicines (oral or injected)</li> <li>• standard syringes, needles and diagnostic aids required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)</li> <li>• injectable medications</li> </ul> <p>No coverage for / excludes:</p> <ul style="list-style-type: none"> <li>• drugs, biologicals and related preparations which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home</li> <li>• charges made by a practitioner or Physician to administer injectable medications</li> <li>• anti-smoking drugs</li> <li>• intrauterine devices and diaphragms</li> <li>• drugs used in the treatment of a sexual dysfunction</li> <li>• vitamins unless injected</li> </ul>	<p><i>There is a limitation on quantity of drugs that can be dispensed and claimed at one time, to the lesser of:</i></p> <ol style="list-style-type: none"> <li><i>a. the quantity prescribed by the Physician or Dentist; or</i></li> <li><i>b. a 34-day supply; or</i></li> <li><i>c. up to a 100 day supply for long term therapy where the larger quantity is recommended as appropriate by the Physician and the Pharmacist</i></li> </ol> <p><i>If you are a Québec resident, your plan's coverage will coordinate with RAMQ.</i></p>

EHC - Vision	
Benefit Details	Your Plan's Coverage
Prescription Glasses Contact Lenses Laser Eye Surgery Eye Exams	<ul style="list-style-type: none"> <li>• purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of \$470 in any 24 consecutive months</li> <li>• eye exams, to a maximum of 1 exam in any 24 consecutive months</li> </ul>
	<p><i>Find out about <b>discounts</b> available to you through Manulife Financial's relationship with Preferred Vision Services (PVS).</i></p>

## EHC - Health Care Professionals (Professional Services)

Benefit Details	Your Plan's Coverage
<p>Chiropractor, Osteopath, Podiatrist/Chiropodist, Massage Therapist, Naturopath, Speech Therapist, Physiotherapist, Psychologist</p>	<p>Chiropractor: \$15 per visit to a maximum of 20 visits in any 12 consecutive months. In addition, up to \$50 in any 12 months for x-rays.</p> <p>Osteopath: \$15 per visit to a maximum of 20 visits in any 12 consecutive months</p> <p>Podiatrist/Chiropodist: \$15 per visit to a maximum of 20 visits in any 12 consecutive months</p> <p>Massage Therapist: \$35 per visit to a maximum of \$300 in any 12 consecutive months</p> <p>Naturopath: \$15 per visit to a maximum of 20 visits in any 12 consecutive months</p> <p>Speech Therapist: \$200 in any 12 consecutive months</p> <p>Physiotherapist: Unlimited</p> <p>Psychologist: \$35 for initial visit, \$20 per hour for subsequent visits to a maximum of \$200 in any 12 consecutive months</p> <p><i>Expenses for services of a chiropractor and a podiatrist may be payable in part by Provincial Plans. In those provinces, expenses under this Benefit Program are payable after the Provincial Plan's maximum for the benefit year has been paid.</i></p> <p><i>Expenses for all other Professional Services may be payable in part by Provincial Plans. Coverage for the balance of such expenses prior to reaching the Provincial Plan maximum may be prohibited by provincial legislation. In those provinces, expenses under this Benefit Program are payable after the Provincial Plan's maximum for the benefit year has been paid.</i></p> <p><i>Recommendation by a physician for Professional Services is not required.</i></p>

## EHC - Medical Supplies and Services

For all medical equipment and supplies, coverage is limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

Benefit Details	Your Plan's Coverage
<p><b>Private Duty Nursing Services</b></p> <p>Provided by a registered nurse</p> <p>Excludes:</p> <ul style="list-style-type: none"> <li>• custodial care, homemaking duties or supervision</li> <li>• services performed by a nurse practitioner who is an immediate family member or who lives with the patient</li> <li>• services performed while confined to a hospital, nursing home or other similar institution</li> <li>• services that could be performed by a person with lesser qualification, a relative, friend or member of the patient's household</li> </ul>	<p>720 hours per calendar year</p> <p><i>Submit a detailed treatment plan estimate before Private Duty Nursing services because we can advise you of what benefit may be provided.</i></p>
<p><b>Hearing Aids</b></p>	<p>\$500 per 60 months</p> <p><i>Includes cost, installation, repair and maintenance of Hearing Aids (including charges for batteries)</i></p>
<p><b>Orthopaedic Shoes/Orthotics</b></p>	<ul style="list-style-type: none"> <li>• Unlimited for custom-made shoes</li> <li>• Unlimited for modifications and adjustments to stock-item orthopaedic shoes or regular footwear</li> <li>• 2 pairs per calendar year for custom-made orthotic foot appliances</li> </ul> <p><i>Must be recommended by a physician or podiatrist</i></p>
<p><b>Medical Equipment</b></p> <p>Includes items such as:</p> <ul style="list-style-type: none"> <li>• ambulance (licensed including air ambulance, provided in province of</li> </ul>	<ul style="list-style-type: none"> <li>• 6 per calendar year for surgical brassieres</li> <li>• 1 per lifetime up to a maximum of \$500 for wigs and hairpieces</li> <li>• 1 per eye per lifetime for intra-ocular lens implant, contact lenses or cataract</li> </ul>

