

Douglas College

Plan Document Number: G0083239

Group Policy Number: G0039945

Plan: CC - BCGEU Support Staff with dependants

Employee Name: _____

Certificate Number: _____

Welcome to Your Group Benefit Program

Plan Document Effective Date: January 01, 2010

Group Policy Effective Date: January 01, 2010

This Benefit Booklet has been specifically designed with your needs in mind, providing easy access to the information you need about the benefits to which you are entitled.

Group Benefits are important, not only for the financial assistance they provide, but for the security they provide for you and your family, especially in case of unforeseen needs.

Your employer can answer any questions you may have about your benefits, or how to submit a claim.

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Benefit Summary

This Benefit Summary provides information about the specific benefits supplied by Manulife Financial that are part of your Group Plan.

Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.

Employee Life Insurance

Benefit Amount - 2 times your annual earnings, to a maximum of \$800,000

Benefit Reduction- your benefit amount reduces to 1 times your annual earnings, to a maximum of \$800,000, at the end of the month following the date you turn 65

Termination Age - your benefit amount terminates at age 71 or retirement, whichever is earlier.

Employee Optional Life Insurance

The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.

Employee Optional Life Insurance

Benefit Amount - increments of \$10,000 to a maximum of \$200,000

Termination Age - your benefit amount terminates at age 71 or retirement, whichever is earlier.

Dependant Optional Life Insurance

The Dependant Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.

Dependant Optional Life Insurance

Benefit Amount

- Spouse - increments of \$10,000 to a maximum of \$200,000

- Child - increments of \$10,000 to a maximum of \$50,000

Termination Age

Spouse - employee's or spouse's age 71 or employee's retirement, whichever is earlier

Child - employee's age 71 or retirement, whichever is earlier

*Accidental Death and
Dismemberment*

Accidental Death and Dismemberment

The Accidental Death and Dismemberment
Financial's Policy G0039945.

Benefit Amount - 2 times your annual earned income

Benefit Period - Paid at the end of the month

ManuScript Generic Drug Plan 2 - Prescription Drugs

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

drugs for the treatment

***Extended Health Care -
ManuScript Generic
Drug Plan 2 -
Prescription Drugs***

Benefit Summary

Manulife Financial can limit the covered expense for any drug to that of a lower cost interchangeable drug at the time the drug is purchased.

If there is no lower cost alternative drug for the prescribed drug, the amount payable is based on the cost of the prescribed drug.

- No Substitution Prescriptions

- No Substitution Prescriptions

If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product and the drug is a covered expense under this benefit, the full cost of the prescribed product is covered.

When you have a “no substitution prescription”, please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

Payment of Drug Claims

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible Dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

- a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b) pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

you cannot locate a participating Pay Direct Drug pharmacy

you do not have your Pay Direct Drug Card with you at that time

the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

Benefit Summary

Vision Care

**Extended Health Care -
Vision Care**

eye exams, up to \$100 per 24 consecutive months

purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a combined maximum of \$650 per 24 consecutive months

if contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, the maximum payable will be 1 pair of eyeglasses or contact lenses per lifetime

non-prescription reading glasses, to a maximum of \$40 per 24 consecutive months

Professional Services

**Extended Health Care -
Professional Services**

Services provided by the following licensed practitioners:

Acupuncturist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist

Chiropractor - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist, limited to \$25 per visit for the first 3 visits in any calendar year

Osteopath - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist

Podiatrist/Chiropracist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath and speech therapist, physiotherapist, limited to \$25 per visit for the first 3 visits in any calendar year

Massage Therapist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist, limited to \$25 per visit for the first 3 visits in any calendar year

Naturopath - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist, limited to \$25 per visit for the first 3 visits in any calendar year. Lab fees are not subject to the per visit maximum.

Benefit Summary

Speech Therapist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist

Physiotherapist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist and physiotherapist, limited to \$25 per visit for the first 3 visits in any calendar year

Mental Health Practitioner* - \$1,000 per calendar year

* Mental Health Practitioner includes services of a clinical counsellor, social worker, marriage and family therapist, psychoanalyst, psychologist and psychotherapist only

Dental Care

Dental Care
Dental Care - The
Benefit

The Benefit

Deductible - Nil

Dental Fee Guide - Current British Columbia Dental Association Approved Fee Guide for General Practitioners and Specialists

Benefit Percentage (Co-insurance)

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 60% for Level III - Dentures
- 60% for Level IV - Major Restorative Services
- 50% for Level V - Orthodontics

Benefit Maximums

- \$1,200 per calendar year combined for Level I, Level II and Level III
- unlimited for Level IV
- \$3,000 per lifetime for Level V

Termination Age - the end of the month in which the employee attains age 71 or the last day of the month following the month in which the employee retires, whichever is earlier

Weekly Income (Short Term Disability)

The Weekly Income Benefit is insured under Manulife Financial's Policy G0039945.

Weekly Income

Benefit Amount - 75% of weekly earnings, to a maximum benefit of \$1,100

Qualifying Period - 30 calendar days, if the disability is due to an accident; 30 calendar days, if the disability is due to a sickness

Maximum Benefit Period - 26 weeks. However, if you attain age 65 while receiving benefits, benefits will continue to be paid until you have received a total of 15 weeks of benefit payments.

Termination Age - end of the month following your attainment of age 65 or retirement, whichever is earlier

Long Term Disability

The Long Term Disability Benefit is insured under Manulife Financial's Policy G0039945.

Long Term Disability

Benefit Amount

The greater of:

66.7% of the first \$1,500 of monthly earnings, plus 50% of monthly Earnings in excess of \$1,500, to a maximum benefit of \$12,000; or

60% of monthly earnings up to the monthly equivalent of the Employment Insurance maximum insurable earnings in any

How to Use Your Benefit Booklet

In the case of a claimant, access to these documents is limited to that which is relevant to the filing of a claim, or the denial of a claim under the Group Policy and/or Plan Document.

Manulife Financial reserves the right to charge you for such documentation after your first request.

We suggest you read this Benefit Booklet carefully, then file it in a safe place with your other important documents.

Your Group Benefit Card

Your Group Benefit Card is the most important document issued to you as part of your Group Benefit Program. It is the only document that identifies you as a Plan Member. The Group Policy Number, Plan Document Number and your personal Certificate Number may be required before you are admitted to a hospital, or before you receive dental or medical treatment.

The Group Policy Number, Plan Document Number and your Certificate Number are also necessary for ALL correspondence with Manulife Financial. Please note that you can print your Certificate Number on the front of this booklet for easy reference.

Your Group Benefit Card is an important document. Please be sure to carry it with you at all times.

***Your Group Benefit
Card***

Explanation of Commonly Used Terms

The following is an explanation of the terms used in this Benefit Booklet.

Addiction Facility

Addiction Facility

a licensed facility that specializes in the evaluation and treatment of drug addiction, alcoholism and associated disorders

Adherence

Adherence

use drug, service or supply in accordance with the terms for which it was prescribed.

Administrator

Administrator

Manulife Financial

Advisory Body

Advisory Body

Manulife Financial approved external experts that may provide Manulife Financial with recommendations, applying a pharmacoeconomic or cost effectiveness evaluation.

Benefit Percentage (Co-insurance)

**Benefit Percentage
(Co-insurance)**

the percentage of Covered Expenses which is payable by the administrator, acting on behalf of your employer.

Covered Expenses

Covered Expenses

expenses that will be considered in the calculation of payment due under your Extended Health Care or Dental Care benefit.

Deductible

Deductible

the amount of Covered Expenses that must be incurred and paid by you or your dependants before benefits are payable by the administrator, acting on behalf of your employer.

Dependant

Dependant

your Spouse or Child who, for Extended Health Care benefits only, is covered under the Provincial Plan.

