

Welcome to the
BCGEU
section for the
CAMOSUN COLLEGE



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GENERAL POLICY INFORMATION

The information in this booklet was last updated July 12, 2007.

Manulife Financial Benefits

The following benefits are underwritten by Manulife Financial under:

Policy Number 788002	Life Insurance, Long Term Disability and Emergency Travel Assistance
Plan Number 788102	Eye Ware (Glasses and Contacts)
Plan Number 788202	Extended Health Care, Eye Exams and Dental Benefits

For claims inquiries, contact Manulife Financial at 1-800-575-2200

Non-Manulife Financial Benefits

The following benefits are underwritten by Industrial-Alliance Pacific Life Insurance Company under:

Group Policy 100003737	Basic Accidental Death and Dismemberment
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Important Notes

What this 'e-booklet' is:

This information has been prepared to help you toward a better understanding of your Group Insurance Coverage. It does not create or confer any contractual or other rights. The terms and conditions governing the insurance are set out in your collective agreement and the group Master Policy/ies issued by The Manufacturers Life Insurance Company. In the event of any variation between the information provided in this website and the provisions of the collective agreement or insurance policy/ies, the collective agreement and insurance policy/ies shall prevail, in that order.

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SUMMARY OF BENEFITS

This summary section is not a complete booklet. It has been prepared to give you an informal outline of the main features of your group insurance plan.

Please access the other sections of your E-booklet for further details, or contact your Human Resources Department.

WAITING PERIOD:	The first day of the month following the date employment commences.
EMPLOYEE LIFE INSURANCE:	3 times annual earnings, up to a maximum of \$800,000
OPTIONAL LIFE INSURANCE:	Units of \$10,000 to a maximum of \$200,000 available to employees and/or their spouses who are under age 65
ACCIDENTAL DEATH & DISMEMBERMENT:	3 times annual earnings, up to a maximum of \$800,000
LONG TERM DISABILITY	
Benefit Amount:	66.67% of your monthly earnings, to a maximum of \$12,000/month
Qualifying Period:	90 days of continuous disability
Maximum Duration:	to age 65

SUMMARY OF BENEFITS

EXTENDED HEALTH

Deductible:	Nil for Vision Care and Eye Exam expenses \$25 single or family per calendar year for all other eligible expenses
Benefit Percentage:	100% for Vision Care and Eye Exam expenses 95% of the first \$1,000 of paid expenses; 100% thereafter in any calendar year for all other eligible expenses
Lifetime Maximum:	Unlimited
Hospital:	up to private room
Pay-direct Drugs:	prescriptions by law
Paramedical Services:	Chiropractor: \$400 per calendar year Naturopath or Podiatrist: \$200 per calendar year per specialty Speech Therapist or Acupuncturist: \$100 per calendar year per specialty Physiotherapist or Massage Therapist: reasonable & customary charges
Orthopedic Shoes/Orthotics:	\$500 per adult (\$300 per child under age 21) per calendar year
Wigs/Hairpieces:	\$500 lifetime maximum
Surgical Stockings:	2 pairs per calendar year
Private Duty Nursing:	reasonable & customary charges when not covered by the BC Hospital Program for Special Nursing Services
Hearing Aids:	\$600 every 60 consecutive months
Eye Exams:	\$75 for eye examinations every 24 consecutive months
Vision Care:	\$300 every 24 consecutive months

EMERGENCY TRAVEL (ETA)

Deductible:	None
Benefit Percentage:	100%
Lifetime Maximum:	Unlimited

SUMMARY OF BENEFITS

DENTAL EXPENSE

Deductible:	None
Benefit Percentage:	100% Plan A - Basic Services 75% Plan B - Major Services 50% Plan C - Orthodontics
Maximums:	Unlimited for Basic and Major Services \$2,000 lifetime maximum for Orthodontics
Recall Exams:	once every 9 months (every 6 months for dependent children under age 19)
Fluoride/Polishing:	once every 9 months (twice every 12 months for dependent children under age 19)
Scaling and Root Planing:	16 units per calendar year

GENERAL PROVISIONS

Eligibility

The following employees will be eligible for coverage on the first day of the month coinciding with or next following the date employment commences:

- i) active, continuing employees or probationary employees with a 50% workload
- ii) term employees with a 100% workload for 4 months or longer.

Term employees must be employed for a period of 10 months or longer with a minimum workload of 100% to be eligible for Dental benefits. Extended Health and Vision Care benefits will commence on the first day of the month following the date employment commences. No coverage is provided for Life Insurance and Long Term Disability benefits.

Retired employees are not eligible for coverage.

When Your Insurance Starts

Your insurance comes into effect on the latest of the following dates if you are actively at work on that date:

- the date you become eligible;
- the date you apply; or
- if Evidence of Insurability is required the date it is approved by the Insurer.

Evidence of Insurability

Evidence of Insurability is required if:

- you apply for insurance more than 31 days after becoming eligible to apply;
- you apply for Optional Life Insurance for yourself and/or your spouse;
- you reapply after your insurance has terminated due to non-payment of premium; or
- your amount of insurance exceeds or increases beyond the No-Evidence Limit.

When Your Insurance Terminates

Your insurance terminates in the event of:

- non-payment of premium;
- a change in your classification to one not insured;
- termination of your employment;
- termination or amendment of the Master Policy;
- your commencing active duty in any armed forces;
- your attainment of the age specified in the Description of Benefits section; or

your retirement.

Note: In the event you are absent from work due to sickness, injury, layoff or leave of absence, your insurance coverages may continue for a period as outlined in the Master Policy, but only if the required premiums are paid.

