

LIMESTONE DISTRICT SCHOOL BOARD

SECONDARY TEACHERS

GROUP CONTRACT NUMBER: 2567A

EFFECTIVE DATE: REFER TO MASTER CONTRACT

You can contact Manulife Financial at
1-866-769-5556
or visit our web site at:
www.manulife.ca/groupbenefits/secureserve

IMPORTANT

This material summarizes the important features of your group program; is prepared as information only; and does not, in itself, constitute a contract. The exact terms and conditions of your group benefits program are described in the Group Benefits Contract held by your employer.

The information contained in this booklet is important and we suggest it be kept in a safe place.

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SUMMARY OF BENEFITS

Benefits Underwritten By The Manufacturers Life Insurance Company

SEMI-PRIVATE HOSPITAL ACCOMMODATION

Deductible - Nil.

100% reimbursement of the charge made by a hospital for semi-private room accommodation, which is in excess of the standard ward rate.

EXTENDED HEALTH BENEFITS (EHB)

Single Deductible - \$25 per benefit year.

Family Deductible - \$50 per benefit year.

100% reimbursement of eligible charges in excess of the deductible amount.

Hearing Aids

Deductible - Nil.

100% reimbursement up to a maximum of \$500 per 60 consecutive months.

Vision

Deductible - Nil.

100% reimbursement up to a maximum of \$470 per 24 consecutive months.

EHB Overall Lifetime Maximum - Unlimited.

DELUXE TRAVEL

Maximum per trip:

Duration 60 days.

Coverage \$1,000,000 per person.

Deductible - Nil

100% reimbursement of eligible charges.

DENTAL BENEFITS

Plan 9, Riders 2, 3, 4

Deductible - Nil.

100% reimbursement of eligible charges, up to the amount specified in the applicable Fee Guide, with the exception of the following:

Riders 2, 3 and 4: 50% co-payment.

Dental Maximum

Rider 3 lifetime maximum - \$3,000 per person.

Dental Overall Maximum (excluding Rider 3) - Unlimited.

Fee Guide - Current Ontario Dental Association Fee Guide for General Practitioners.

Note:

A benefit year is any period of 12 consecutive months beginning from the date on which the first eligible expense is incurred.

GENERAL PROVISIONS

ELIGIBLE EMPLOYEES

You are eligible to enrol for benefits if you are a permanent employee and have completed the waiting period stipulated by your Employer.

You may elect coverage by completing an application within 31 days of becoming eligible. Coverage is effective on the later of the date of eligibility or the date that application is made for group benefits provided you are actively at work on the effective date. If not actively at work when you would normally have become eligible, your coverage will commence when you return to work.

ELIGIBLE DEPENDENTS

Dependents are defined as your legal spouse (as described below), and unmarried, unemployed dependent children including natural, adopted or step-children. Children of a common-law spouse may be covered if they are living with you.

The term "spouse" is defined as your legally married spouse or, a person of the opposite or same sex who has continuously lived with you in a conjugal relationship outside marriage. Only one spouse will be considered as being covered at any time.

Dependent children are eligible for benefits if they are less than 21 years of age; or; if 21 years of age but less than 25 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

Unmarried, unemployed children over 21 years of age qualify if they are dependent upon you by reason of a mental or physical disability and have been continuously so disabled since the age of 21. Unmarried, unemployed children who became totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to the age 25 and have been continuously so disabled since that time also qualify as a dependent.

Dependent coverage begins for your eligible dependents on the same date as your coverage, or as soon as they become eligible dependents if added later, provided that dependent benefits were applied for within 31 days of their becoming eligible. If coverage is not applied for within this 31 day period, evidence of health on the dependents may have to be submitted and approved before coverage begins.

EVIDENCE OF HEALTH

Proof of good health is not required if application is made within 31 days of first becoming eligible. If coverage is not applied for within this 31 day period, evidence may be requested for you and your dependents, if any, before benefits commence. The cost of providing evidence of health will be the employee's responsibility.

TERMINATION OF BENEFITS

Coverage for you and your dependents will cease on the earliest of:

- the last day of the month for which premiums have been paid,
- the last day of the month in which you cease to be eligible due to termination of employment, death, age limitation, change in classification, etc.
- the termination date of the Group Contract.

SURVIVOR'S BENEFIT

Health and Dental coverage shall continue for the surviving spouse of a deceased employee, provided the required premiums are paid, until the earliest of:

- the date the Group Contract terminates,
- the end of the 24 month period following the date of the employee's death,
- the end of the month in which the spouse remarries, or
- the date the spouse becomes eligible for coverage under any other Group Policy.

CLAIMING BENEFITS

Assignment of Benefits to the Provider

In cases where your group benefit plan permits direct payments to providers, you may wish to assign benefits to the provider of the service (e.g. hospital, pharmacist, dentist, optician). If assignment is acceptable to the provider, present your Identification Certificate and the provider will bill Manulife Financial directly. No claim forms are necessary.