- Spouse

your legal spouse, or a person continuously living with you in a role like that of a marriage partner for at least 12 months.

Only one spouse will be eligible for benefits under this plan and will be indicated by you on your application for benefits under this plan. Where this information is not contained in your application, the person who qualifies last under this plan's definition of spouse will be the eligible spouse.

Explanation of Commonly Used Terms

- Child

your natural or adopted child, or stepchild, who is:

- unmarried
- under age 21, or under age 25 if a full-time student
- not employed on a full-time basis, and
- not eligible for coverage as an employee under this or any other Group Benefit Program

a child who is incapacitated on the date he or she reaches the age when coverage would normally terminate will continue to be an eligible dependant. However, the child must have been covered under this Benefit Program immediately prior to that date.

A child is considered incapacitated if he or she is incapable of engaging in any substantially gainful activity and is dependant on the employee for support, maintenance and care, due to a mental or physical handicap.

The administrator, acting on behalf of your employer, may require written proof of the child's condition as often as may reasonably be necessary.

a stepchild must be living with you to be eligible

a newborn child shall become eligible from the moment of birth

Disease Management Programs

an approach to healthcare that teaches patients how to manage a chronic disease. A system of coordinated healthcare interventions and communications for patients with conditions in which patient self-care efforts are significant in the management of their condition.

Disease Management Programs

Drug

a medication that has been approved for use by Health Canada and has a Drug Identification Number.

Drug

Due Diligence

a process employed by Manulife Financial to assess new drugs, existing drugs with new indications, services or supplies to determine eligibility under the Plan Document. This process may use pharmacoeconomics, cost effectiveness analysis reference information from existing Federal or Provincial formularies, recognized clinical practice guidelines, or an advisory body.

Due Diligence

Earnings

Earnings

your regular rate of pay, including regular bonuses and regular overtime, and excluding occasional overtime pay.

Life-Sustaining

Reasonable and Customary

***Reasonable and
Customary***

the lowest of:

the prevailing amount charged for the same or comparable service or supply in the area in which the charge is incurred, as determined by Manulife Financial,

the amount shown in the applicable professional association fee guide, or

the maximum price established by law.

Take Home Pay (Net Earnings)

***Take Home Pay (Net
Earnings)***

your earnings, less deductions normally made for federal and provincial income tax.

Waiting Period

Why Group Benefits?

Government health plans can provide coverage for such basic medical expenses as hospital charges and doctors' fees. In case of disability, government plans (such as Employment Insurance, Canada/Quebec Pension Plan, Workers' Compensation Act, etc.) may provide some financial assistance.

But government plans provide only basic coverage. Medical expenses or a disability can create financial hardship for you and your family.

Private health care and disability programs supplement government plans and can provide benefits not available through any government plan, providing security for you and your family when you need it most.

Your Employer's Representative

Your employer is responsible for ensuring that all employees are covered for the Benefits to which they are entitled by reporting all new enrolments, terminations, changes, etc., and keeping all records up to date.

As a member of this Group Benefit Program, it is up to you to provide your employer with the necessary information to perform such duties.

Your Employer's Representative is _____
Phone Number: (_____) _____ - _____

Please record the name of your representative and the contact number in the space provided.

Applying for Group Benefits

To apply for Group Benefits, you must submit a completed Enrolment or Re-enrolment Application form, available from your employer. Your employer then forwards the application to Manulife Financial.

Making Changes

To ensure that coverage is kept up to date for yourself and your dependants, it is vital that you report any changes to your employer. Such changes could include:

- change in Dependant Coverage
- change in Beneficiary
- applying for coverage previously waived
- change in Name

Why Group Benefits?

Your Employer's Representative

Applying for Group Benefits

Making Changes

The bottom portion of this form is your claims payment, if applicable. Simply tear along the perforated line, endorse the back of the cheque and you can cash it at any chartered bank or trust company.

You should receive settlement of your claim within three weeks from the dat

- 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 Dependant 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.

However, if you and your Spouse are separated or divorced, the following order applies:

- The Plan of the parent with custody of

The Claims Process

Submitting a Claim for Co-ordination of Benefits

Submitting a Claim for Co-ordination of Benefits

To submit a claim when Co-ordination of Benefits applies, refer to the following guidelines:

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.

Who Qualifies for Coverage?

Eligibility

Eligibility

You are eligible for Group Benefits if you:

are a permanent and part-time BCGEU support staff employee of Douglas College and work at least the Required Number of Hours,

are a member of an eligible class,

are younger than the Termination Age,

for Extended Health Care benefits, are covered under the Provincial plan,

are residing in Canada, and

have completed the Waiting Period.

The Termination Age and Waiting Period may vary from benefit to benefit. For this information, please refer to each benefit in the section entitled Your Group Benefits.

Your dependants are eligible for coverage on the date you become eligible or the date you first acquire a dependant, whichever is later. You must apply for coverage for yourself in order for your dependants to be eligible.

Required Number of Hours

Required Number of Hours

Part-time employee - normal work schedule of at least 17.5 hours per week

Medical Evidence

Medical Evidence

Medical evidence is required for all benefits, except Dental, when you make a Late Application for coverage on any person. Medical evidence is required when you apply for coverage in excess of the Non-Evidence Limit.

Late Application

Late Application

An application is considered late when you:

apply for coverage on any person after having been eligible for more than 31 days; or

re-apply for coverage on any person whose coverage had earlier been cancelled.

If you apply for benefits that were previously waived because you were covered for similar benefits under your spouse's plan, your application is considered late when you:

apply for benefits more than 31 days after the date benefits terminated under your spouse's plan; or

apply for benefits, and benefits under your spouse's plan have not terminated.

Medical evidence can be submitted by completing the Evidence of Insurability form, available from your employer. Further medical evidence may be requested by Manulife Financial.

Late Dental Application

If you apply for coverage for Dental for yourself or your dependants late, the benefit will be limited to \$300 for each covered person for the first 12 months of coverage.

Late Dental Application

Effective Date of Coverage

If medical evidence is not required, your Group Benefits will be effective on the date you are eligible.

Effective Date of Coverage

If medical evidence is required, your Group Benefits will be effective on the date you become eligible or the date the evidence is approved by Manulife Financial, whichever is later.

You must be actively at work for plan benefit coverage to become effective. If you are not actively at work on the date your coverage would normally become effective, your coverage will take effect on the next day on which you are again actively at work.

Your dependant's coverage will be effective on the date you are eligible, or the date any required medical evidence on the dependant is approved by Manulife Financial, whichever is later.

Your dependant's coverage will not be effective prior to the date your coverage becomes effective. This does not apply to Dependant Optional Life Insurance which may still become effective.

Your Group Benefits

Employee Life Insurance

Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.

If you die while insured, this benefit provides financial assistance to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

The Benefit

Employee Life - The Benefit

Benefit Amount - 2 times your annual earnings, to a maximum of \$800,000

Non-Evidence Limit - \$800,000

Qualifying Period for Waiver of Premium - 212 consecutive days, or expiration of benefits under the Weekly Income benefit, whichever is greater

Benefit Reduction- your benefit amount reduces to 1 times your annual earnings, to a maximum of \$800,000, at the end of the month following the date you turn 65

Termination Age - your benefit amount terminates at age 71 or retirement, whichever is earlier.

Waiting Period

first of the month coincident with or next following date of hire

Naming a Beneficiary

Employee Life Insurance - Naming a Beneficiary

You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your Plan Administrator.

You should review your beneficiary designation to be sure that it reflects your current intent.

Submitting a Claim

Employee Life Insurance - Submitting a Claim

To submit an Employee Life Insurance claim, your beneficiary must complete the Life Claim form which is available from your Plan Administrator.

Documents necessary to submit with the form are listed on the form.