Change in Amounts of Insurance

A change in the amount of your insurance shall become effective on the date of change, if you are actively at work for that full scheduled working day, otherwise on the first day thereafter on which you are actively-at-work.

GENERAL PROVISIONS

Eligible Dependents

Eligible dependents under this plan shall include:

- Unmarried children who are under age 21, or under age 25 if a full-time student in an accredited school, college, or university. Dependent children must be dependent on you for support and not employed at a regular full-time job.
- Functionally impaired children who are totally dependent upon you for support. For the purposes of this plan, functionally impaired shall mean an unmarried person who was insured as a dependent prior to becoming functionally impaired who is wholly dependent upon you for support and maintenance within the terms of the Income Tax Act.
- A child of your spouse provided,
 - i) he/she is also your biological child; or
 - ii) your spouse is living with you and has custody of the child.
- Your spouse, which includes:
 - i) a person married to you as a result of a valid civil or religious ceremony; or
 - ii) a person whose common law relationship with you has existed for a minimum period of 12 consecutive months immediately prior to the date on which a claim arose, provided the existence of such relationship includes continuous cohabitation and public representation of married status.

If you have been married to more than one person, you can only claim your current spouse or your current common law relationship if you have been cohabiting for more than 12 months.

Co-ordination of Benefits

Payment of Extended Health Care, Vision Care and Dental benefits shall be coordinated so that benefits from all plans do not exceed 100% of the eligible claim. For this purpose, Manulife Financial has a right to receive and release information on benefits and if necessary, collect any overpayments made by it.

Order of benefit payment will be determined as follows:

A variety of circumstances will affect which Plan is considered as the "Primary Carrier" (i.e. responsible for making the initial payment toward the eligible expense), and which Plan is considered as the "Secondary Carrier" (i.e. responsible for making the payment to cover the remaining eligible expenses).

If the other Plan does not provide for Co-ordination of Benefits, it will be considered as the Primary Carrier, and will be responsible for making the initial payment toward the eligible expenses.

If the other Plan does provide for Co-ordination of Benefits, the following rules are applied to determine which Plan is the Primary Carrier.

GENERAL PROVISIONS

Co-ordination of Benefits (Continued)

For Claims incurred by you or your Dependent Spouse:

The Plan covering you or your Dependent Spouse as an employee/member pays benefits before the Plan covering you or your Spouse as a dependent.

In situations where you or your Spouse have coverage as an employee/member under more than one Plan, the order of benefit payment will be determined as follows:

- The Plan where the person is covered as an active full-time employee, then
- The Plan where the person is covered as an active part-time employee, then
- The Plan where the person is covered as a retiree.

For Claims incurred by your Dependent Child:

The Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

When parents are separated or divorced, the following order applies:

- The Plan of the parent with custody of the child, then
- The Plan of the spouse of the parent with custody of the child (i.e. if the parent with custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child), then
- The Plan of the parent not having custody of the child, then
- The Plan of the spouse of the parent not having custody of the child (i.e. if the parent without custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child).

A claim for accidental injury to natural teeth will be determined under Extended Health Care Plans with accidental dental coverage before it is considered under Dental Plans.

If the order of benefit payment cannot be determined from the above, the benefits payable under each Plan will be in proportion to the amount that would have been payable if Co-ordination of Benefits did not exist.

Submitting a Claim for Co-ordination of Benefits

As per the Order of Benefit Payment section, determine which Plan is the Primary Carrier and which is the Secondary Carrier.

Submit all necessary claim forms and original receipts to the Primary Carrier.

Keep a photocopy of each receipt or ask the Primary Carrier to return the original receipts to you once your claim has been settled.

Once your claim has been settled by the Primary Carrier, you will receive a statement outlining how your claim has been handled. Submit this statement along with all necessary claim forms and receipts to the Secondary Carrier for further consideration of payment, if applicable.

GENERAL PROVISIONS

Time Limitations

A claim for disability income benefits must be submitted within 6 months of the end of the qualifying disability period.

A claim for a waiver of premium benefit must be submitted within 12 months of the date disabled.

A claim for any other loss must be submitted within 15 months following the date the loss is incurred. However, in the event of termination of insurance, a claim must be submitted within 90 days following the date of termination of your insurance or the date following termination of a coverage or the policy.

Medical Information Bureau (MIB)

MIB Group, Inc. (MIB) is a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

Manulife Financial or its re-insurers may periodically report information to the MIB. If you apply to receive life, disability or health insurance coverage from another MIB member company or submit a claim for benefits to such a company, the MIB upon request will supply the other insurer with the information on file.

Manulife Financial or its reinsurers may also release information in its file to other life and health insurance companies to whom you may apply for insurance or submit a claim for benefits. All Information obtained will be treated as confidential.

Upon your request, the MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the MIB file, you may contact the MIB and seek a correction. Their address is: MIB, 330 University Ave., Suite 501, Toronto, Ontario, M5G 1R7. Tel: (416) 597-0590.

EMPLOYEE LIFE INSURANCE

In the event of your death while insured, the amount of your Life Insurance is payable to your beneficiary. You may change your beneficiary at any time by written notice to your Employer, subject to any policy or legal limitations.

Benefit Amount	You are eligible for an amount of insurance equal to 3 times your annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum benefit of \$800,000.
Termination Age	Your benefit terminates at age 65 or earlier retirement.

Waiver of Premium for Disability

If you i) qualify for Long Term Disability benefits or ii) become totally disabled for 90 consecutive days before age 65, your Life Insurance will be continued free of charge until you cease to be totally disabled or you reach age 65, whichever occurs first.