Direct Claims Submission

Claims submitted directly to Manulife Financial must include original receipts and a completed claim form including the following: your name and complete address; your group and identification numbers; group name; claimant's date of birth; dependent's name (if claim is on behalf of a dependent or spouse) plus relationship to you. Drug claims must indicate the prescription number, name, strength and quantity of the drug plus the drug identification number.

Claims must be sent to the address indicated on the claim form.

For Deluxe Travel Benefits, written proof of claim, satisfactory to Manulife Financial, must be received not later than six months following the date the claim was incurred.

For all other benefits, written proof of claim must be received by Manulife Financial not later than the end of the calendar year following the year in which the claim was incurred.

However, on termination of a person's coverage for any reason, written proof of claim must be received not later than 90 days following the date of such termination

COORDINATION OF BENEFITS

Your Manulife Financial plan includes a Coordination of Benefits provision. If you have similar benefits through any other insurer, the amount payable through this plan shall be coordinated as follows, so that payment from all benefit plans does not exceed 100 percent of the eligible expense. Where both spouses of a family have coverage through their own employer benefit plans, the first payer of each spouse's claims is their own employer's plan. Any amount not paid by the first payer can then be submitted for consideration to the other spouse's benefit plan (the second payer).

Claims for dependent children should be submitted first to the benefit plan of the spouse who has the earlier birthday in a calendar year, and second to the other spouse's benefit plan. When submitting a claim to a second payer, be sure to include payment details provided by the first payer.

CONVERSION

Applicable to Extended Health and Dental Benefits only

When you or your dependent leave the group, application may be made for conversion to an individual plan. Application for conversion to an individual plan must be made within 60 days of leaving the group.

SEMI-PRIVATE HOSPITAL ACCOMMODATION

Semi-Private Hospital Accommodation - if you are hospitalized in a public general or convalescent hospital or in a contracted private hospital in accordance with the formal agreement between the hospital and Manulife Financial, payment will be made for room and board charges in excess of those payable by your provincial health plan, up to the difference in amount between the hospital standard ward charge and the semi-private room charge.

Chronic Care - if you are confined in a chronic hospital or chronic care unit of a public general hospital, payment will be made to a maximum of \$3 per day for semi-private room accommodation for a total of 120 days per 12 consecutive months. Benefits are not payable for accommodation in psychiatric hospitals or nursing homes.

Out of Province

When semi-private hospital accommodation charges are incurred outside Ontario, Manulife Financial will not pay an amount which is greater than it would pay for semi-private hospital accommodation when incurred in Ontario.

EXTENDED HEALTH BENEFITS

The benefits described below are available to you through Manulife Financial Extended Health Benefit Plan when required as a result of sickness or accidental bodily injury.

Refer to the "Summary of Benefits" for information regarding reimbursement of this benefit.

GENERAL INFORMATION

- No medical examination is required.
- Benefits apply anywhere in the world. Reimbursement will be in Canadian funds up to the reasonable and customary charges for the services received, plus the rate of exchange if any, as determined by Manulife Financial from the date of the last service provided.
- Pre-existing conditions are covered from the moment the Agreement takes effect, except for dental care as a result of an accident.

BENEFITS

1. **DRUGS** - Formulary Two: Drugs, medicines and injected allergy sera, and insulin (needles, syringes and test-tape for use by diabetics) purchased on the prescription of a medical doctor and which are listed in Manulife Financial Formulary Two, but not to include vitamins or vitamin preparations (unless injected), smoking cessation aids, general public (G.P.) products or drugs not approved for legal sale to the general public in Canada.
2. **PRIVATE NURSING:** Charges for private nursing services which require, and can only be performed by a Registered Nurse (RN); when such services are provided in the home by a Registered Nurse who is registered in the jurisdiction in which the services are performed and is not a relative of the patient. RN services must be certified medically necessary by the attending physician; and will be reimbursed to a maximum of 90 eight hour shifts per covered person per calendar year. Agency fees, commissions and overtime charges, or any amount in excess of the fee level set by the largest nursing registry in the province of Ontario, are not included.

An "Authorization Form for RN Services" must be completed by the attending physician and submitted to Manulife Financial. When the services are extended for more than 30 days, prior approval must be obtained from Manulife Financial on a monthly basis.

3. **DIAGNOSTIC SERVICE:** For provinces where diagnostic services are not covered by the provincial health plan, diagnostic services performed at a hospital or licensed medical laboratory.
4. **PRIVATE ROOM:** Difference in cost between semi-private accommodation and a private room (not a suite) in a public general hospital.