A completed claim form must be submitted within the earlier of:

15 months following the date of loss

90 days following the date of termination of your insurance

90 days following the date of termination of this Policy or a benefit therein

Your Group Benefits

To submit a claim for the Waiver of Premiums benefit you must complete a Waiver of Premiums claim form, which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted within 18 months following the day you were last actively at work, provided notification is submitted to Manulife Financial within 12 months of the date you were last actively at work.

Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it is not reasonably possible to furnish such proof within the required time, and if proof is given as soon as is reasonably possible.

Waiver of Premiums

If you become Totally Disabled while insured and prior to age 65 and meet the Entitlement Criteria outlined below, your Life Insurance will continue without payment of premium.

***Employee Life
Insurance - Waiver of
Premiums***

Definition of Totally Disabled

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing any and every duty of:

your own occupation, during the Qualifying Period and the 24 months immediately following the Qualifying Period

any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 24 months specified above

The availability of work will not be considered by Manulife Financial in assessing your disability.

If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.

***Employee Life
Insurance - Totally
Disabled***

Entitlement Criteria

To be entitled to Waiver of Premiums, you must meet the following criteria:

you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 30 days due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled

***Employee Life
Insurance - Entitlement
Criteria***

Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing any and every duty of:

- your own occupation, during the Qualifying Period and the following 24 months, and

- any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 24 months specified above

you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial

At any time, Manulife Financial may require you to submit to a medical, psychiatric, psychological, functional, educational

Your Group Benefits

Your amount of insurance on which premiums were previously waived will be reinstated.

If the same disability recurs more than 6 months after cessation of your Waiver of Premiums benefit, such disability will be considered a separate disability.

Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.

Conversion Privilege

If your Group Benefits terminate or reduce, you may be eligible to convert all or part your Employee Life Insurance to an individual policy, without medical evidence. Your application for the individual policy along with the first monthly premium must be received by Manulife Financial within 31 days of the termination or reduction of your Employee Life Insurance. If you die during this 31-day period, the amount of Employee Life Insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion.

For more information on the conversion privilege, please see your Plan Administrator. Provincial differences may exist.

*Employee Life
Insurance - Conversion
Privilege*

Employee Optional Life Insurance

The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.

If you die while insured, this benefit provides financial assistance to your beneficiary, in addition to your Employee Life Insurance Benefit. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

The Benefit

Benefit Amount - increments of \$10,000 to a maximum of \$200,000

Non-Evidence Limit - \$100,000

Qualifying Period for Waiver of Premium - 212 consecutive days, or expiration of benefits under the Weekly Income benefit, whichever is greater

Termination Age - your benefit amount terminates at age 71 or retirement, whichever is earlier.

Waiting Period

first of the month coincident with or next following date of hire

To apply for Employee Optional Life Insurance you must complete the Application for Optional Life form which is available from your Plan Administrator.

*Employee Optional Life
Insurance*

*Employee Optional Life
Insurance - The Benefit*

Your Group Benefits

For details on **Naming a Beneficiary, Submitting a Claim** and **Conversion Privilege**, please refer to Employee Life Insurance.

Eligibility for Optional Life Insurance

Employee Optional Life Insurance - Eligibility for Optional Life Insurance

Insurance for any amounts less than or equal to the stated non-evidence limit are subject to the following conditions:

insurance may be added at any time

you must be in good health

you must not have any physical or mental condition that prevents you from regularly attending to your occupation if actively at work or from choosing to be employed or engaged in any occupation if not actively at work

you have never been declined when you have applied for life insurance or critical illness insurance with any insurer or any other entity

where evidence of insurability is required for any amount of insurance, you must provide Manulife Financial with such evidence that is satisfactory in Manulife Financial's opinion

You may apply for an increase or decrease in the Benefit Amount at any time. Where, as a result of any increase, the total Benefit Amount does not exceed the non-evidence limit, and where Manulife Financial approves such increase, then the pre-existing conditions exclusion will apply to the increased portion of the Benefit Amount, commencing on the resulting effective date that such increase is approved. The pre-existing conditions exclusion will continue to apply to the original Benefit Amount from the date that such Benefit Amount became effective.

Where you apply to increase the Benefit Amount so that the total resulting Benefit Amount exceeds the non-evidence limit, then detailed evidence of insurability will be required by Manulife Financial. If the increase is approved by Manulife Financial, then the pre-existing conditions exclusion will cease to apply to the total resulting Benefit Amount.

A pre-existing condition means an illness or injury for which, during the 24 months prior to the date your insurance under this benefit became effective, or the latest date of reinstatement of insurance, whichever is applicable, you have exhibited signs or symptoms, received medical treatment, care or services (including diagnostic measures), consulted a physician or have been prescribed medication; or where treatment would have been sought by a prudent individual during the 24 months prior to the date your insurance under this benefit became effective, or the latest date of reinstatement of insurance, whichever is applicable.

Your Group Benefits

Waiver of Premiums

If your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. (See Employee Life Insurance...Waiver of Premiums).

Employee Optional Life Insurance - Waiver of Premiums

Exclusions

If death results from suicide any amount of Optional Life Insurance that has been in effect for less than two years will not be payable.

Employee Optional Life Insurance - Exclusions

No amount of Optional Life Insurance will be paid for any Non-Evidence Limit amount when death is directly or indirectly attributable to a pre-existing condition during the first 24 months of insurance.

Dependant Optional Life Insurance

The Dependant Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.

Dependant Optional Life Insurance

If your Spouse dies while insured, the amount of this benefit will be paid to you.

The Benefit

Dependant Optional Life Insurance - The Benefit

Benefit Amount

- Spouse - increments of \$10,000 to a maximum of \$200,000
- Child - increments of \$10,000 to a maximum of \$50,000

Non-Evidence Limit - \$50,000

Termination Age

Spouse - employee's or spouse's age 71 or employee's retirement, whichever is earlier

Child - employee's age 71 or retirement, whichever is earlier

Waiting Period

first of the month coincident with or next following date of hire

To apply for Dependant Optional Life Insurance you must complete the Application for Optional Life form which is available from your Plan Administrator.

Submitting a Claim

Dependant Optional

Your Group Benefits

A pre-existing condition means an illness or injury for which, during the 24 months prior to the date your spouse's insurance under this benefit became effective, or the latest date of reinstatement of insurance on your spouse, whichever is applicable, your spouse has exhibited signs or symptoms, received medical treatment, care or services (including diagnostic measures), consulted a physician or has been prescribed medication; or where treatment would have been sought by a prudent individual during the 24 months prior to the date your spouse's insurance under this benefit became effective, or the latest date of reinstatement of insurance on your spouse, whichever is applicable.

Waiver of Premiums

Please refer to Employee Life Insurance for details on the Waiver of Premiums provision.

***Dependant Optional
Life Insurance - Waiver
of Premiums***

Conversion Privilege

If your spouse's insurance terminates, you may be eligible to convert the terminated insurance to an individual policy, without medical evidence. Your spouse's application for the individual policy, along with the first monthly premium, must be received by Manulife Financial, within 31 days of the termination date. If your spouse dies during this 31-day period, the amount of spousal Life Insurance available for conversion will be paid to you, even if you didn't apply for conversion.

***Dependant Optional
Life Insurance -
Conversion Privilege***

For more information on the conversion privilege, please see your Plan Administrator. Provincial differences may exist.

Exclusions

If death results from suicide any amount of Dependant Optional Life Insurance that has been in effect for less than two years will not be payable.

No amount of Spousal Dependent Optional Life Insurance will be paid for any Non-Evidence Limit amount when death is directly or indirectly attributable to a pre-existing condition during the first 24 months of insurance.

***Dependant Optional
Life Insurance -
Exclusions***

Accidental Death and Dismemberment

Accidental Death and Dismemberment

The Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0039945.