To qualify, during the qualifying period and the next 24 months, you must be unable to perform a combination of duties from your regular occupation that would take at least 60% of your time to complete. After 24 months, you are considered totally disabled if you cannot earn at least 50% of your earnings from any combination of duties from any occupation or employment for which you are or may become qualified by training, education or experience.

Note: In order to qualify for the Waiver of Premium benefit you must notify Manulife Financial of your disability within one (1) year of your last active day at work, and must furnish proof of your disability satisfactory to the Insurer within 18 months of that last active working day.

Conversion Privilege

If your Group Benefits terminate, you may be eligible to convert your Life Insurance to an individual policy, without medical evidence. You must apply for the individual policy, and pay the first monthly premium within 31 days of the termination of your Employee Life Insurance. For information on the conversion privilege, please see your Human Resources Department.

Note: Conversion does not apply if insurance terminates at the above-noted specified benefit termination age or upon your retirement.

OPTIONAL LIFE INSURANCE

Benefit Amount	If you are under age 65, you may apply for this coverage for you or your spouse in units of \$10,000, subject to a maximum of 20 units (\$200,000). This coverage is available in addition to, not in lieu of, Employee Life Insurance.
No Evidence Limit	Evidence of insurability, satisfactory to Manulife Financial, shall be required for all amounts.
Termination Age	Your benefit terminates on the date you attain age 65 or earlier retirement. Your spouse's insurance terminates on your attainment of age 65 or retirement, or your spouse's attainment of age 65, whichever is earlier.

In the event of your death while insured, the amount of your Optional Life Insurance is payable to your beneficiary. In the event of the death of your spouse while insured, the amount of your spouse's Optional Life Insurance is payable to you.

However, if you or your spouse die due to self-destruction while sane or insane, Manulife Financial will not pay any part of Optional Life Insurance which became effective less than two years prior to your date of death. Misstatement of non-smoker status by you or your spouse shall constitute fraud and Manulife Financial will not pay any part of Optional Life Insurance regardless of the cause of death.

The provisions of this coverage shall be the same as for Basic Life Insurance except that Waiver of Premium Benefit for the spouse ceases on the earlier of: a) the date the Waiver of Premium for Life Insurance ceases, or b) the date the policy or coverage terminates.

Definition of Non-Smoker

A person who has totally abstained from smoking cigarettes or cannabis for a one year period immediately preceding the date of his/her application for Non-Smoker Status as outlined in the Master Policy.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

**This plan is underwritten by
Industrial-Alliance *Pacific* Life Insurance Company**

Policy Number 100003737

Eligibility

You are eligible for coverage under the Basic Accidental Death & Dismemberment benefit provided you are an eligible employee under the terms of this policy. Your insurance will become effective on the date your Life Insurance coverage commences.

Benefit Amount

You are eligible for an amount of insurance equal to 3 times your annual earnings. The benefit is rounded to the next higher \$1,000 if not already a multiple thereof and is subject to a maximum of \$800,000

Termination Age

Your benefit terminates at age 65 or earlier retirement.

Benefit Description

Accidental Death & Dismemberment applicable 24 hours a day each and every day.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

Schedule of Losses

If injury shall, within 365 days of the date of the accident causing such injury, result in any of the following losses, the insurer will pay for loss of or permanent and total loss of use of:

Life	The Principal Sum.
Both Hands	The Principal Sum.
Both Feet	The Principal Sum.
Entire Sight of Both Eyes	The Principal Sum.
One Hand and One Foot	The Principal Sum.
One Hand and the Entire Sight of One Eye	The Principal Sum.
One Foot and the Entire Sight of One Eye	The Principal Sum.
Speech and Hearing in Both Ears	The Principal Sum.
One Arm	Three-Quarters of The Principal Sum.
One Leg	Three-Quarters of The Principal Sum.
One Hand	Three-Quarters of The Principal Sum.
One Foot	Three-Quarters of The Principal Sum.
Entire Sight of One Eye	Two-Thirds of The Principal Sum.
Speech or Hearing in Both Ears	One-Half of The Principal Sum.
Thumb and Index Finger of Either Hand	One-Third of The Principal Sum.
Four Fingers of Either Hand	One-Third of The Principal Sum.
All Toes of One Foot	One-Quarter of The Principal Sum.
Hearing in One Ear	One-Sixth of The Principal Sum.

PARALYSIS BENEFITS

Quadriplegia (complete paralysis of both upper and lower limbs)	Two Times The Principal Sum.
Paraplegia (complete paralysis of both lower limbs)	Two Times The Principal Sum.
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	Two Times The Principal Sum.

"Loss" as above and used with reference to hand or foot means complete severance at or above the wrist or ankle joint but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; and as used with reference to hearing means the total and irrecoverable loss thereof. "Loss" as above used with reference to quadriplegia, paraplegia and hemiplegia means the permanent and irrecoverable paralysis of such limbs.

Any indemnity payable for Loss of Use shall be paid only if such loss is permanent, total and irrecoverable and shall have been continuous for a period of twelve months from the date of the accident.

Only one of the amounts shown on the Schedule of Losses, the largest, is payable for all losses resulting from any one accident to any one Insured Person.

Aggregate Limit of Indemnity

The aggregate limit applicable for all losses from any one accident is \$5,000,000.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

Description of Hazards

The hazards against which insurance is provided under and subject to the provisions of this policy, is defined as injury sustained by the insured person while this policy is in force.

Beneficiary

Death Benefits – Shall be paid to the beneficiary designated under your Group Life Insurance policy. If no such designation has been filed, death benefits shall be paid to your estate.