5. **ACCIDENTAL DENTAL:** Dental care necessitated by a direct accidental blow to the mouth and not by an object wittingly or unwittingly placed in the mouth. The accident and treatment must occur while coverage is in force. Treatment must begin within 90 days of the accident, and must be completed within one year. Manulife Financial must be notified immediately. Payment will be based on the monetary rates shown in the Ontario Dental Association Fee Guide for General Practitioners in effect at the time of treatment. Where the patient is less than 18 years of age at the time of the accident, treatment must be completed prior to attainment of age 19.
6. **PRIVATE HOSPITAL:** Charges up to \$10 a day to a lifetime maximum of 120 days per person while your coverage is in force for care in a licensed private hospital.
7. **PROSTHETIC APPLIANCES:** Purchase of the following items when authorized in writing by the patient's attending physician: standard type artificial limb or eye, splints, trusses, casts, cervical collars, braces (excluding dental braces), catheters, urinary kits, surgical brassieres (maximum of 6 per calendar year), stump socks, tracheotomy supplies (excluding gloves), surgical elastic stockings (maximum of 6 pairs per calendar year, wig (following chemotherapy, once only during the Covered Persons lifetime), repairs to prosthetic appliances when required as a result of normal wear and tear, external breast prostheses (following mastectomies), ostomy supplies (where a surgical stoma exists), corrective prosthetic lenses and frames (once only for persons who lack an organic lens or after cataract surgery), custom-made orthopaedic boots or shoes or adjustments to stock item footwear, custom moulded foot orthoses (orthotics) up to 2 pairs per calendar year.
8. **DURABLE MEDICAL EQUIPMENT:** Purchase or rental of the following items when authorized in writing by the attending physician: hospital bed, crutches, cane, walker, oxygen set, aerochambers, apnea monitors (for infants only), respirator (a device to provide artificial respiration), standard-type wheelchair and wheelchair repairs.
9. **PARAMEDICAL SERVICES:** Services of the following licensed, certified or registered practitioners:
- | | | | |
|-----------------------------------------------------------------------------------|---|---------------------------------------------|-------|
| a) Physiotherapist who does not have an agreement with the provincial health plan | - | limited to reasonable and customary charges | |
| b) Clinical Psychologist | - | initial visit | \$ 35 |
| | - | subsequent visits (per hour) | \$ 20 |
| | - | maximum amount per benefit year | \$200 |
| c) Masseur | - | per treatment | \$ 35 |
| | - | maximum amount per benefit year | \$300 |

d) Speech pathologist (when authorized by a physician or dentist)	-	maximum amount per benefit year	\$200
e) Chiropractor*	-	per visit	\$ 15
	-	maximum number of treatments per benefit year	20
Plus	-	allowance for x-rays per benefit year	\$ 50
f) Osteopath*	-	per visit	\$15
Chiropracist	-	maximum number of treatments per benefit year	20
Podiatrist*		(each practitioner)	
Naturopath			

Services listed under a), b), e) and f) above do not require the prior authorization of a physician. No payment will be made for completion of reports, assessments, tests or evaluations.

* Benefits are payable only after the annual maximum allowance under your provincial health plan has been paid.

10. MEDICAL SERVICES AND SUPPLIES: Bandages or surgical dressings, blood transfusions, plasma, radium and radioactive isotope treatments when authorized in writing by the patient's attending physician.

11. AMBULANCE: Licensed ground and air ambulance services (the difference between the government agency allowance and the customary charge).

12. EXTRA MEDICAL FEES: When charges are incurred for the emergency services of a licensed physician, while travelling or temporarily residing outside your province of residence, payment will be made for the reasonable and customary charges which are in excess of the amount listed in the provincial Medical Association Fee Schedule.

13. HEARING AIDS: Payment will be made towards the purchase of a hearing aid for you or an eligible dependent, when prescribed by a physician or hearing specialist. Eligible charges include the cost of repairs and initial batteries. Refer to the Summary of Benefits for the amount and frequency of payment. Benefits are not payable for ear examinations, tests or replacement batteries.

14. VISION: Payment will be made towards the purchase of new or replacement eyeglasses or contact lenses for you or an eligible dependent, when prescribed by your doctor, ophthalmologist or optometrist. Charges to repair existing frames or lenses are also covered. A Covered Person can elect to apply the maximum (shown in the Summary of Benefits) towards laser surgery in lieu of eyeglass frames or contact lenses. Refer to the summary of Benefits for the amount and frequency of payment. Benefits are not payable for the cost of industrial safety glasses.

15. EYE EXAMS: Payment towards the cost incurred for eye examination by a duly licensed ophthalmologist or optometrist once every 24 consecutive months up to reasonable and customary charges

LIMITATIONS

Extended Health Benefits are not payable for:

- services covered by any provincial government plan or any workers' compensation board.
- any care, services or supplies which are not medically necessary, as determined by Manulife Financial.
- care, services or supplies utilized as treatment of lifestyle choices, as determined by Manulife Financial.
- services or supplies which are primarily for cosmetic purposes.
- rest cures, travel for health reasons or examinations for the use of a third party.
- services or supplies provided in a health spa, psychiatric or chronic care hospital or chronic care unit of a general hospital.
- services or supplies provided while confined in a nursing home or home for the aged.
- charges for dental care due to an accident which occurred prior to the effective date of coverage.
- drugs or medicines, services or supplies which have been self prescribed, or prescribed by or for family members.
- drugs, injectables, supplies or appliances which are experimental or which are not approved by the Health Protection Branch of Health & Welfare Canada for use in Canada.
- charges incurred as a result of conditions arising from war, whether or not war was declared, from participation in any civil commotion, insurrection or riot, or while serving in the armed forces.
- additional, duplicate or replacement appliances or devices, except where the replacement is required because the existing appliance can no longer be made serviceable due to normal wear and tear, or as the result of a pathological change, unless prior approval in writing is obtained from Manulife Financial.
- for nebulizers or vaporizers.