If you sustain an accidental injury while insured and suffer a loss specified in the Schedule of Losses below, this benefit provides financial assistance to you or your beneficiary. In the event of your death, the benefit is payable to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate. For losses other than Loss of Life, the benefit is payable to you.

The Benefit

AD&D - The Benefit

Aggregate Limit - \$5,000,000

Benefit Amount - 2 times your annual earnings, to a maximum of \$800,000

Benefit Reduction- at the end of the month following the date you attain age 65, your benefit amount reduces to 1 times your annual earnings, to a maximum of \$800,000,

Qualifying Period for Waiver of Premium - 212 consecutive days, or expiration of benefits under the Weekly Income benefit, whichever is greater

Termination Age - your benefit amount terminates at age 71 or retirement, whichever is earlier.

Waiting Period

none for employees hired on or prior to the Group Policy Effective Date

first of the month coincident with or next following the date of hire for all other employees

Schedule of Losses

AD&D BT5750002 TD0.0031 (of Losses)TJET0.00 0.00 0.00 rgBT158.40T5750002 TD/F18 10.0000 Tf0.0091 Tc-0.0346 TA

Your Group Benefits

Loss of Life - 100%

Loss of or Loss of Use of Both Hands or Both Feet - 100%

Loss of Sight of Both Eyes - 100%

Loss of One Hand and One Foot - 100%

Loss of One Hand and Sight of One Eye - 100%

Loss of One Foot and Sight of One Eye - 100%

Loss of Hearing in Both Ears and Speech - 100%

Loss of or Loss of Use of One Arm or One Leg - 75%

Loss of or Loss of Use of One Hand or One Foot - 75%

Loss of Sight of One Eye - 75%

Loss of Speech or Hearing in Both Ears - 75%

Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33.33%

Loss of All Toes of One Foot - 25%

Loss of Hearing in One Ear - 25%

Hemiplegia, Paraplegia or Quadriplegia - 200%

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accident.

No more than 100% will be paid for all losses due to any one accidental Injury, except in the case of hemiplegia, paraplegia or quadriplegia, where the total amount paid will not exceed 200% (provided the benefit is paid while you are living).

Exposure and Disappearance

If a loss occurs due to unavoidable exposure to the elements, after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit will be payable for that loss. The amount payable will be determined in accordance with the Schedule of Losses.

If you disappear after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit for loss of life will be payable if your body is not found within 365 days after the incident occurred.

AD&D - Exposure and Disappearance

Aggregate Limit

In no event will the amount paid for total lives exceed \$5,000,000.

**AD& D - Aggregate
Limit**

Rehabilitation Expenses

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and require participation in a formal rehabilitation program in order to return to gainful employment, Manulife Financial will pay incurred expenses, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

**AD& D - Rehabilitation
Expenses**

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Your Group Benefits

Dependant Education Expenses

***AD& D - Dependant
Education Expenses***

If you die as a direct result of an accidental injury, Manulife Financial will pay the tuition for each child who is enrolled as a full-time student:

in a school for higher learning above the secondary school level, or

at the secondary school level, but who enrolls as a full-time student in a school for higher learning within 365 days after your death

A school for higher learning means any accredited university, private college, collèges d'enseignement général et professionnel (CEGEP), community college or trade school.

The maximum payable each year for each child is the lesser of:

5% of your Accidental Death and Dismemberment benefit amount, or

\$5,000

The benefit is payable for up to a maximum of 4 years. If there are no children, an additional \$2,500 will be paid to your designated beneficiary.

No payment will be made for:

tuition expenses incurred prior to your death

room and board expenses, or other living, travelling or clothing expenses

Spousal Occupational Training Expenses

***AD& D - Spousal
Occupational Training
Expenses***

If you die as a direct result of an accidental injury and your spouse must participate in a formal occupational training program to become qualified for employment for which he or she would not otherwise have sufficient qualifications, Manulife Financial will pay for expenses incurred by your spouse, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

Benefit

Accidental Death and Dismemberment benefit, to a maximum of \$25,000, provided you were wearing your seat belt and it was properly fastened at the time of the accidental injury.

AD& D - Seat Belt

35 If you die as a direct result of an accidental injury sustained while driving or riding in a motor vehicle, Manulife Financial will pay an additional amount equal to 10% of your

Seat Belt Ben

Your Group Benefits

Day-Care Expenses

AD& D - Day-Care Expenses

If you die as a direct result of an accidental injury, Manulife Financial will pay day-care expenses for each child under 13 years of age who is enrolled in a legally licensed day-care centre at the time of the accidental injury, or who becomes enrolled within 12 months from the date of your death.

The maximum payable each year for each child is the lesser of:

5% of your Accidental Death and Dismemberment benefit amount, or

\$10,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

expenses incurred prior to your death

room and board expenses, or other living, travelling or clothing expenses

Home Alteration and Vehicle Modification Expenses

AD& D - Home Alteration and Vehicle Modification Expenses

If, as a direct result of an accidental injury, you:

suffer a loss of, or loss of use of, both feet or both legs, or

become a hemiplegic, paraplegic, or quadriplegic

and require the use of a wheelchair to be ambulatory, Manulife Financial will pay for incurred expenses, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

incurred within 3 years from the date of the accidental injury

for alterations to your home for the purpose of making it wheelchair accessible

for modifications to one motor vehicle for the purpose of making it wheelchair accessible

The amount payable is subject to a maximum of \$10,000.

Non-Duplication of Expenses

AD& D - Non-Duplication of Expenses

Expenses which are eligible under this benefit and for which you are also eligible under any other benefit, policy, or plan providing similar coverage will be paid first under such other benefit, policy or plan. Any expenses not paid will then be considered under this benefit, subject to any stated maximum.

The total amount of payments from all coverages combined will not exceed 100% of the eligible expenses incurred.

Naming a Beneficiary

You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your Plan Administrator.

If you have not appointed a beneficiary under this policy, but you had appointed a

***AD&D - Naming a
Beneficiary***

Extended Health Care

Extended Health Care

Your Extended Health Care Benefit is provided directly by Douglas College. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit gupp.

Note:

The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 80%.

Termination Age applies to Employees who retire when the employee attains age 71 or the last day of the month following the month in which the employee retires, whichever is earlier

Waiting Period

first of the month coincident with or next following date of hire

Covered Expenses

Extended Health Care - Covered Expenses

The expenses specified are covered to the extent that they are reasonable and customary, unless otherwise specified, as determined by Manulife Financial or your employer, provided they are:

medically necessary for the treatment of an illness or injury and recommended by a physician

incurred for the care of a person while covered under this Group Benefit Program

reasonable taking all factors into account

they are:

not covered under the Provincial Plan or any other government-sponsored program

legally insurable

used as prescribed or recommended by a physician

associated with any drug, BT90.0000 38BTr2 eTf-0.0434 T00 0TJET0.12 hysservicint0.00w 0.subject16 0.000du00di-0

Manulife Financial maintains a list of drugs, services and supplies that require prior authorization. Prior authorization is applied to ensure that the therapy prescribed is medically necessary. Where there are lower cost alternative treatments or prescribing guidelines recommend alternative drugs be tried first that are lower in cost, you or your eligible dependents will be required to have tried an alternative treatment unless medical contraindications to alternative treatments exist.