Dismemberment Benefits - In the case of dismemberment, the benefits are payable to the employee. If death occurs within 365 days of dismemberment the death benefit will be reduced by the amount previously paid.

Additional Benefits

The **Conversion Option** may allow you to convert your insurance to an individual accident insurance plan with no evidence of insurability should you terminate active employment, other than through retirement. You must apply for conversion within 31 days of your termination date.

The **Day-Care Benefit** may pay toward the cost of day-care expenses for your children if you become fatally injured, up to a maximum of 5% of your selected amount of insurance or \$10,000.00 per year, but not to exceed four consecutive years.

The **Family Transportation Benefit** may pay up to \$10,000.00 for the transportation and lodging of an immediate family member to visit you if confined to a hospital which is at least 150km from your normal residence.

The **Home Alteration and Vehicle Modification Benefit** may pay up to \$10,000.00 to modify your home or vehicle to make them wheelchair accessible should you become permanently paralyzed, lose both feet or lose the use of both feet.

The **Repatriation Benefit** may pay up to \$15,000.00 toward the expense of burial preparation and shipment of your remains to your city of residence should you become fatally injured outside of your normal city of residence.

The **Rehabilitation Benefit** may pay up to \$15,000.00 within two years of the date of the accident toward the cost of reasonable and necessary expenses resulting from undergoing special training in order to be qualified to engage in a special occupation because injury from an accident did not allow you to continue in your current occupation.

The **Seat Belt Benefit** may pay an additional 10% of your amount of insurance if at the time of the accident you were driving or riding in a vehicle and wearing a properly fastened seat belt.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

Termination of Insurance

Insurance on an employee will automatically terminate on the last day of the month coincident with or next following:

- the date specified in the Eligibility section of this benefit,
- the date the employee terminates his employment, or
- the employee's retirement

Exclusions

The plan does not cover loss caused by suicide or any attempt thereafter while sane or insane; intentionally self-inflicted injury; injury sustained in consequence of riding as a crew member or pilot in any vehicle or device for aerial navigation; injury sustained in consequence of riding as a passenger in aircraft owned, operated or leased by your employer; declared or undeclared war or any act thereof or full-time active service in the armed forces of any country.

THIS IS AN ILLUSTRATION OF BENEFITS ONLY AND IS SUBJECT TO THE TERMS AND CONDITIONS OF THE MASTER POLICY ON FILE WITH YOUR EMPLOYER.

LONG TERM DISABILITY

In the event you become totally disabled for the required period of time known as the Qualifying Period and you are under the continual treatment of a legally qualified physician deemed appropriate by Manulife Financial, you will receive a monthly income benefit.

Benefit Amount	66.67% of your monthly earnings, subject to a maximum of \$12,000 per month. Evidence of insurability will be required for all benefit amounts in excess of \$12,000 per month.
Qualifying Period	90 days
Maximum Benefit Period	Benefits will continue to be paid to your 65th birthday, or earlier recovery.
Termination Age	Age 65 less the Qualifying Period, or retirement, whichever is earlier

Tax Status of Benefits

Since the college pays the entire cost of this benefit, any disability benefits you receive will be taxable income.

Qualifying Period

The qualifying period starts when you first become totally disabled and ends after 90 days, provided your disability is continuous and you are under age 65. If the disability is not continuous, the days you are disabled will be accumulated to satisfy the qualifying disability period provided:

- 1) no interruption is longer than 2 weeks;
- 2) the disabilities arise from the same or related disease or injury.

Total Disability

Total disability means your complete inability because of an accident or sickness to perform all the duties of your own occupation for the first 2 years of disability.

After the first 2 years, you will still be considered totally disabled if you cannot by reason of education, training or experience perform the duties of a gainful occupation for which the rate of pay is not less than 50% of the current rate of pay of your regular occupation at the date of disability. Such disability must result from a medically determinable physical or mental impairment.

During a period of total disability, you must be under the regular and personal care of a legally qualified doctor of medicine.

Recurrent Disability

If a disability recurs and it is due to the same or related causes, it will be considered as one continuous disability and will not be subject to the Qualifying Period unless you have returned to active, full-time employment for a period of 6 consecutive months or longer, or you have been in an approved rehabilitation program for more than 24 months.

If your new disability is due to causes unrelated to your prior disability you may be eligible for a new disability period, subject to the Qualifying Disability Period, if you have returned to active work for at least one full day.

Offsets

The amount payable under this benefit for total disability is calculated by deducting from your benefit any other sources of income from:

- the Canada or Quebec Pension Plan, excluding payments made in respect of dependent children; and
- any payments on account of your disability from any workers' compensation law or similar law.

LONG TERM DISABILITY

All Source Maximum

Your total monthly income while disabled (Long Term Disability benefit plus any income listed above and any wages from retirement or pension plans, government automobile insurance and CPP/QPP family benefits) cannot exceed 80% of your gross pre-disability earnings. To account for inflation, your pre-disability earnings will be adjusted each January, based on the change in the Consumer Price Index for the preceding year.

If your total income exceeds 80%, your Long Term Disability benefit will be reduced accordingly.

Rehabilitative Employment

If you are receiving disability benefits and enter into a rehabilitation program approved by Manulife Financial, you will still be considered totally disabled during your participation in the program and your benefits will continue.

If you receive income from the rehabilitation program, your benefit payments from Manulife Financial will not be reduced unless the total income you receive from all sources exceeds 100% of your pre-disability earnings.

Waiver of Premium

The premium for your Long Term Disability benefit will be waived during any period you are eligible to receive Long Term Disability benefit payments.