- charges incurred as a result of self-inflicted injury or while committing, or attempting to commit, a criminal offence.
- charges for the completion of claim forms or other documentation, or charges incurred for failing to keep a scheduled appointment or for transfer of medical files.
- expenses incurred for benefits or that part of benefits which cease to be payable under any government program.
- for drugs, medicines, services or supplies, while an inpatient of a hospital, needed for treatment of the condition requiring hospitalization.
- for service agreements.
- which are covered under the Deluxe Travel benefit contained in this policy.

DELUXE TRAVEL

The following benefits provide protection when you and/or your eligible dependents are vacationing or travelling outside the province of residence for other than health reasons. Eligible expenses over and above those paid by the provincial government health plan are covered when emergency illness or injuries occur outside the province of residence.

Coverage is limited to a maximum of 60 consecutive days per trip, beginning on and including the date of departure. If you are in hospital on the 60th day, coverage will be extended until date of discharge. The total amount payable per trip for all eligible expenses will not exceed \$1,000,000 per person.

Any benefit maximums listed are in Canadian funds.

When eligible expenses are incurred for benefits that have a limitation, i.e., accidental dental, balances may be eligible through your Manulife Financial EHB (Extended Health Benefits) plan. Refer to the Summary of Benefits for information regarding reimbursement of the following benefits.

Benefits

1. **Hospital Accommodation:** Reasonable and customary charges in excess of the provincial health plan allowance for active treatment hospital room accommodation (not a private room or suite). Payment will also be made for outpatient services provided by an active treatment hospital, in excess of the provincial health plan allowance. If coverage expires after admission to hospital, benefits continue until discharge.
2. **Doctor Bills:** Reasonable and customary charges in excess of the provincial health plan allowance.
3. **Private Duty Registered Nurse:** Reasonable and customary charges for private duty nursing services which can only be performed by a Registered Nurse (R.N.) when those services are performed during or immediately following hospitalization. Private duty nursing services must be certified in writing as medically necessary by the attending physician and cannot be performed by a relative.
4. **Ambulance:** Reasonable and customary charges for ground ambulance service from the place of illness or accident to the nearest qualified medical facility.
5. **Air Ambulance:** The cost of air evacuation between hospitals or for repatriation for hospital admission in your province of residence, when the transfer is approved in advance by Manulife Financial. Any unused portion of your air ticket must be returned to Manulife Financial. (Arrangements must be made through the Assistance Centre.)

6. Paramedical Services: Payment of up to \$300 for charges made by a physiotherapist, chiropractor, chiropodist, podiatrist or osteopath (including x-rays), when required for emergency treatment.
7. Diagnostic Services: Reasonable and customary charges for laboratory tests and x-rays when prescribed by the attending physician.
8. Treatments: The cost of whole blood, blood plasma or specialized treatments using radium and radioisotopes are covered, when rendered due to emergency hospitalization.
9. Prescriptions: When required for emergency treatment, reasonable and customary charges for drugs, medicines and injected sera, when purchased on the prescription of a physician or dentist and dispensed by a licensed pharmacist. Benefits are not payable for vitamins, vitamin/mineral preparations, food supplements, general public (G.P.) products or over-the-counter drugs or medicines, whether prescribed or not. Requires original receipt, showing name of prescribing physician, prescription number, name of medication, date, quantity and total cost.
10. Medical Appliances: Cost of splints, casts, crutches, canes, slings, trusses, walkers and/or the temporary rental of a wheelchair prescribed by the attending physician, will be reimbursed when required due to an accident or unexpected illness which occurs, and when devices are obtained, outside your province of residence.
11. Accidental Dental: Up to \$2,000 will be reimbursed for treatment by a dentist to natural teeth when necessitated by a direct, external accidental blow to the mouth. Treatment must begin within the period of coverage and be completed within 183 days of the accident. An accident report is required from the dentist or physician, immediately following the accident.
12. Repatriation: When your emergency is such that:
 - the attending physician specifies in writing that you should immediately return to your province of residence for immediate medical attention, Manulife Financial will reimburse the extra cost incurred for the purchase of the most economical airfare (available only when you are not holding a valid open-return air ticket), plus the additional most economical airfare, if required, to accommodate a stretcher, to return you by the most direct route to the air terminal nearest the departure point in your province of residence. This benefit also applies to one member of the family who is covered by this plan, and is travelling with the person at the time of illness or injury. (Arrangements must be made through the Assistance Centre.)