At Manulife Financial's discretion, medical information, test results or other

Your Group Benefits

Hospital Care

charges, in excess of the hospital's public ward charge, for semi-private accommodation, provided:

- the person was confined to hospital on an in-patient basis, and
- the accommodation was specifically elected in writing by the patient

charges for any portion of the cost of ward accommodation, utilization or co-payment fees (or similar charges) are not covered

charges for room and board made by an addiction treatment facility, provided the treatment has been recommended and approved in writing by a physician, up to a maximum of \$25,000 per lifetime

charges for any portion of the cost of ward accommodation, utilization or co-payment fees (or similar charges) are not covered

**Extended Health Care -
Hospital Care**

**Extended Health Care -
Addiction Facility**

ManuScript Generic Drug Plan 2 - Prescription Drugs

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist

oral contraceptives, intrauterine devices and diaphragms

injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)

life-sustaining drugs

preventive vaccines and medicines (oral or injected)

standard syringes, needles and diagnostic aids, required for the treatment of diabetes

Note Dispensing fees for drugs purchased with the Pay Direct Drug card, other than compounds, will not be subject to Reasonable and Customary limitations

The following are not Covered Expenses:

charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment

drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis

drugs determined to be ineligible as a result of due diligence

oral drugs used in the treatment of a sexual dysfunction

**Extended Health Care -
ManuScript Generic
Drug Plan 2 -
Prescription Drugs**

- Drug Maximums

- Drug Maximums

Fertility drugs - \$2,500 per lifetime

Anti-smoking drugs - \$500 per lifetime

All other covered drug expenses - Unlimited

- Payment of Covered Expenses

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

Covered expenses for any prescribed drug will not exceed the price of the lower cost alternative drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a lower cost alternative that provides therapeutically similar results as identified by Manulife Financial.

Manulife Financial can limit the covered expense for any drug to that of a lower cost interchangeable drug at the time the drug is purchased.

If there is no lower cost alternative drug for the prescribed drug, the amount payable is based on the cost of the prescribed drug.

**- No Substitution
Prescriptions**

- No Substitution Prescriptions

If your prescription contains a written direction from your physician or dentist that the

You will be required to pay the full cost of the prescription at time of purchase if:

you cannot locate a participating Pay Direct Drug pharmacy

you do not have your Pay Direct Drug Card with you at that time

the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

Vision Care

***Extended Health Care -
Vision Care***

eye exams, up to \$100 per 24 consecutive months

purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a combined maximum of \$650 per 24 consecutive months

if contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, the maximum payable will be 1 pair of eyeglasses or contact lenses per lifetime

non-prescription reading glasses, to a maximum of \$40 per 24 consecutive months

Professional Services

***Extended Health Care -
Professional Services***

Services provided by the following licensed practitioners:

Acupuncturist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropractist, massage therapist, naturopath, speech therapist and physiotherapist

Chiropractor - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropractist, massage therapist, naturopath, speech therapist and physiotherapist, limited to \$25 per visit for the first 3 visits in any calendar year

Osteopath - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropractist, massage therapist, naturopath,

Naturopath - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropractist, massage therapist, naturopath, speech therapist and physiotherapist, limited to \$25 per visit for the first 3 visits in any calendar year. Lab fees are not subject to the per visit maximum.

Speech Therapist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropractist, massage therapist, naturopath, speech therapist and physiotherapist

Physiotherapist - \$1,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropractist, massage therapist, naturopath, speech therapist and physiotherapist, limited to \$25 per visit for the first 3 visits in any calendar year

Mental Health Practitioner - \$1,000 per calendar year

Mental Health Practitioner includes services of a clinical counsellor, social worker, marriage and family therapist, psychoanalyst, psychologist and psychotherapist only

Expenses for some of these Professional Services may be payable in part by Provincial Plans. Coverage for the balance of such expenses prior to reaching the Provincial Plan maximum may be prohibited by provincial legislation. In those provinces, expenses under this Benefit Program are payable after the Provincial Plan's maximum for the benefit year has been paid.

Recommendation by a physician for Professional Services is not required.

Medical Services and Supplies

Extended Health Care - Medical Services and Supplies

For all medical equipment and supplies covered under this provision, Covered Expenses will be limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

Private Duty Nursing

- Private Duty Nursing

Services which are deemed to be within the practice of nursing and which are provided in the patient's home by:

a registered nurse, or

a registered nursing assistant (or equivalent designation) who has completed an approved medications training program

Covered Expenses are subject to a maximum of \$5,000 per 36 months.

Charges for the following services are not covered:

service provided primarily for custodial care, homemaking duties, or supervision

service performed by a nursing practitioner who is an immediate family member or who lives with the patient

service performed while the patient is confined in a hospital, 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

Pre-Determination of Benefits

Before the services begin, it is advisable that you submit a detailed treatment plan with cost estimates. You will then be advised of any benefit that will be provided.

Ambulance

- Ambulance

licensed ambulance service provided in the patient's province of residence, including air ambulance, to transfer the patient to the nearest hospital where adequate treatment is available, to a maximum of \$300 per calendar year

Medical Equipment

- Medical Equipment

rental or, when approved by Manulife Financial or your employer, purchase of:

- Mobility Equipment: crutches, canes, walkers, and wheelchairs
- Durable Medical Equipment: manual hospital beds, respiratory and oxygen equipment, and other durable equipment usually found only in hospitals

Non-Dental Prostheses, Supports and Hearing Aids

**- Non-Dental
Prostheses, Supports
and Hearing Aids**

external prostheses. Breast prostheses are limited to post-mastectomy only, to a maximum of 1 per calendar year.

surgical stockings/support hose, up to a maximum of 4 pairs per calendar year

· surgical brassieres, up to a maximum of 4 per calendar year

braces (other than foot braces), trusses, collars, leg orthosis, casts and splints

stock-item orthopaedic shoes and modifications or adjustments to stock-item orthopaedic shoes or regular footwear, provided such footwear forms an integral part of a brace (recommendation of either a physician or a podiatrist is required)

casted, custom-made orthotics, up to a maximum of 1 pair per calendar year, to a maximum of \$450 per pair (recommendation of either a physician or a podiatrist is required)

cost, installation, repair and maintenance of hearing aids, (including charges for batteries) to a maximum of \$1,000 per 5 calendar years

Other Supplies and Services

**- Other Supplies and
Services**

medicated dressings and burn garments

synvisc, to a maximum of 9 injections every 12 months

wigs and hairpieces for patients with temporary hair loss as a result of medical treatment

oxygen

microscopic and other similar diagnostic tests and services rendered in a licensed laboratory in the province of Quebec

charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 12 months of the accident, excluding injuries due to biting or chewing

Gender Affirmation Treatment

- Gender Affirmation Treatment

Charges for feminization procedures as follows:

breast/chest surgery - augmentation mammoplasty (implants/lipofilling)

genital surgery - penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty, scrotoectomy, labiaplasty

non-genital, non-breast interventions - facial feminization surgery such as rhinoplasty, and blepharoplasty, abdominoplasty, liposuction, lipofilling, gluteal augmentation (implants/lipofilling), hair reconstruction, electrolysis or laser hair removal of facial, body hair or skin graft, reduction thyroid chondroplasty and laryngoplasty/vocal cord surgery

Charges for masculinization procedures as follows:

Your Group Benefits

expenses related to sperm preservation and/or cryopreservation of fertilized embryos and expenses related to infertility

any services/expenses payable under any Provincial/Territorial Plan.

The purpose of this coverage is related to masculinization or feminization, not elective cosmetic enhancement. All eligible services must be medically necessary and ordered by a physician involved in the transitioning treatment.

In order to be eligible for the gender affirmation treatment expenses outlined in this section, the covered person must go through the provincial/territorial process, where provincial/territorial coverage exists.

A covered person must provide the Administrator with one of the following:

proof of approval from the province/territory that has accepted coverage under their gender affirmation program, where provincial/territorial coverage exists, OR

proof of completing a recognized program at a specialized gender identity treatment centre (such as the CAMH Gender Identity Clinic), OR

proof that the covered person has met the clinical eligibility for gender affirming surgery as determined by the World Professional Association for Transgender Health (WPATH) Standards of Care (SoC) criteria and have been assessed by a physician, specialist, nurse practitioner (NP) and/or a health care professional (HCP) trained in the WPATH SoC.