Disability Case Management Program

Manulife Financial has developed a disability case management program. The purpose of this program is to assist you, in the event you become totally disabled and qualify for benefits, to return to productive employment. Our disability case management team includes medical consultants, claim adjudicators and a field coordinator. This team will work with you, your employer and your physician to assist you to recover and return to the workplace.

Subrogation

If you recover damages from or reach a settlement with a third party who has caused or contributed to a disability for which you have received benefits under the Long Term Disability Benefit, Manulife Financial has the right to be reimbursed to the extent of the payments under this Benefit.

LONG TERM DISABILITY

Exclusions

No benefits are payable to an insured employee for any total disability commencing within one year of the insured employee's effective date of insurance if the disability is caused or contributed to by a sickness or accidental injury for which the employee has received medical treatment services or has taken a prescribed drug at any time within ninety days before his or her effective date of insurance.

Benefits are not payable for the following:

- for any portion of a period of disability unless you are receiving ongoing supervision/treatment by a physician deemed appropriate by the Insurer for the impairment which is causing the disability. You will not be paid for any portion of a period of disability during which you do not participate in the treatment program recommended by said physician;
- for any portion of a period of disability during which you are receiving treatment by a therapist unless such treatment is recommended by a physician deemed appropriate by the Insurer;
- for any portion of a period of disability resulting from substance abuse, including alcoholism and drug addiction, unless you are participating in a recognized substance withdrawal program;
- disabilities resulting from self-inflicted injuries or attempted suicide;
- disabilities as a result of active duty in the armed forces, participation in a war, riot, insurrection or criminal act;
- a disability resulting from an accident which occurs while you are operating a motor vehicle and the blood contains more than 80 milligrams of alcohol in 100 millilitres of blood (.08%);
- for the portion of a period of disability during which you are
 - a) imprisoned in a penal institution; or
 - b) confined in a hospital, or similar institution, as a result of criminal proceedings;
- any period of disability, or portion thereof, during any leave of absence (including maternity leave) as defined in the Definitions section of this booklet, subject to human rights legislation;
- for a disability which commences on or after the date a strike or layoff begins, except as outlined in the Master Policy, subject to applicable labour standards legislation;
- if you refuse to participate in a rehabilitation program which is deemed appropriate by Manulife Financial, the attending physician or on the advice of independent medical opinion.

Canadian Residency Requirement

No benefits are payable if you reside outside Canada for any period exceeding 90 consecutive days or a total of 180 days in any 365 day period, unless:

- i) you have previously notified and received approval in writing from Manulife Financial; and
- ii) you remain under the regular care of a licensed physician deemed appropriate by Manulife Financial; and
- iii) proof of the ongoing disability can be determined on evidence satisfactory to Manulife Financial in English or French within 30 days of request.

EXTENDED HEALTH CARE

In the event you incur any of the Eligible Expenses listed below, you will be paid a percentage of such expenses, in excess of the deductible, as outlined below:

Deductible	Nil for Vision Care and Eye Exam expenses \$25 single or family per calendar year for all other eligible expenses
Coinsurance	100% for Vision Care and Eye Exam expenses 95% of the first \$1,000 of paid expenses; 100% thereafter in any calendar year for all other eligible expenses
Lifetime Maximum	Unlimited
Termination Age	Your coverage terminates on the date you are no longer eligible or upon your retirement. If, when you retire, you apply for health and welfare benefits under the college pension plan, your coverage under this benefit will continue for the 90 day period following your date of retirement.

Eligible Expenses

Eligible Expenses describes the benefits provided and any specific limitations. Such expenses must be reasonable and customary, medically necessary and/or prescribed by a physician.

Hospital (in Canada)

Charges, in excess of the hospital's public ward charge, for semi-private or private accommodation.

Prescription Drugs

Reasonable and customary charges for medically necessary drugs and medicines which are dispensed by a licensed pharmacist and are prescribed by a physician or other professional authorized by provincial legislation to prescribe drugs for the treatment of an illness or injury, and are either

- a) drugs which by law require a prescription for purchase, or
- b) other specified medicines, injectable preparations and allergy serums, as identified by the Insurer.
- c) fertility drugs, including lab tests, x-rays and ultrasound, are covered, subject to a lifetime maximum benefit of \$2,500 per individual.

No benefit shall be payable for

- oral drugs for the treatment of erectile dysfunction, preventative vaccines, injectable vitamins, oral contraceptives, drugs to suppress an addiction and smoking cessation aids, or
- any single purchase of drugs which would not reasonably be used within 90 days from the date of purchase.

Note: Birth control pills, when not used for contraceptive reasons, will be covered. A physician's written recommendation is required.

EXTENDED HEALTH CARE

Vision Care

Lenses and frames for eyeglasses or contact lenses or laser eye surgery, up to a maximum benefit of \$300 per person during any 24 consecutive months.

Eye Exams

Eye examinations performed by a qualified optometrist or ophthalmologist, up to a maximum benefit of \$75 per person during any 24 consecutive months.

Ambulance

Licensed ambulance service, including air ambulance, to and from the nearest hospital where adequate treatment is available. Charges for an attendant are covered when medically necessary. (Note: If an ambulance is required outside your province of residence, these charges will be paid for under the *Emergency Travel Assistance* plan).

Professional Services

Charges for treatment (in excess of amounts payable by any Provincial Health Plan when permitted by law) by a practitioner who is registered and legally practising within the scope of his/her license, subject to the following maximums:

Practitioner	Calendar Year Maximum	Maximum per Visit
Chiropractor	\$400	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Podiatrist	\$200	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Naturopath	\$200	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Physiotherapist or Massage Therapist	Reasonable or Customary	& * The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Speech Therapist	\$100	Reasonable and customary charges.
Acupuncturist	\$100	Reasonable and customary charges.