- the attending physician or commercial airline stipulates in writing that you must be accompanied by a qualified medical attendant (not a relative), Manulife Financial will reimburse the reasonable and customary fee charged by a medical attendant registered in the jurisdiction in which treatment is provided, including the most economical airfare and overnight hotel and meal expenses, if required. (Arrangements must be made through the Assistance Centre.)

13. Friend/Family Hospital Visits: The most economical airfare by the most direct route from your province of residence will be reimbursed for any one family member or friend to:

- visit a covered person confined in hospital. Benefit requires the covered person to have been an inpatient for at least 7 days outside the province of residence, plus the written verification of the attending physician that the situation was serious enough to have required the visit.
- identify deceased prior to release of the body, where necessary. (Arrangements must be made through the Assistance Centre.)

14. Automatic Extension of Coverage: Coverage will automatically be extended to the covered person and any accompanying family members for up to 72 hours:

- following discharge date (and including the period of hospitalization) when return to the province of residence is delayed due to hospitalization, where such confinement continues beyond the 60th day following the date of departure from the province of residence;
- beyond the 60th day following the date of departure from the province of residence when return to the province of residence is delayed, by order of the attending physician, due to a covered illness or accidental injury;
- beyond the 60th day following the date of departure from the province of residence when return to the province of residence is delayed, due to the delay of a common carrier (airplane, bus, taxi, train) on which a covered person is a passenger; or the delay is caused by a traffic accident or mechanical failure of a private automobile en route to the departure point. Claims must be supported by documented proof.

15. Return of Deceased: Up to \$5000 will be reimbursed towards the cost of preparation and homeward transportation of a deceased covered person to the province of residence OR up to \$2500 for cremation and/or burial at place of death. Benefit excludes the cost of a burial coffin.

16. Meals and Accommodation: Up to \$1500 (for you and your dependents combined, limited to a daily maximum of \$150) will be reimbursed for the extra cost of commercial accommodation and meals incurred by a covered person remaining with a travelling companion, when return to the province of residence is delayed beyond the planned termination date of the trip due to illness or injury to a travelling companion or a covered person. Claims must be verified by the attending physician and supported with receipts from commercial organizations.

17. Vehicle Services: Up to \$1000 will be reimbursed towards the cost of driving your vehicle, either private or rental, to the province of residence or nearest appropriate vehicle rental agency when you are unable to do so due to unexpected illness or physical injury and your travelling companion is unable to do so. Medical certification is required, as well as receipts for costs incurred (i.e., fuel, accommodation, meals, airfares).

If your private vehicle is stolen or rendered inoperable due to an accident, costs will be covered for the most economical airfare to return the covered persons, by most direct route, to point of departure in the province of residence. Requires official police report of the loss or accident.

18. Relief of Dental Pain: Treatment for the emergency relief of dental pain, excluding root canals, is covered to a maximum of \$200. Treatment must be rendered at a location at least 200 km from the province of residence.

19. Hospital Expenses: Payment of up to \$100 per hospital stay to cover incidental expenses. Paid receipts must be submitted.

Emergency and Payment Assistance:

Hospital/Medical Payment: Many hospitals around the world require a substantial deposit when non-residents are admitted for emergency treatment. And, before the patient is discharged from care, most hospitals and physicians expect payment in full for services provided. The Assistance Centre will arrange and/or coordinate payment in full on your behalf, whenever possible. Be sure to call for assistance.

Emergency Helpline: In the event of an emergency, illness or accident while travelling outside your province of residence, call the Assistance Centre. The toll-free numbers are listed on the back of your benefit card and are available 24 hours a day, seven days a week.

WHEN HOSPITALIZATION OCCURS, THE ASSISTANCE CENTRE MUST BE CONTACTED WITHIN 24 HOURS OF ADMISSION. FAILURE TO CONTACT THE ASSISTANCE CENTRE MAY RESULT IN A DELAY IN THE SETTLEMENT OF YOUR CLAIM.

Note: You must be able to provide your provincial health insurance number to the Assistance Centre before payments can be arranged on your behalf. Be sure to travel with your provincial health insurance number and the number of each member of your family. **Provide the Assistance Centre with your Manulife Financial group policy number, certificate number and the Service Code shown on the back of your benefit card.**

If you require general information about your travel benefit, please call Manulife Financial at 1-866-769-5556.

Travel Assistance Benefits:

Assistance Related to Medical Services

- Help you locate a physician, clinic or hospital.
- Confirm coverage to the hospital or physician.
- Arrange payment to the hospital or physician wherever possible.
- Monitor the medical treatment and keep the family informed.
- Arrange the transportation of a family member to the patient's bedside or to identify the deceased.
- Arrange for transportation home of the patient, if medically permissible.

General Assistance

- Provide emergency response in most major languages.
- Assist in contacting your family, business partner or family physician.
- Arrange for local care of dependent children and coordinate their return home, if the covered person is hospitalized.
- Arrange for the transmission of urgent messages to family members or business partners.
- Assist in the event of loss of passports or airline tickets.
- Help you to access legal counsel in the event of a serious accident.
- Coordinate claims processing with your provincial health plan.

