

Welcome to the
CUPE
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:

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

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

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:

Short Term Disability & Long Term Disability: No waiting period. Your coverage begins on your first day of active employment

Dental: 6 months of continuous employment

Extended Health & Emergency Travel: first day of the month following the date of employment

Life Insurance: the first day of the month coinciding with or next following completion of the probationary period specified in the applicable collective agreement

EMPLOYEE LIFE INSURANCE:

\$25,000

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

SHORT TERM DISABILITY

Benefit Amount:

70% of your weekly earnings, to a maximum of \$1,385/week

Qualifying Period:

30 consecutive calendar days of continuous disability

Maximum Duration:

21 weeks

LONG TERM DISABILITY

Benefit Amount:

70% of your monthly earnings, to a maximum of \$6,000/month

Qualifying Period:

180 days of continuous disability

Maximum Duration:

to age 65

SUMMARY OF BENEFITS

EXTENDED HEALTH

Deductible:	Nil for Vision Care expenses \$25 single or family per calendar year for all other eligible expenses
Benefit Percentage:	100% for Vision Care expenses 80% 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:	\$250 for lenses and frames 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

A regular employee holding a continuing appointment of 50% or greater, will be eligible for coverage on

- i) on the first day of active employment for Short Term Disability and Long Term Disability benefits;
- ii) 6 months of continuous employment for Dental benefits;
- iii) the first day of the month following the date of employment for Extended Health, Vision Care and Emergency Travel Assistance benefits; and
- ii) the first day of the month coinciding with or next following completion of the probationary period specified in the applicable collective agreement for Life Insurance benefits.

If you are a regular employee holding a continuing appointment of 49% or less, you will be eligible for coverage as described above, except you will not be provided with Life Insurance, the Short Term Disability 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.
- With respect to Short Term Disability and Long Term Disability, please contact your Plan Administrator for specific details relating to continuation of coverage in the event of a leave of absence or layoff.

GENERAL PROVISIONS

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.

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	\$ 25,000
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 180 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

SHORT TERM DISABILITY

In the event you become disabled due to an injury or sickness you will receive a disability benefit, provided you are under the regular and personal care of a qualified and licensed physician.

Total disability means that due to sickness or accident, you are unable to perform the regular duties of your own occupation.

Benefit Amount	70% of your weekly earnings, subject to the maximum benefit available based on the highest salary scale in the current collective agreement. The current maximum benefit is \$1,385 per week.
Benefit Begins	31st day of disability due to an accident 31st day of disability due to a sickness
Benefit Period	21 weeks
Termination Age	Coverage terminates on the date you are no longer eligible or the end of the month in which you retire, whichever is earlier.

Tax Status of Benefits

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

Definition of Weekly Earnings

Weekly earnings is defined as your normal earnings on the last day of work plus any negotiated retroactive salary increases during the sick leave period. If you work less than full-time, or your regular employment includes a period of layoff with a pre-determined recall date of less than nine months, the gross weekly earnings refers to your hours normally worked per week, as determined by averaging the number of hours you actually worked over the 52-week period immediately preceding the date of disability or illness, times your regular hourly rate, or the hourly equivalent, which are rates in effect at the date of disability.

Banked Sick Leave

Once your disability claim has been approved by Manulife Financial, you will be given the option, after the 30 day qualifying period, to use your banked sick leave or receive short term disability benefits. If your banked sick leave does not extend for the duration of the 21-week benefit period, short term disability benefits will be paid for the remainder of the benefit period, provided you are still disabled.

SHORT TERM DISABILITY

Benefit Period

Benefits will terminate on the earlier of:

- 21 weeks of payments (combination of short term disability and banked sick leave) provided you continue to be disabled as defined by the plan, or
- the end of the month in which the employee retires, or
- the day of layoff or separation as noted below:

If you are receiving benefits under this policy, you shall continue to receive such benefits upon layoff or separation until the termination of the disability or until the maximum benefit entitlement has been granted, whichever comes first; provided the notice of layoff or separation is given after the commencement of the disability for which the benefits are being paid.

In the event that layoff or separation notice was given prior to the commencement of the disability, benefits will cease on the effective date of the layoff or separation only if the disability commenced within two months of the effective date of the layoff or separation. Benefits will continue to be paid for the maximum benefit entitlement period or until termination of the disability (whichever is earlier), if notice of layoff or separation was given prior to the commencement of the disability and if the disability commenced more than two months before the effective date of the layoff or separation.

Recurrent Disability

If you become disabled from the same or related disability within 14 consecutive calendar days after returning to active work, you will be considered to be within the original short term disability income benefit period. If you return to active work for one full day and become disabled from a new illness or injury unrelated to the illness or injury that caused the previous absence, it will be considered a new period of disability.