Note:

- * After the first 12 visits, eligible expenses for the remainder of that year will be based on reasonable and customary charges.
- X-rays are not covered.

EXTENDED HEALTH CARE

Private Duty Nursing

Services (other than custodial care, homemaking services and supervision) provided by a Registered Nurse for an acutely ill bed patient in a hospital, provided such fees are not covered under the B.C. Hospital Programs Special Nursing Services. The nurse providing the service must not be an employee of the hospital.

Charges for the following services are not eligible:

- Service performed by a nursing practitioner who is related to or lives with the patient.
- Service performed while the patient is at home or in a nursing home or similar institution.
- Service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household.

Accidental Dental

Charges for the treatment of accidental injuries to natural teeth or jaw, subject to a maximum benefit of \$5,000 per person per accident, and provided the treatment is rendered within 12 months of the accident. Excludes injuries due to biting or chewing.

Medical Examination

Charges of a physician for a medical examination required by a statute or regulations of government for employment purposes, provided such charges are not payable by your Employer under a collective agreement.

Medical Equipment

Rental or, at your employer's option, purchase of a hospital bed, wheelchair, respiratory equipment, oxygen and oxygen equipment, and other durable medical equipment usually found in hospitals. Charges for an electric wheelchair are eligible only when the patient is physically incapable of operating a manual wheelchair.

EXTENDED HEALTH CARE

Orthopedic Shoes and Foot Orthotics

Charges for custom fitted orthopedic shoes and foot orthotics, including repairs and modifications, which have been specially designed and molded for the patient and are required to correct a diagnosed physical impairment, provided that the following information is supplied:

- a diagnosis, including a list of symptoms and the primary complaint;
- description of the physical findings from the clinical examination;
- a brief description of the gait abnormality associated with the diagnosis; and
- confirmation that the product has been custom-made.

In order to be eligible for reimbursement, orthopedic shoes and foot orthotics must be prescribed, on an annual basis, by providers with the following professional qualifications:

- Medical General Practitioner or Specialist (MD); or
- Podiatrist (DPM); or
- Chiropodist (D CH or D Pod M); and

must be dispensed by one of the following provider types:

- Medical General Practitioner or Specialist (MD); or
- Orthotist Co(c) or CPO(c); or
- Pedorthist C Ped (C) or C Ped (MC); or
- Podiatrist (DPM); or
- Chiropodist (D CH or D Pod M).

Charges for custom fitted orthopedic shoes and foot orthotics, including repairs and modifications, are limited to a calendar year maximum of \$300 for dependent children under age 21 and \$500 for adults for foot orthotics and orthopedic shoes combined.

Hearing Aids: Cost and installation of hearing aids (excluding repairs and maintenance and excluding batteries or recharging devices), when prescribed by a certified ear, nose and throat specialist up to a maximum of \$600 per person in any 5 year period.

EXTENDED HEALTH CARE

Non-Dental Prostheses, Supports and Hearing Aids

- Artificial eyes and limbs, but excluding myoelectric limbs.
- Braces (excluding foot braces), trusses, collars, walkers, canes, casts and crutches.
- Wigs and hairpieces when required due to temporary hair loss as a result of a medical condition, up to \$500 per lifetime per person.
- Surgical stockings limited to 2 pairs per calendar year.
- Ileostomy and colostomy supplies.
- Oxygen and its administration.
- Blood and blood plasma and its administration.
- Jobst pressure garments.
- Glucometers.

Out-of-Province/Outside Canada Referral Expenses

(Coverage for emergency expenses is provided under your Emergency Travel Assistance program)

The charges listed below are covered when referred by a physician for non-emergency treatment outside your province of residence or Canada, when treatment is unavailable in your home province or Canada, and for which there is no medically sufficient alternate treatment available in your home province or Canada. Only charges which are in excess of any provincial government plan and eligible for reimbursement in whole or in part by any provincial medical plan are covered. Eligible expenses must be incurred within Canada or the United States and will be subject to a lifetime maximum benefit of \$1,000,000 per individual.

- reasonable and customary charges for semi-private accommodation;
- reasonable and customary charges for the services of a physician;
- reasonable and customary charges for hospital services and supplies furnished during hospitalization, and for x-ray examinations and laboratory tests related to medical treatment rendered without hospitalization.

EXTENDED HEALTH CARE

Exclusions

No Extended Health Care benefits are payable for any expense which is directly or indirectly related to:

- surgical procedures or treatment performed primarily for beautification
- self-inflicted injuries
- war, riot, insurrection or civil commotion
- committing or attempting to commit an assault or criminal offence
- an illness or injury for which benefits are payable under any provincial government plan or workers' compensation
- periodic medical check-ups, third party examinations, physician's travel, broken appointments, communication costs, filing out forms, or physician's supplies
- services or supplies for which no charge would normally be made in the absence of group benefit coverage
- services or supplies which are not permitted by law to be paid
- charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy
- dental work where a third party is responsible for payment
- services or supplies furnished without the recommendation or approval of a physician acting within the scope of his licence
- charges for transport or travel, medical treatment or surgical procedure by a physician other than as specifically provided under this plan
- medical treatment which is not usual or customary, or is experimental or investigational in nature
- experimental drugs or supplies and those not approved by Health and Welfare - Canada

Survivor Benefits

Extended Health Care coverage for your dependents shall continue without premium payment until the end of the month following the month in which you die.