To Make A Claim

When major emergencies occur outside Canada and the cost of services provided by a hospital or physician are beyond your immediate ability to pay, call or ask the physician or hospital administration to call the emergency helpline. The Assistance Centre will confirm your coverage and arrange payment on your behalf, whenever possible. You need do nothing more until an authorization and claim form is sent to you for signing. Once this form is signed and returned, benefits will be coordinated on your behalf with the government insurance plan and Manulife Financial.

For eligible expenses which you pay yourself while outside your province of residence, send your claim to the address indicated on the claim form.

Claim payments will be made payable to you.

Definition

“Travelling companion” is any person who has prepaid accommodation and/or transportation with the covered person. (Maximum four persons, including the covered person)

General Information

1. Coverage is available only to residents of Canada who are covered by a provincial government health plan while they are travelling outside their province of residence.
2. The availability, quality or results of any medical treatment, transport or other services, or the failure of the person to obtain medical treatment or other services will not be the responsibility of Manulife Financial or the Assistance Centre.
3. To be eligible, the hospital or medical benefits covered must have been provided at the nearest eligible facility capable of providing adequate service at the time the illness or injury occurred.
4. Manulife Financial will make benefit payments, based on reasonable and customary charges, after receipt and evaluation of satisfactory claim information. Reimbursement will be made in Canadian funds based on the rate of exchange you would be charged within the country of travel as determined by Manulife Financial in its sole discretion, based upon advice of any Schedule One Canadian bank. No sum payable will carry interest.
5. Where required, benefits listed herein will be payable only on receipt of certification from the attending physician that services have been rendered and were for emergency treatment. Costs for completion of medical certificates or documentation required for the assessment of claims are the responsibility of the covered person.

6. Manulife Financial, in consultation with the attending physician, reserves the right to transfer the covered person to another hospital or return the covered person to his or her province of residence. If any covered person is able to return to the province of residence following the diagnosis of, or the emergency medical treatment for, a medical condition which requires continuing medical care, treatment or surgery and the covered person elects to have the care, treatment or surgery performed outside the province of residence, no benefits will be payable with respect to such continuing care, treatment or surgery. The immediate availability of care, treatment or surgery on return to the province of residence is not the responsibility of Manulife Financial or the Assistance Centre.
7. The coverage provided under this benefit is subject to change by Manulife Financial. If this benefit and/or its provisions are revised by Manulife Financial, coverage for trips commencing on or after the effective date of such revisions will be in accordance with such revised benefits and/or provisions.

Exclusions

Manulife Financial will not pay benefits for expenses incurred:

1. For care, services or supplies which are not medically necessary, as determined by Manulife Financial.
2. For elective (non-emergency) treatment or surgery. This includes treatment or surgery:
 - not required for the immediate relief of acute pain and suffering;
 - which medically could be delayed until the covered person has returned to Canada;
 - or
 - which the covered person elects to have rendered or performed outside Canada following emergency treatment for, or diagnosis of, a medical condition which (on medical evidence) would not prevent the covered person from returning to Canada prior to such treatment or surgery.
3. For hospital accommodation or treatment received in a hospital which is not an active treatment hospital, such as a nursing home, health spa, chronic care hospital or chronic care unit of a public hospital.
4. Outside the province of residence when the covered person could have been returned to the province of residence without risk to the covered person's life or health, even if the treatment available in the province of residence is of lesser quality than that available elsewhere.
5. For a medical condition for which, prior to departure, medical evidence would suggest that treatment or hospitalization could be required while on the trip.
6. By a covered person who is travelling outside the province of residence, with intent or incidentally, to seek medical advice or treatment, even if the trip is on the recommendation of a physician.

7. For hospitalization or services rendered in connection with or in any way associated with:
 - general health examinations for check-up purposes;
 - ongoing maintenance of an existing medical condition;
 - rehabilitation or ongoing care in connection with drug, alcohol or other substance abuse;
 - a rest cure or travel for health reasons; or
 - cosmetic treatment.
8. In connection with or in any way associated with travel booked or commenced contrary to medical advice or after receipt of a terminal prognosis.
9. For hospital or medical care of either a covered person or a newborn child as a result of, in connection with or in any way associated with:
 - full-term birth;
 - medical complications after the 26th week of pregnancy; or
 - deliberate termination of pregnancy.
10. For services provided by naturopaths or optometrists or for cataract surgery.
11. As a result of, in connection with or in any way associated with driving a Motorized Vehicle while impaired by drugs, alcohol or toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood. (For the purpose of this exclusion, "Motorized Vehicle" means any form of transportation which is propelled or driven by a motor and includes, but is not restricted to, an automobile, truck, motorcycle, moped, snowmobile or boat.)
12. As a result of, in connection with or in any way associated with abuse of medication, toxic substances, alcohol or the use of non-prescribed drugs.
13. As a result of, in connection with or in any way associated with suicide, attempted suicide or self-inflicted injury, whether sane or insane.
14. As a result of, in connection with or in any way associated with committing, or attempting to commit, a criminal act under legislation in the jurisdiction where the act was attempted or committed.
15. As a result of, in connection with or in any way associated with parachuting, hang gliding, bungee jumping, mountaineering, cave exploring, participation in professional sports or any speed contest by a Motorized Vehicle. (For the purpose of this exclusion, "Motorized Vehicle" means any form of transportation which is propelled or driven by a motor and includes, but is not restricted to, an automobile, truck, motorcycle, moped, snowmobile or boat.)
16. As a result of, in connection with or in any way associated with a flight accident unless the covered person is riding as a fare-paying passenger on a commercial airline or charter aircraft with a seating capacity of six people or more.