If the covered person elects not to follow the WPATH identity treatment guidelines or not go through the provincial/territorial process (where provincial/territorial coverage exists), the covered person will not be eligible for any of the gender affirmation treatment expenses outlined in this section.

Only expenses incurred while the covered person is covered under this plan and while this benefit provision is in force will be eligible for consideration.

Manulife is responsible for determining a covered person's eligibility for coverage under the gender affirmation benefit. Before incurring an expense, the covered person must contact the Administrator to predetermine the eligibility of their claim. The Administrator reserves the right to request details of the services, along with provincial/territorial approval with respect to the assessment/approval for coverage under the provincial/territorial gender affirmation program. The Administrator will assess all medical expenses based on the terms of this plan and considering WPATH's standards of care for Gender Identity Dysphoria.

Covered Expenses are subject to a maximum of \$30,000 per lifetime.

*-Out-of-Province/Out-of
-Canada*

Out-of-Province/Out-of-Canada

treatment required as a result of a medical emergency which occurs during the first 365 days while temporarily outside the province of residence, provided the covered person who receives the treatment is also covered by the Provincial Plan during the absence from the province of residence.

A Medical Emergency is

- a sudden, unexpected injury or a new medical condition which occurs while a covered person (you or your dependant) is travelling outside of his province of residence, or
- a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure.

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Your Group Benefits

Charges incurred outside the province of residence for all other Covered Extended Health Care Expenses are payable on the same basis as if they were incurred in the province of residence.

Submitting a Claim

To submit an Extended Health Care claim, you must complete an Extended Health Care Claim form, except when claiming for physician or hospital expenses incurred outside your province of residence. For these expenses, you must complete an Out-of-Province/Out-of-Canada claim form. Claim forms are available from your employer.

All applicable receipts must be attached to the completed claim form when submitting it to Manulife Financial. Certain claims may be submitted electronically. Please visit Manulife's Group Benefits website at www.manulife.ca/groupbenefits for details.

All claims must be submitted within 15 months after the date the expense was incurred.

Claims for Out-of-Canada expenses must first be submitted to the Provincial Plan for payment. Any outstanding balance should be submitted to Manulife Financial, along with the explanation of payment from the Provincial Plan.

Subrogation (Third Party Liability)

If your medical expenses result from an injury caused by another person and you have the legal right to recover damages, the administrator, acting on behalf of your employer may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgement of your legal action, you will be required to reimburse the administrator those amounts you recover which, when added to the payments you received from the administrator, exceed 100% of your incurred expenses.

Exclusions

No Extended Health Care benefits are payable for expenses related to:

for Out-of-Province/Out-of-Canada only, self-inflicted injuries, either directly or indirectly, unless medical evidence establishes that the injuries are related to a mental health illness

war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion

an illness or injury for which benefits are payable under any government plan or workers' compensation

charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms

services or supplies provided by an association, trade union or your employer's medical or dental department

***Extended Health Care -
Submitting a Claim***

***Subrogation (Third
Party Liability)***

***Extended Health Care -
Exclusions***

Your Group Benefits

services or supplies for which no charge would normally be made in the absence of group benefit coverage

services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of coverage

services or supplies which are not permitted by law to be paid

services or supplies which would have been payable by the Provincial Plan if proper application had been made

medical treatment which is not usual or customary, or is experimental or investigational in nature

medical or surgical care which is cosmetic

services or supplies which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person

services or supplies which are not specified as a covered expense under this benefit

Continuation of Coverage

Extended Health Care - Continuation of Coverage

If a dependant is Disabled when coverage under this Benefit terminates, Covered Expenses related to the treatment of the Disability will continue to be payable by Manulife Financial, acting on behalf of your Employer.

Coverage will be continued for up to 90 days after coverage would otherwise have terminated while the dependant remains Disabled. However, coverage will terminate if either this Benefit, or Plan Document should terminate.

A dependant shall be considered wholly Disabled when he/she is confined to a hospital or incapacitated to the extent that the dependant is not able to perform all of the usual and customary duties or activities of a person in good health and of the same age.

Drug Benefit and Pharmacy Services For Persons Who Reside In Quebec

If you and your dependents reside in Quebec, the following provisions apply to your drug benefit coverage.

Covered Expenses

The following expenses are covered:

drugs that are on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List), provided such drugs are on the list at the time the expense is incurred; and

covered pharmacy services that are to be paid when the drug is on the RAMQ List, and

drugs that are listed as a covered expense in this Benefit Booklet, but are not on the RAMQ List.

100%, and

- i) deductible amounts, and
- ii) the portion of covered drug expenses that is paid by a covered person, when the percentage of covered expenses payable under this benefit is less than 100%, and
- iii) covered pharmacy services that are performed by pharmacists for drugs on the RAMQ formulary.

The annual out-of-pocket maximum for you and your spouse is as stipulated in the Legislation and includes those portions of covered drug expenses and covered pharmacy services relating to a drug on the RAMQ formulary paid for your dependent children.

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

c) **Deductible**

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

d) **Lifetime Maximum (if applicable) (RAMQ formulary) (194.40 thereafter, t)**

Your Group Benefits

- i) the age specified in this Benefit Booklet (please refer to definition of child in the Explanation of Common Insurance Terms); and
- ii) age 26.

Drug coverage and covered pharmacy services provided for dependent children after the age stated in this Benefit Booklet is subject to the following conditions:

- only drugs that are on the RAMQ List are covered, and
- only covered pharmacy services performed for a drug in the RAMQ List are covered, and
- the percentage payable by the Administrator for covered expenses is the percentage as set out by the then applicable Legislation.

f) **Termination Age for Covered Drug and Pharmacy Service Expenses**

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

- i) only drugs that are on the RAMQ List are covered,
- ii) only covered pharmacy services related to a drug on the RAMQ List are covered,
- iii) the percentage payable by the Administrator for covered expenses is the percentage as stipulated in the then applicable Legislation,
- iv) the Annual Out-of-Pocket Maximum is as stipulated in the then applicable Legislation, and
- v) the cost required for the drug coverage is the cost of the Extended Health Care benefit.

Coverage for drugs that are listed as a covered expense in this Benefit Booklet but are not on the RAMQ List

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

Dental Care

Your Dental Care Benefit is provided directly by Douglas College. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.

Dental Care

Your Group Benefits

If you or your dependants require any of the dental services specified under Covered Expenses, your Dental Care benefit can provide financial assistance.

Payment of Covered Expenses is subject to any maximum amounts shown below under The Benefit and in the expenses listed under Covered Expenses.

Claim amounts that will be applied to the maximum are the amounts paid after applying the Deductible, Benefit Percentage, and any other applicable provisions.

The Benefit

Dental Care - The Benefit

Deductible - Nil

Dental Fee Guide - Current British Columbia Dental Association Approved Fee Guide for General Practitioners and Specialists

Benefit Percentage (Co-insurance)

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 60% for Level III - Dentures
- 60% for Level IV - Major Restorative Services
- 50% for Level V - Orthodontics

Benefit Maximums

- \$1,200 per calendar year combined for Level I, Level II and Level III
- unlimited for Level IV
- \$3,000 per lifetime for Level V

Termination Age - the end of the month in which the employee attains age 71 or the last day of the month following the month in which the employee retires, whichever is earlier

Waiting Period

first of the month coincident with or next following date of hire

Covered Expenses

The following expenses are covered if they:

are incurred for the necessary dental care of a covered person while covered under this benefit

are incurred for services provided by a dentist, a dental hygienist working within the scope of his license, or a denturist working within the scope of his license

Dental Care - Covered Expenses

are reasonable as determined by your employer or Manulife Financial, taking all factors into account

do not exceed the fees recommended in the Dental Fee Guide, or reasonable and customary charges as determined by your employer or Manulife Financial, if the expenses are not listed in the Dental Fee Guide

Level I - Ba

anaesthesia and conscious sedation

denture repairs, relines and rebases, only if the expense is incurred later than 3 months after the date of the initial placement of the denture

injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery

nervous/muscular disorders

Level II - Supplementary Basic Services

***Dental Care - Level II -
Supplementary Basic
Services***

surgical procedures not included in Level I (excluding im

Level IV - Major Restorative Services

crowns, veneers and onlays when the function of a tooth is impaired due to

***Dental Care - Level IV -
Major Restorative
Services***

**Weekly Income -
Definition of Totally
Disabled**

Definition of Totally Disabled

Totally Disabled means an incapacitation to the extent that you are not able to perform any and every duty of your occupation or employment.