EMERGENCY TRAVEL ASSISTANCE

Your employer has arranged to provide you and your family with Emergency Travel Assistance coverage. *World Access Canada Inc.*, a multi-service corporation which assists travelers, has contracted with Manulife Financial to provide you with timely, efficient assistance when you travel.

Deductible	Nil
Coinsurance	100% of eligible expenses in addition to eligible services are covered.
Lifetime Maximum	Unlimited
Termination Age	Your coverage terminates on the date you are no longer eligible or retirement.

How to Claim (ETA Plan # 9778)

Dial the number on the back of your identification card and you will be connected with the World Access Operation Centre. Be sure to carry your identification card (supplied by your employer) with you when you travel. The card contains the information you are required to give to World Access in the event you need assistance.

If your claim is for payment of \$200 or less, you will be asked to make the payment and keep the receipts. Your provincial health plan and the Insurer will reimburse you for the eligible expenses upon your return.

Services

The following services are covered in the event of an emergency which occurs while you or your dependents are traveling for non-medical reasons outside your province of residence:

- Multilingual assistance by toll-free telephone, 24 hours a day, 365 days a year, for insured individuals and providers of medical services to obtain aid and assistance;
- Referral to a legally qualified physician, dentist, legal advisor or an appropriate medical care facility;
- Assistance in arranging a cash advance from credit cards or family and friends to post bail and pay legal fees;
- Assistance in replacement (but not cost) of necessary travel documents or tickets in the event of theft or loss;
- Multilingual telephone interpretation services in the event of an emergency;
- A centre for communication of messages between you and your family, friends or business associates. Messages are held for 15 days;
- Medical consultation and monitoring of medical care and services if you or your dependents are hospitalized, and arrangement for contact with the patient, the attending physician and the patient's personal physician and family if necessary.

EMERGENCY TRAVEL ASSISTANCE

Eligible Expenses

Medical Services - Charges incurred for medical and surgical fees, semi-private hospital accommodations and prescribed drugs;

Emergency Transportation - Emergency transportation to the nearest appropriate medical care facility and if medically necessary from the medical care facility to a hospital in Canada. Upon written recommendation of a physician, such charges shall include a medical attendant if necessary who is neither a resident in the employee's home nor a relative of the employee or the employee's spouse;

Return of Deceased - Charges incurred for the return of a deceased employee or dependent to the place of former residence in Canada, subject to a maximum benefit of \$5,000 per individual;

* Return of Dependent Children - Charges incurred for the return of dependent children to their residence in Canada in the event you or your spouse is hospitalized and the children are left unattended. The children must be under 16 years of age. Arrangements for an escort to accompany the children will be made if necessary;

* Return Trip Delay - Transportation - Charges incurred for delay of the return trip of an insured individual due to the hospitalization of that individual or another insured individual with whom the individual is traveling, limited to the cost of one way economy class transportation;

* Visit of Family Member - Charges incurred for transportation of an immediate family member to visit a hospitalized insured individual. Such individual must have been traveling alone and confined to a hospital for more than 7 days. The cost of transportation is limited to return economy fare for one family member. An immediate family member is defined as a spouse, parent, child, brother or sister or a person with whom the insured individual normally resides;

** Charges for these expenses are subject to a combined maximum benefit of \$5,000 per emergency.*

Return of Vehicle - Charges incurred in connection with the return of an insured's vehicle in the event the insured is unable to return it due to illness, injury or death, subject to a maximum benefit of \$500 per trip. The vehicle will be returned to the insured's residence or nearest appropriate rental agency. Such charges shall not include commercial transport vehicles;

Return Trip Delay - Accommodation - Charges incurred for commercial accommodation and meals for insured individuals while staying with a hospitalized insured family member when their return trip is delayed due to an illness or accident. Such charges are subject to a maximum benefit of \$700 per family;

Convalescent Benefit - Charges incurred for accommodation for insured individuals requiring convalescence following hospitalization, subject to a maximum benefit of \$75 per day for not more than 5 days for each insured individual.

EMERGENCY TRAVEL ASSISTANCE

Exclusions

The foregoing list of services shall not include any of the following:

- charges for surgical procedures or treatment performed primarily for beautification;
- charges for services or supplies resulting from self-inflicted injuries;
- charges for bodily injury resulting from war (whether declared or undeclared), riot, insurrection or civil commotion;
- charges for an illness or injury for which benefits are payable under any provincial government plan;
- services or supplies for which no charge would normally be made in the absence of group benefit coverage
- services or supplies which are not permitted by law to be paid
- charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy
- charges for dental work where a third party is responsible for payment
- services or supplies furnished without the recommendation or approval of a physician acting within the scope of his licence
- charges for transport or travel, other than as specifically provided under this plan;
- charges for medical treatment which is not usual or customary, or is experimental or investigational in nature;
- charges for experimental drugs or supplies and those not approved by Health and Welfare - Canada;
- charges which are not incurred as a result of an emergency while travelling;
- charges in connection with childbirth and medical complications resulting from childbirth when the delivery takes place after the beginning of the 32nd week of pregnancy.

Liability

The Insurer is not responsible for the availability, quantity, quality or results of any medical treatment received by an insured individual, or for the failure of an insured individual to receive Medical treatment for any reason.

Travel to Countries in Civil Distress

If you or your dependents plan on traveling to a country that may be under distress or in strife, you should be aware that there may be difficulty obtaining Emergency Travel Assistance while in that country.

The Department of Foreign Affairs and International Trade publishes and updates a list of countries that are currently affected. This list can be obtained from World Access Canada Inc. by calling one of the telephone numbers on the back of your Emergency Travel Assistance identification card.