17. As a result of, in connection with or in any way associated with the radioactive, toxic, explosive or other hazardous properties of nuclear materials or by-products.
18. As a result of, in connection with or in any way associated with any of the following, regardless of any other cause or event contributing concurrently or in any other sequence thereto: war, invasion, acts of foreign enemies, hostilities, warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, hijacking or any Act of Terrorism or any action taken in controlling, preventing or suppressing any of the foregoing. (For the purpose of this exclusion, "Act of Terrorism" means an act, including but not limited to, the use of force or violence and/or the threat thereof, by any person or groups of persons, whether acting alone or on behalf of or in connection with any organization or government, committed for political, religious, ideological, or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear that has been determined by the appropriate federal authority to have been an act of terrorism.)
19. As a result of, in connection with or in any way associated with service in the armed forces.
20. For services or supplies to the extent to which they are available under any government plan, or would be available without charge if this coverage was not in effect.

Manulife Financial will not provide emergency assistance services which relate in any way to expenses which are excluded above.

DENTAL BENEFITS

DENTAL PLAN 9, RIDERS 2, 3 AND 4

The following provides a general description of the benefits available to you and your eligible dependents under this dental plan. A complete list of the specific procedures (and applicable limitations) can be found in the Master Contract held by your Employer.

Payment for eligible benefits will be based on the monetary rates shown in the Dental Association Fee Guide applicable to your group plan.

Refer to the Summary of Benefits for information regarding any deductible, co-payment or maximum benefit amounts.

BENEFITS

DENTAL PLAN 9

Examinations - complete oral examination (once every 3 years); recall oral examination (once every 6 months); specific oral examination; emergency examination

Consultations - with patient (maximum 2 units every 12 months) or with a member of the profession

Diagnostic Services - radiographic examination (X-ray), complete series intra oral films (once every 3 years); periapical films; occlusal films; bitewing films (once every 6 months); extra oral films; sinus examination; sialography; use of radiopaque dyes to demonstrate lesions; temporomandibular joint films; panoramic films (once every 3 years); cephalometric films; tracing of radiographs; interpretation of radiographs from another source; hand and wrist (as diagnostic aid for dental treatment); tomography

Tests & Laboratory Examinations - microbiological test for determination of pathologic agents; bacteriological test for determination of dental caries susceptibility; biopsy; soft-hard tissue; cytological test

Preventive Services - polishing (limited to one unit of time once every 6 months); scaling; fluoride treatment (once every 6 months); oral hygiene instruction (once every 6 months); oral hygiene reinstruction (once every 6 months); interproximal discing of teeth; pit and fissure sealants for permanent molar teeth of children under the age of 16 (only one replacement per tooth)

Restorative Services - caries/trauma/pain control; amalgam restorations (primary teeth, permanent anterior and bicuspid teeth, permanent molar teeth); retentive pins for restoration; stainless steel/plastic full coverage preformed restorations; tooth coloured restorations; acid etch/non-acid etch technique, permanent teeth; tooth coloured restorations, acid etch/non-acid etch technique, primary teeth

Endodontic Services - pulpotomy; root canal therapy; apexification; re-insertion of dentogenic media; apicoectomy/apical curettage; retrofilling; root amputation hemisection; surgery, endodontic exploratory; intentional removal, apical filling and replantation; perforations/resorptive defect, pulp chamber repair or root repair, surgical; isolation of endodontic tooth/teeth; chemical bleaching (endodontically treated tooth/teeth); emergency procedures; replantation; avulsed tooth/teeth; repositioning of traumatically displaced teeth

Periodontal Services (Diagnosis and treatment of Gum Tissue)

Application of displacement dressing; oral manifestations; oral mucosal disorders; desensitization; surgical curettage; gingivoplasty; gingivectomy; flap approach with osteoplasty/ostectomy; flap approach with curettage; soft tissue grafts; free connective tissue grafts; osseous grafts; distal wedge procedure; post surgical treatment; periodontal abscess or pericoronitis; vestibuloplasty

Adjunctive Periodontal Services - provisional splinting or ligation; removal of fixed periodontal splints; occlusal equilibration (8 units of time every 12 months); root planing; periodontal appliances (including bruxism appliance); adjustments, maintenance, repair to periodontal appliances