<p>residence)</p> <ul style="list-style-type: none"> <li>• mobility equipment (crutches, canes, walkers, wheelchairs)</li> <li>• manual hospital beds</li> <li>• respiratory and oxygen equipment excluding nebulizers and PEP (positive expiratory pressure) masks</li> <li>• other equipment usually found only in hospitals</li> <li>• non-dental external prostheses</li> <li>• braces (other than foot braces) trusses, collars, casts and splints</li> <li>• ileostomy, colostomy and incontinence supplies</li> <li>• burn garments and all medicated dressings other than surgical dressings</li> <li>• oxygen</li> <li>• charges for the treatment required as a result of an injury to natural teeth or jaw</li> <li>• surgical brassieres</li> <li>• wigs and hairpieces for temporary hair loss associated with medical treatment</li> <li>• intra-ocular lens implant, contact lenses or cataract eyeglasses required as a substitute for a covered person's natural lens following cataract surgery or when the covered person lacks an organic lens</li> <li>• CPAP (continuous positive airway pressure) machine</li> </ul>	<p>eyeglasses</p> <p><i>Medical equipment dispensed by a hospital is not an eligible expense.</i></p> <p><i>Accidental dental treatment must be provided within 12 months of the accident. Injuries sustained while biting or chewing are not covered.</i></p>
<p><b>Surgical Stockings</b></p>	<p>6 pairs per calendar year</p>



EHC - Hospital	
Benefit Details	Your Plan's Coverage
General hospitals in a Private Room	<p><b>If Elected</b></p> <p>General Hospital - Private in excess of the hospital's public ward charge: Unlimited</p> <p>Chronic Care Facility - Semi-Private: \$3 per day, for up to 120 days every 12 months</p>
	<p><i>Manulife Financial will coordinate payment after any provincial plan coverage has first been applied.</i></p>

## EHC - Medical and Non-Medical Travel Emergencies

Benefit Details	Your Plan's Coverage
<p>Emergency medical coverage</p> <p>Conditions:</p> <ul style="list-style-type: none"> <li>coverage is permitted for normal pregnancies as long as travel is completed prior to the 37th week of gestation</li> <li>valid Government Health Insurance Plan (GHIP) coverage is required for you and your dependants</li> </ul>	<p>100% with a maximum of \$1,000,000 per trip</p> <p>Coverage is limited to 60 days per trip.</p> <p><i>Contact the service partner shown on your benefits card as soon as possible to arrange for payment directly to the treating physician or facility.</i></p>
<p>Emergency Travel Assistance Including:</p> <ul style="list-style-type: none"> <li>24 hour access to multi-lingual service representatives</li> <li>referral to local medical care and treatment monitoring</li> <li>payment of medical bills, medical transportation, return home of dependant children, visit by a family member, trip interruption/delay coverage, support through convalescence after hospital discharge, identification and/or return of a deceased traveller, meals and accommodation, vehicle return, pre-trip advice on passport, visa, vaccination and inoculation requirements for a destination, assistance in replacing lost documents and tickets, referral to legal assistance in your foreign destination, telephone interpretation service, emergency message service, and</li> <li>after-hours medical advice phone support</li> </ul>	<p>All maximums stated are in Canadian Funds.</p> <p>\$1,000 for return of vehicle</p> <p>\$1,500, limited to expenses of not more than \$150 per day for meals and accommodations</p> <p>\$5,000 for return of deceased</p> <p><i>See <a href="http://www.manulife.ca/groupbenefits/travel">www.manulife.ca/groupbenefits/travel</a> for additional information, a list of phone numbers for frequent Canadian travel destinations and for participating countries.</i></p>

## Survivor Benefit

Benefit Details	Your Plan's Coverage
<p>If you die while your dependants are insured under the program, Manulife Financial will continue coverage for some benefits provided the required payment of premiums for such coverage is paid:</p> <ul style="list-style-type: none"> <li>• Extended Health Care</li> <li>• Dental Care</li> </ul>	<p>Coverage will continue until the earliest of:</p> <ul style="list-style-type: none"> <li>• the date your spouse remarries (your dependant children continue to be covered),</li> <li>• the date your dependant is no longer a dependant,</li> <li>• the date similar coverage is obtained elsewhere,</li> <li>• the date which is 24 months from your death, or</li> <li>• the date your employer's plan terminates.</li> </ul>

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## **Individual plan options available to purchase if you are leaving the plan**

When your group coverage ends, your relationship with Manulife doesn't have to stop there. You have the option to purchase your own personal plans.

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## FollowMe™ Life

The FollowMe Life insurance plan is unique. Designed to start when your group life insurance stops, it offers coverage from \$25,000 to \$200,000. You are eligible to apply for the same amount of coverage as you had with your group life plan or less.

*Completion of a medical questionnaire is not required as long as you apply within 60 days of your group life coverage end date.*

*To find out more, request a brochure, get a quote, apply online or print an application, go to [www.coverme.com](http://www.coverme.com) or call 1-877-COVER ME® (1-877-268-3763)*

## FollowMe™ Health

The FollowMe Health plan is specially designed for those whose group health coverage has recently or will soon come to an end. FollowMe Health allows you to continue enjoying health and dental benefits without completion of a medical questionnaire, so there's no need to worry about interruption of coverage for you or your loved ones. With four different plans and levels of coverage to choose from, you're certain to find the FollowMe Health plan that meets your needs.