Offsets to Benefits

The amount payable to you under this benefit is calculated by deducting from your short term disability benefit any other sources of income from the

- Canada or Quebec Pension Plan (primary benefits only);
- benefits under any Workers' Compensation Act or similar law except for WCB permanent partial disability awards related to this disability or WCB benefits related to any other employment with another employer.

In the case of ICBC weekly indemnity payments, offsets will apply to the extent that the combination of plan benefits and ICBC weekly indemnity payments exceed either:

- 100% of the employee's gross weekly earnings, or
- the applicable benefit percentage of the individual average total monthly income in the 12-month period immediately preceding commencement of the disability, whichever is the greater. Where this provision is to apply the employee will be required to provide satisfactory evidence of his/her total monthly income.

Where you make a successful wage loss claim against a third party for an injury for which you received or would receive short term disability income benefits, the Insurer will be entitled to recover or decrease plan benefits by an amount equal to the amount that plan benefits in combination with the wage loss claim paid exceed 100% of pay.

SHORT TERM DISABILITY

Rehabilitation

The Insurer will work with the joint union-employer Rehabilitation Committee at your institution to recommend that you undergo some suitable rehabilitative training program which would take into account the nature and limitations of your disability. If you engage in rehabilitative employment, your earnings from rehabilitative employment plus the short term disability income benefit and income from other sources specified above cannot exceed 100% of your gross earnings. If total income exceeds 100%, the short term disability income benefit will be reduced by the amount of such excess.

If an employee receives earnings from employment which has not been approved as rehabilitative employment, then the short term disability benefit will be reduced by 100% of such earnings.

Subrogation

The Insurer shall have full rights of subrogation with respect to the full or partial amount of any short term disability income benefits paid or payable to you where your disability is caused or contributed to by the action of any third party.

Premium Waiver for Prolonged Disability

Once you receive benefits for the maximum Benefit Period, the premium for this benefit will begin to be waived. This premium waiver will continue while you remain disabled and unable to return to work. Upon your return to work, you must begin to pay the premium again in order to remain insured for this benefit.

Exclusions and Limitations

No benefit shall be payable for:

- for a disability resulting from substance abuse, including alcoholism and drug addiction, unless the employee is participating in a recognized substance withdrawal program;
- for a disability resulting from participation in the commission of a criminal offense;
- for the portion of a period of disability during which the employee is imprisoned in a penal institution.

The short term disability plan does not cover a disability or illness resulting from:

- war, insurrection, rebellion, or service in the Armed Forces of any country after the commencement of this plan;
- voluntary participation in a riot or civil commotion except while an employee is in the course of performing the duties of his/her regular occupation.

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	70% of your monthly earnings, subject to a maximum benefit available based on the highest salary scale in the current collective agreement. (current maximum benefit is \$6,000 per month)
Qualifying Period	180 consecutive days or the duration of the benefit period provided under the Short Term Disability benefit, whichever is earlier.
Maximum Benefit Period	Benefits will continue to be paid to the end of the month following your 65th birthday, or earlier recovery.
Termination Age	Age 65 or earlier retirement

Tax Status of Benefits

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

Definition of Monthly Earnings

Monthly earnings is defined as your normal earnings on the last day of work or sick leave. Your monthly earnings applicable on the last day of work or sick leave will be adjusted due to salary increases negotiated retroactively. If you work less than full-time, or your regular employment includes a period of layoff with a pre-determined recall date of less than nine months, the gross weekly earnings refers to your hours normally worked per week, as determined by averaging the number of hours you actually worked over the 12 month period immediately preceding the date of disability or illness, times your regular hourly rate, or the hourly equivalent, which are rates in effect at the date of disability.

Qualifying Period

The qualifying period starts when you first become totally disabled and ends after the earlier of 180 days or the end of the benefit period provided under the short term disability plan, provided your disability is continuous and you are under age 65.

Maximum Benefit Period

Benefits will continue to be paid until the earlier of:

- the date you no longer qualify,
- the end of the month following your 65th birthday or retirement, or
- the day of layoff or separation as follows:

If you are receiving benefits under this policy you shall continue to receive such benefits upon layoff or separation until the termination of the disability or until the maximum benefit entitlement has been granted, whichever comes first; provided the notice of layoff or separation is given after the commencement of the disability for which the benefits are being paid.

In the event that layoff or separation notice was given prior to the commencement of the disability, benefits will cease on the effective date of the layoff or separation only if the disability commenced within two months of the effective date of the layoff or separation. Benefits will continue to be paid until the termination of disability or until the maximum benefit entitlement period (whichever is earlier), if notice of layoff or separation was given prior to the commencement of the disability and if the disability commenced more than two months before the effective date of the layoff or separation.