The availability of work will not be considered by Manulife Financial or your employer in assessing your disability.

If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.

The Benefit

**Weekly Income - The
Benefit**

Benefit Amount - 75% of weekly earnings, to a maximum benefit of \$1,100

Qualifying Period - 30 calendar days, if the disability is due to an accident; 30 calendar days, if the disability is due to a sickness

Benefits are payable from the end of the Qualifying Period. Benefits are not payable for or during the Qualifying Period.

You must be receiving regular, ongoing care and treatment from a physician during the Qualifying Period in order for benefits to be payable at the end of the Qualifying Period. Otherwise, benefits are not payable until the date you are first treated by your physician.

Maximum Benefit Period - 26 weeks. However, if you attain age 65 while receiving benefits, benefits will continued to be paid until you have received a total of 15 weeks of benefit payments.

Termination Age - end of the month following your attainment of age 65 or retirement, whichever is earlier

Waiting Period

first of the month coincident with or next following date of hire

Entitlement Criteria

**Weekly Income -
Entitlement Criteria**

To be entitled to disability benefits, you must meet the following criteria:

you must be continuously Totally Disabled throughout the Qualifying Period

your employer or Manulife Financial must receive medical evidence documenting

At any time, your employer or Manulife Financial may require you to submit to a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by your employer or Manulife Financial.

Periods for Which You are Not Entitled to Benefits

***Weekly Income -
Periods for Which You
are Not Entitled to
Benefits***

Your Group Benefits

Weekly Income - Subrogation

Subrogation

If your disability is caused by another person and you have a legal right to recover damages, your employer will request that you complete a subrogation reimbursement agreement when you submit your Weekly Income claim.

On settlement or judgement of your legal action, you will be required to reimburse your employer those amounts you recover which, when added to the disability benefits that your employer paid to you, exceed 100% of your lost income.

Weekly Income - Tax Status

Tax Status of Benefits

The tax position of any payments you receive under this benefit depends on whether you or your employer pays the cost of the benefit.

If your employer pays a portion or all of the cost, then any disability benefit payments you receive will be taxable. If you pay the full cost of the benefit, then any disability benefit payments you receive will be non-taxable.

Weekly Income - Payment of Disability Benefits

Payment of Disability Benefits

Disability benefit payments will be made weekly in arrears. Any payment for a period of less than one week will be made at a daily rate of one-seventh of your weekly benefit amount.

Weekly Income - Termination of Benefit Payments

Termination of Benefit Payments

Your disability benefit payments will cease on the earliest of:

the date you cease to be Totally Disabled, as defined under this benefit

the date you work in any occupation for wage or profit

the date you do not supply your employer or Manulife Financial with appropriate medical evidence documenting how your illness or injury causes incapacitation, such that you are prevented from performing any and every duty of your own occupation or employment

the date you do not attend an examination by an examiner selected by your employer or Manulife Financial

the date on which benefits have been paid up to the Maximum Benefit Period for this benefit

the date you retire

the date of your death

Your Group Benefits

Recurrent Disability

If you become Totally Disabled again from the same or related causes within 2 weeks from the end of the period for which Weekly Income benefits were paid, the disability will be treated as a continuation of your previous disability.

You will not be required to satisfy any applicable Qualifying Period again. The benefit payable to you will be based on your earnings as at the date of your previous disability. Benefits for all such recurrent disabilities will not be paid for a combined period longer than the Maximum Benefit Period for this benefit.

If the same disability recurs more than 2 weeks after the end of the period for which benefits were paid, such disability will be considered a separate disability.

Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.

Submitting a Claim

To submit a claim, you must complete the Weekly Income Claim form which is available from your employer. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted within 6 months after termination of the first month following the end of the Qualifying Period.

Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it is not reasonably possible to furnish such proof within the required time, and if proof is given as soon as is reasonably possible.

Exclusions

No benefits are payable for any disability related to:

any illness or injury which arises out of or in the course of employment, unless Workers' Compensation denies your claim

self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness

war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion

medical or surgical care which is performed solely for cosmetic purposes

the committing of an assault or criminal offence

injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol if your blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury

abuse of addictive substances, including drugs and alcohol, unless you are actively participating and co-operating in an in-patient medical treatment program for substance abuse which has been approved by Manulife Financial

***Weekly Income -
Recurrent Disability***

***Weekly Income -
Submitting a Claim***

***Weekly Income -
Exclusions***

Your Group Benefits

Long Term Disability

Long Term Disability

The Long Term Disability Benefit is insured under Manulife Financial's Policy G0039945.

If you become Totally Disabled while insured and meet the Entitlement Criteria for this benefit, Manulife Financial will pay a disability benefit.

Definition of Totally Disabled

Long Term Disability - Definition of Totally Disabled

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing any and every duty of:

your own occupation, during the Qualifying Period and the 24 months immediately following the Qualifying Period

any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 24 months specified above

The availability of work will not be considered by Manulife Financial in assessing your disability.

If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.

The Benefit

Long Term Disability - The Benefit

Benefit Amount

The greater of:

66.7% of the first \$1,500 of monthly earnings, plus 50% of monthly Earnings in excess of \$1,500, to a maximum benefit of \$12,000; or

60% of monthly earnings up to the monthly equivalent of the Employment Insurance maximum insurable earnings in any calendar year, plus 50% of the monthly earnings in excess of the monthly equivalent to the Employment Insurance maximum insurability earnings, to a maximum benefit of \$12,000

Non-Evidence Limit - \$12,000

Qualifying Period - 212 consecutive days, or expiration of benefits under the Weekly Income benefit, whichever is greater

Benefits are payable from the end of the Qualifying Period. Benefits are not payable for or during the Qualifying Period.

You must be receiving regular, ongoing care and treatment from a physician during the Qualifying Period in order for benefits to be payable at the end of the Qualifying Period.

Maximum Benefit Period - to age 65

Your Group Benefits

Termination Age - the end of the month following your attainment of age 65 less the Qualifying Period, or retirement, whichever is earlier

Waiting Period

first of the month coincident with or next following date of hire

Entitlement Criteria

To be entitled to disability benefits, you must meet the following criteria:

you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 2 weeks due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled.

Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing any and every duty of:

- your own occupation, during the Qualifying Period and the following 24 months, and

- any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the months specified above

you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial

At any time, Manulife Financial may require you to submit to a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by Manulife Financial.