*To find out more, request a brochure, get a quote, apply online or print an application, go to [www.coverme.com](http://www.coverme.com) or call 1-877-COVER ME® (1-877-268-3763)*

## Definitions

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### Explanation of some of the terms used in this document

#### Co-insurance

The way the cost of a service is shared between you and your plan. It exists in addition to any deductibles. So for example, an 80% co-insurance means that after the deductible has been satisfied, your plan will cover up to 80% of the bill and you would pay the rest.

#### Dependant

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

##### - *Spouse*

- your legal spouse, or a person continuously living with you in a role like that of a marriage partner.

##### - *Child*

- your natural or adopted child, foster child or stepchild, who is:
  - unmarried;
  - under age 21, or under age 25 if a full-time student. Coverage terminates at the end of the month in which the child attains age 21 or the end of the month in which the student attains age 25;
  - not employed on a full-time basis; and
  - not eligible for insurance as an employee under this or any other group benefit program.
- a child who is incapacitated on the date he or she reaches the age when insurance would normally terminate will continue to be an eligible dependant. However, the child must have been insured under this Benefit Program immediately prior to that date. A child is considered incapacitated if he or she is incapable of engaging in any substantially gainful activity and is dependant on the employee for support, maintenance and care, due to a mental or physical disability. Manulife Financial may require written proof of the child's condition as often as may reasonably be necessary.
- a stepchild must be living with you to be eligible.
- a newborn child shall become eligible from birth

#### Drugs

- must be prescribed in writing by a physician, dentist or other health care professional whose scope of practice within their province permits them to write a prescription;
- must be dispensed by a licensed pharmacist;
- must have been approved for use by Health Canada and have a drug identification number(DIN).

#### RAMQ - Drug Benefit for persons who reside in Québec

If you and your dependants reside in Québec, the following provisions apply to your drug benefit coverage:

- drugs that are on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List), provided such drugs are on the list at the time the expense is incurred; and
- drugs that are listed as a covered expense under your drug plan but are not on the RAMQ List.

The following provisions apply only to the coverage of drugs that are on the RAMQ List, as legislated by An Act Respecting Prescription Drug Insurance (R.S.Q. c., A-29-01). Coverage for all other drugs will be subject to the regular provisions included in your benefit plan.

**a) Benefit Percentage**

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

- i) For any drug on the RAMQ List which is not otherwise covered under the terms of this benefit, the percentage payable is the percentage as set out by legislation.
- ii) For any drug on the RAMQ List which is covered under the terms of this benefit, the percentage payable is the greater of:
  - the benefit percentage stated under the benefit; or
  - the percentage as set out by legislation.

After the annual out-of-pocket maximum has been reached, the percentage of covered drug expenses payable under this benefit will be 100%.

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

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

- i) deductible amounts; and
- ii) the portion of covered drug expenses that is paid by an insured person, when the percentage of covered expenses payable under this benefit is less than 100%.

The annual out-of-pocket maximum for you and your spouse is as stipulated in the legislation and includes those portions of covered drug expenses paid for your dependant children.

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

**c) Deductible**

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

**d) Lifetime Maximums**

Lifetime maximums (if any) for the drug benefit will not apply. Drug coverage provided after the lifetime maximum stated under this plan is reached is subject to the following conditions:

- i) only drugs that are on the RAMQ List are covered; and
- ii) the percentage payable by Manulife Financial for covered expenses is the percentage as set out by legislation.

**e) Eligible Dependant Children**

Your eligible dependant children who are in full-time attendance at an accredited educational institution will be covered until the later of:

- i) the age specified in this Benefit Booklet; or
- ii) age 26.

Drug coverage provided for dependant children after the age stated in this Benefit Booklet is subject to the following conditions:



- only drugs that are on the RAMQ List are covered; and
- the percentage payable by Manulife Financial for covered expenses is the percentage as set out by legislation.

### **Termination Age**

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

- only drugs that are on the RAMQ List are covered,
- the percentage payable by Manulife Financial for covered expenses is the percentage as stipulated in the legislation; and
- the Annual Out-of-Pocket Maximum is as stipulated in the legislation

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

### **Experimental or Investigational**

Treatment not approved or broadly accepted and recognized by the Canadian medical profession, as an effective, appropriate and essential treatment of a sickness or injury, in accordance with Canadian medical standards.

### **Medical and Non Medical Travel Emergencies**

Sudden, unexpected injuries which occur or unforeseen illnesses which begin while travelling out-of-province or out-of-Canada for business or pleasure and for accidents or illnesses that were not previously diagnosed or treated in Canada.

### **Medically Necessary**

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

### **Reasonable and Customary Charges**

The lowest of:

- the prevailing amount charged for the same or comparable service or supply in the area in which the charge is incurred, as determined by Manulife Financial; or
- the amount shown in the applicable professional association fee guide; or
- the maximum price established by law