If you have further concerns, please contact your Plan Administrator.

DENTAL EXPENSE BENEFIT

In the event you incur any of the eligible expenses listed below, you will be paid a percentage of such expenses as outlined below:

Deductible	Nil
Coinsurance	100% for Plan A - Basic Services 75% for Plan B - Major Restorative Services 50% for Plan C - Orthodontics
Benefit Maximums	Unlimited for Basic and Major Services \$2,000 per lifetime for Orthodontic Services
Termination Age	Your coverage terminates on the date you are no longer eligible or upon your retirement. If, when you retire, you apply for health and welfare benefits under the college pension plan, your coverage under this benefit will continue for the 90 day period following your date of retirement.

Dental Fee Guide

The fee guide established for the B.C. Colleges/University Colleges in effect on the date the charge is incurred.

Submission of Treatment Plan

As a service to you, Manulife Financial will advise you in advance of the amount of its liability when a proposed course of treatment includes major restorative dentistry or orthodontics. To use this service, simply have your dentist complete a treatment plan on forms available from your employer, including pretreatment x-rays if the proposed treatment involves crowns, dentures or bridgework.

Eligible Expenses

Plan A - Basic Services

Diagnostics: Procedures required to assist the dentist in evaluating existing conditions and determining any further dental care which may be required subject to the following limitations:

- Recall examinations: once every 9 months (every 6 months for dependent children under age 19).
- Complete oral examinations: once every 3 years.
- X-rays: as required by the dentist, subject to a full mouth series not more than once every 36 months.
- Consultations

Preventive Services: Procedures intended to eliminate or reduce the need for future dental treatment subject to the following limitations:

- Fluoride treatment: once every 9 months (two applications in any 12-month period for dependent children under age 19).
- Polishing: 1 unit every 9 months (2 units every 12 months for dependent children under age 19).
- Scaling and root planing: 16 units in any calendar year.
- Space maintainers when placed primarily to maintain space and not for orthodontic purposes.

(One unit of time = 15 minutes)

DENTAL EXPENSE BENEFIT

Eligible Expenses (Continued)

Plan A - Basic Services (Continued)

Restorative Services: All the necessary procedures to restore the natural teeth to their normal function including amalgam, silicate, plastics, synthetic porcelain and stainless steel crowns. In addition:

- Gold may be used only where no other material is adequate and restoration of the tooth surface is covered only once regardless of the number of restorations.
- Inlays and onlays for repair of badly broken-down teeth where other restorative material could not be used satisfactorily.
- Gold foils where other restorative material would not be adequate.

Surgical Services:

- Extractions.
- Other routine oral surgical procedures (surgical removal of impacted teeth, residual roots and associated post-operative care).

Endodontics:

Necessary procedures for treatment of diseases of pulpally involved teeth, including non-vital teeth.

Periodontics:

- Procedures necessary for the treatment of diseases of the soft tissue and bone surrounding and supporting the teeth, but not bone or tissue grafts.
- Acute infections, occlusal adjustment.
- Gingival curettage, gingivoplasty, gingivectomy or osseous surgery.
- Special periodontal appliances.

Prosthetic Repairs:

All necessary procedures required to repair or relin fixed or removable appliances. Repairs or relines to dentures may be carried out by a Dentist or duly licensed Dental Mechanic.

Plan B - Major Services

Those services required for major reconstruction of teeth that have deteriorated and for replacement of teeth that are missing.

Major Restorative:

Crowns for rebuilding natural teeth where other restorative material cannot be used satisfactorily, limited to not more than once every 5 years.

Removable and Fixed Prosthetic Devices

Initial provision of full or partial removable dentures and fixed bridgework (including the addition of teeth to bridgework).

Replacement of an existing appliance is not covered except if:

- (a) replacement is required because of extraction, loss or fracture of one or more sound natural teeth; or
- (b) the existing appliance is at least 5 years old and no longer serviceable.

Replacement of lost or stolen dentures, the duplication of dentures and personalization or characterization of dentures is not covered.

DENTAL EXPENSE BENEFIT

Eligible Expenses (Continued)

Plan C - Orthodontics

The diagnosis or correction of teeth irregularities and malocclusion of jaws, by wire appliances, braces or other mechanical aids, commonly known as "straightening of the teeth". These include active space retainers, or orthodontic appliances, for the purpose of repositioning or moving of the teeth.

Exclusions

No dental benefits are payable for any expense which is directly or indirectly related to:

- surgical procedures, treatment performed primarily for beautification or oral hygiene instruction
- self-inflicted injuries
- war, riot, insurrection or civil commotion
- committing or attempting to commit an assault or criminal offence
- an illness or injury for which benefits are payable under any provincial government plan or workers' compensation
- periodic medical check-ups, third party examinations, physician's travel, broken appointments, communication costs, filing out forms, or physician's supplies
- services or supplies for which no charge would normally be made in the absence of group benefit coverage
- services or supplies which are not permitted by law to be paid
- care and treatment of any existing or suspected injury, disease or pregnancy
- dental work where a third party is responsible for payment
- services or supplies furnished without the recommendation or approval of a physician acting within the scope of his licence
- charges for transport or travel, medical treatment or surgical procedure by a physician other than as specifically provided under this plan
- medical treatment which is not usual or customary, or is experimental or investigational in nature
- experimental drugs or supplies and those not approved by Health and Welfare - Canada
- implants for dentures and bridgework

Survivor Benefits

Dental Expense benefits for your dependents shall continue without premium payment until the end of the month following the month in which you die.