Periods for Which You are Not Entitled to Benefits

You are not entitled to benefit payments for any period that you are:

not receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial

receiving treatment by a therapist unless such treatment is recommended by a Physician deemed appropriate by Manulife Financial

on lay-off during which you become Totally Disabled

on leave of absence during which you become Totally Disabled, unless your employer is required to pay benefits during this period as a result of legislation, regulation or case law

residing outside Canada for any period exceeding 90 consecutive days or a total of 180 days in any 365 day period unless:

- you remain under the regular care of a licensed Physician deemed appropriate by Manulife Financial

Long Term Disability - Entitlement Criteria

Long Term Disability - Periods for Which You are Not Entitled to Benefits

- you have previously notified and received approval in writing from Manulife Financial
- proof of the ongoing Disability can be determined on evidence satisfactory to Manulife Financial within 30 days of request

incarcerated in a prison, correctional facility, hospital or similar institution as a result of criminal proceedings

Amount of Disability Benefit Payable

Long Term Disability - Amount of Disability Benefit Payable

The amount of disability benefit payable to you is the Benefit Amount shown above reduced by any disability benefits you receive or are entitled to receive from the following sources for the same or related disability:

50% of earnings from a different and lesser paid occupation not related to Rehabilitation Assistance

Workers' Compensation or similar coverage

Canada or Quebec Pension Plans, excluding dependant benefits

If necessary, the amount of your benefit will be further reduced so that your total income from all sources does not exceed 100% of your pre-disability gross earnings (net earnings, if your benefit is non-taxable). All sources include those sources stated above and any benefit you are entitled to receive from:

any income or benefit from a different or lesser paid occupation

any income payable under a pension or retirement plan of your employer, or any plan or arrangement resulting from the payment of any salary, wage or any other payment by your employer to you during the disability

any income or benefit payable under any other plan or program provided to you by or through your employer. Such plan or program includes any permanent and total disability benefit

Your Group Benefits

Benefit Calculation Rules

Manulife Financial will apply the following rules in determining your disability benefit:

benefits payable from other sources which began before the commencement of your current Disability will not be taken into account

benefits payable from other sources will not be adjusted to take into account any difference between the tax status of those benefits and the benefit payable by Manulife Financial

subsequent changes in benefits from other sources, other than cost of living increases, will be taken into consideration and a new benefit amount may be established

benefits payable under individual disability income insurance will not be taken into account

for benefits payable other than on a monthly basis, a monthly equivalent of such benefit will be estimated by Manulife Financial, and

if you do not apply for a benefit for which you are eligible, the amount of such benefit will be estimated by Manulife Financial and assumed to be paid, unless you provide Manulife Financial satisfactory evidence that you were not eligible for such benefit

**Long Term Disability -
Benefit Calculation
Rules**

Subrogation

If your disability is caused by another person and you have a legal right to recover damages, Manulife Financial will request that you complete a subrogation reimbursement agreement when you submit your Long Term Disability claim.

On settlement or judgement of your legal action, you will be required to reimburse Manulife Financial those amounts you recover which, when added to the disability benefits that Manulife Financial paid to you, exceed 100% of your lost income.

**Long Term Disability -
Subrogation**

Tax Status of Benefits

The tax position of any payments you receive under this benefit depends on whether you or your employer pays the cost of the benefit.

If your employer pays a portion or all of the cost, then any disability benefit payments you receive will be taxable. If you pay the full cost of the benefit, then any disability benefit payments you receive will be non-taxable.

**Long Term Disability -
Tax Status**

Payment of Disability Benefits

Disability benefit payments will be made monthly in arrears. Any payment for a period of less than one month will be made at a daily rate of one-thirtieth of your monthly benefit amount.

**Long Term Disability -
Payment of Disability
Benefits**

Your Group Benefits

Adjusted Pre-Disability Earnings

Adjusted Pre-Disability Earnings

On the first anniversary of benefit payments, after qualifying for Total Disability Benefits, and annually thereafter, your pre-disability earnings will be adjusted based on the Change in the Consumer Price Index for the preceding year.

Rehabilitation Assistance

Long Term Disability - Rehabilitation Assistance

Once Manulife Financial determines that you are Totally Disabled, if appropriate, and at Manulife Financial's discretion, you may be offered rehabilitation to assist you in returning to gainful employment, either to your pre-disability occupation or to another occupation.

In considering whether Rehabilitation Assistance is appropriate for you, Manulife Financial will take into account:

- the nature, extent and expected duration of your disability
- your level of education, training or experience
- the nature, scope, objectives and cost of a Vocational Plan

- Vocational Plan

- Vocational Plan

A Vocational Plan is a training or job placement program that is expected to facilitate your return to your own job or other gainful employment.

If it is determined that Rehabilitation Assistance is appropriate for you, in partnership with you and your employer, Manulife Financial will provide a structured Vocational Plan that will prepare you for a return to work, either:

- with your employer
- with an alternate employer
- in a self-employed capacity

Expenses incurred by you in connection with the Vocational Plan will be reimbursed by Manulife Financial provided such expenses are:

- Reasonable and Customary
- not payable through any government program or third-party insurer

- Disability Benefits During Rehabilitation

- Disability Benefits During Rehabilitation

You will continue to be entitled to disability benefits while participating in the Vocational Plan, for up to a maximum of 24 months. If you receive any earnings as part of the plan, your disability benefit will be reduced once your total income (your disability benefit plus your earnings) exceeds 100% of your pre-disability gross earnings; net earnings if your benefit is not taxable.

If you cease to participate in the Vocational Plan because of a change in your medical status, Manulife Financial will require medical evidence documenting how your current medical status prevents you from continuing with the Vocational Plan.

Your Group Benefits

If you are not available or do not co-operate or participate in the Vocational Plan, you will no longer be entitled to disability benefits.

Termination of Benefit Payments

Your disability benefit payments will cease on the earliest of:

the date you cease to be Totally Disabled, as defined under this benefit

the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restrictions or lack of ability such that you are prevented from performing any and every duty of:

- your own occupation, during the Qualifying Period and the following 24 months, and

- any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 24 months specified above

the date you do not attend an examination by an examiner selected by Manulife Financial

the date on which benefits have been paid up to the Maximum Benefit Period for this benefit

the date of your death

***Long Term Disability -
Termination of Benefit
Payments***

Recurrent Disability

If you become Totally Disabled again from the same or related causes within 6 months from the end of the period for which Long Term Disability benefits were paid, Manulife Financial will treat the disability as a continuation of your previous disability.

You will not be required to satisfy the Qualifying Period again. The benefit payable to you will be based on your earnings as at the date of your previous disability. Benefits for all such recurrent disabilities will not be paid for a combined period longer than the Maximum Benefit Period for this benefit.

If the same disability recurs more than 6 months after the end of the period for which benefits were paid, such disability will be considered a separate disability.

Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.

Waiver of Premiums

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

***Long Term Disability -
Recurrent Disability***

***Long Term Disability -
Waiver of Premiums***

Your Group Benefits

Survivor Benefit

Long Term Disability - Survivor Benefit

If you die while disability benefits are payable, Manulife Financial will pay a benefit to your surviving dependants. If there are no surviving dependants, the benefit is payable to your estate.

The amount of the Survivor Benefit payable is 3 times your last monthly benefit payment, less the amount of any outstanding benefit overpayments.

Submitting a Claim

Long Term Disability - Submitting a Claim

To submit a claim, you must complete the Long Term Disability claim form which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted to Manulife Financial within 6 months after termination of the first month following the end of the Qualifying Period.

Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it is not reasonably possible to furnish such proof within the required time, and if proof is given as soon as is reasonably possible.

Exclusions

Long Term Disability - Exclusions

No benefits are payable for any disability related to:

self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness

war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion

the committing of or the attempt to commit an assault or criminal offence

injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol if your blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury

abuse of addictive substances, including drugs and alcohol, unless you are actively participating and co-operating in a medical treatment program for substance abuse which has been approved by Manulife Financial

a Pre-Existing Condition which causes disability within the first 12 months of your Long Term Disability coverage. A Pre-Existing Condition is any injury or illness (whether diagnosed or not) for which you were treated or attended by a physician, or for which drugs were prescribed, within 90 days prior to the effective date of your coverage.