Denture Repairs, Relining, Rebasing - denture adjustments (complete or partial dentures); minor adjustments (after 3 months from insertion); denture repairs/additions; denture relining, rebasing; denture, tissue conditioning; resetting of teeth

Surgical Services - gingival fiber incision, removal of erupted teeth (uncomplicated); removal of erupted teeth (complicated); removal of impacted teeth; removal of residual roots; surgical exposure of teeth; transplantation of erupted tooth; surgical repositioning of teeth; enucleation of unerupted tooth; alveoloplasty; excision, removal of bone; reduction of bone; tuberosity; gingivoplasty and/or stomatoplasty; surgical excisions (cysts and tumors); surgical incision and drainage; fractures; repair lacerations, uncomplicated; frenectomy; management of TMJ dislocation; miscellaneous surgical services

Anaesthesia

Professional Visits

Adjunctive General Services - drugs (injections)

Other Services - In-office and commercial laboratory charges (when applicable to above procedures)

DENTAL RIDER 2

Prosthodontic Services - Removable - diagnostic casts; complete dentures (once every 5 years); partial dentures (once every 5 years); denture adjustments (after 3 months from insertion); in-office and commercial laboratory charges (when applicable to the above procedures)

DENTAL RIDER 3

Orthodontic Services - Orthodontic casts

Preventive Orthodontics - Space maintainers

Observation and Adjustment - Observation; observation and adjustment; repairs; alterations; recementations; separation; removal of fixed orthodontic appliances

Orthodontic Appliances - Removable; fixed or cemented retention appliances; appliances to control oral habits; myofunctional therapy; appliances, control of oral habits, adjustments, repairs, maintenance

Other Services - In-office and commercial laboratory charges (when applicable to above procedures)

Prior to the commencement of orthodontic treatment, your dentist should prepare a report outlining the details with respect to malocclusion, diagnosis, proposed treatment and applicable fees. This treatment plan should be forwarded to Manulife Financial for review to establish the extent of the payable benefit.

DENTAL RIDER 4

Major Restorative Services - gold foil restorations; metal inlay restorations; composite inlay restorations; metal onlay restorations; complete onlay restoration; inlay/onlay porcelain; retentive pins; post and core; crowns; metal transfer coping; plastic repair; porcelain repair; natural tooth preparation; metal cast coping crowns; other restorative services

Prosthodontic Services - Fixed (once every 5 years)

Pontics; repairs; retainers; retainers: inlay, onlay; abutment preparation under existing partial denture clasp; splinting; retentive pins for retainers

Other Services - In-office and commercial laboratory charges (when applicable to above procedures); diagnostic casts

PREDETERMINATION OF BENEFITS AND ALTERNATE BENEFIT PROVISIONS

Prior to beginning dental treatment which is expected to cost \$500 or more, you should obtain from your dentist and submit to Manulife Financial a treatment plan outlining the procedures and charges. Your dentist may be requested to submit any relevant x-rays.

Approval of the treatment plan should be obtained from Manulife Financial prior to commencement of treatment. After reviewing the plan, you will be advised of the amount payable by Manulife Financial. Where a range of fees, individual consideration or laboratory charges are included, Manulife Financial will determine the amount payable. The approved estimate will be honoured for a period of twelve months from the date of approval.

There are many ways to treat a particular dental problem or condition and the cost of different procedures, services, courses of treatment and materials may vary considerably. Manulife Financial may determine that payment for a less expensive procedure which will provide satisfactory results, may be made towards the cost of a procedure selected by you and your dentist. The difference between the amount payable by Manulife Financial and the dentist's charge is your responsibility. If you do not submit a treatment plan, Manulife Financial reserves the right to pay benefits based on the less expensive procedure which will provide satisfactory results.

A treatment plan does not have to be submitted for the following services: basic fillings, root canals or extraction of wisdom teeth.

LIMITATION ON BENEFITS PROVIDED OUTSIDE ONTARIO

When you incur expenses outside Ontario, Manulife Financial will not pay an amount which is greater than it would pay for such expenses when incurred in Ontario.

BENEFITS ARE NOT PAYABLE FOR:

- Services or supplies not listed under Benefits.
- Services or supplies for cosmetic purposes.
- Charges for procedures or appliances connected with implants.
- Services or supplies related to Temporomandibular Joint problems.
- Charges incurred as a result of conditions arising from war, whether or not war was declared, from participation in any civil commotion, insurrection or riot, or while serving in the armed forces.
- Charges incurred as a result of self-inflicted injury.
- Charges incurred while committing, or attempting to commit, directly or indirectly, a criminal act under legislation in the jurisdiction where the act was committed.

- Charges for the completion of claim forms or other documentation, or charges incurred for failing to keep a scheduled appointment or for transfer of medical files.
- Charges for procedures in excess of those stated in the Fee Guide for General Practitioners, as shown in the Summary of Benefits.
- Services or supplies covered by any government plan.
- Services completed after termination of coverage.