LONG TERM DISABILITY

Definition of 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 two years of disability benefit payments.

After the qualifying period plus the next two years of disability, 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 75% 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 (primary benefits only);
- any amount payable under the Workers' Compensation Act or similar law;
- any income from any group insurance, wage continuation or pension plan of the Employer that provides disability or retirement income;
- any amount of disability income provided by any compulsory act or law;
- any amount of disability income provided by any group or association disability plan to which the disabled employee might belong or subscribe;
- any amount of Guaranteed Available Income for Need (GAIN) benefits received for the same period, except where the GAIN benefits received for that period are repaid to GAIN. Where the employee has been deemed eligible for GAIN benefits, which exceed the LTD benefits level, LTD benefits will not be subject to reduction for that additional amount.

Notwithstanding the above, in the case of ICBC Weekly Indemnity payments, integration will apply to the extent that the combination of plan benefits and ICBC Weekly Indemnity payments exceed either:

- 100% of the employee's gross monthly earnings, or
- the applicable benefit percentage of the individual average total monthly income in the 12-month period immediately preceding commencement of the disability, whichever is the greater. Where this provision is to apply the employee will be required to provide satisfactory evidence of his/her total monthly income.

Notwithstanding the above, where you make a successful wage loss claim against a third party for an injury for which you received or would receive long term disability income benefits, the Insurer will be entitled to recover or decrease plan benefits by an amount equal to the amount that plan benefits in combination with the wage loss claim paid exceed 100% of pay. Note that the amount of plan benefit recovered or decreased will be reduced or limited to the legal fees attributed to the Insurer's share of total claim recovery.

LONG TERM DISABILITY

All Source Maximum

Your total monthly income while disabled (Long Term Disability benefit plus any income listed above and CPP family benefits) cannot exceed 85% of your gross pre-disability earnings. If your total income exceeds 85%, your Long Term Disability benefit will be reduced by the excess amount.

Rehabilitative Employment

If you are receiving disability benefits and enter into a rehabilitation program approved by the Rehabilitation Committee and/or 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. If you receive income from employment which has not been approved as rehabilitative employment, then the long term disability benefit will be reduced by 100% of such 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.

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 you for any disability caused by, contributed by, or resulting from a pre-existing condition and which begins in the first 12 months after your original date of hire (i.e., your first day of your most recent appointment date as a regular or non-regular employee). A "pre-existing condition" means a sickness or injury for which you received medical care in the three months prior to your original date of hire (as defined above). Medical care is considered to be obtained when you consult a doctor, use medication on the advice of a doctor, or receive other medical services or supplies.

No benefit shall be payable for:

- for a disability resulting from substance abuse, including alcoholism and drug addiction, unless the employee is participating in a recognized substance withdrawal program;
- for a disability resulting from participation in the commission of a criminal offense;
- for the portion of a period of disability during which the employee is imprisoned in a penal institution.

The long term disability plan does not cover a disability or illness resulting from:

- war, insurrection, rebellion, or service in the Armed Forces of any country after the commencement of this plan;
- voluntary participation in a riot or civil commotion except while an employee is in the course of performing the duties of his/her regular occupation.

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:

- your employer has previously notified and received approval in writing from Manulife Financial; and
- you remain under the regular care of a licensed physician deemed appropriate by Manulife Financial; and
- 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 expenses
Coinsurance	\$25 Single per calendar year or \$25 Family per calendar year for all other eligible expenses 100% for Vision Care expenses
Lifetime Maximum	80% increasing to 100% after \$1,000 of expenses have been paid in a calendar year for all other eligible expenses Unlimited
Termination Age	Your coverage terminates on the date you are no longer eligible or 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.

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.

Vision Care

Lenses and frames for eyeglasses or contact lenses or laser eye surgery, up to a maximum benefit of \$250 per person during any 24 consecutive months.

EXTENDED HEALTH CARE

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	Reasonable and customary charges.
Podiatrist	\$200	Reasonable and customary charges.
Naturopath	\$200	Reasonable and customary charges.
Physiotherapist or Massage Therapist	Reasonable & Customary	Reasonable and customary charges.
Speech Therapist	\$100	Reasonable and customary charges.
Acupuncturist	\$100	Reasonable and customary charges.

Note:

- X-rays are not covered.

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.

EXTENDED HEALTH CARE

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.

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 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.

DENTAL EXPENSE BENEFIT

Eligible Expenses

Plan A - Basic Services

Diagnosics: 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 19 years).
- 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 a 12-month period for dependent children under 19 years)
- Polishing: 1 unit every 9 months (2 units every 12 months for dependent children under 19 years).
- 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)

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.

DENTAL EXPENSE BENEFIT

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.

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.