

# **Camosun College**

**Plan Document Numbers:** G0083707, G0083708

**Group Policy Number:** G0039942

**Plan:** B - BCGEU

**Employee Name:**

**Certificate Number:**

## **Welcome to Your Group Benefit Program**

**Plan Documents Effective Date:** February 01, 2010

**Group Policy Effective Date:** February 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

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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 G0039942.**

*Employee Life Insurance*

**Benefit Amount** - 3 times your annual earnings, to a maximum of \$800,000

**Termination Age** - your benefit amount terminates at age 65 or retirement, whichever is earlier.

## Employee Optional Life Insurance

**The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039942.**

*Employee Optional Life Insurance*

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

**Termination Age** - your benefit amount terminates at age 65 or retirement, whichever is earlier.

## Dependent Optional Life Insurance

**The Dependent Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039942.**

*Dependent Optional Life Insurance*

**Benefit Amount**

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

**Termination Age** - employee's or spouse's age 65 or employee's retirement, whichever is earlier

## Accidental Death and Dismemberment

**The Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0039942.**

*Accidental Death and Dismemberment*

**Benefit Amount** - 3 x your annual earnings, to a maximum of \$800,000.

**Termination Age** - your benefit amount terminates at age 65 or retirement, whichever is earlier.

# Benefit Summary

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## Extended Health Care

### *The Benefit*

**Overall Benefit Maximum** - Unlimited

**Deductible** - \$50 Individual, \$50 Family, per calendar year(s)

Not applicable to:

- Vision
- Professional Services (Psychologist/Clinical Counsellor/Social Worker only)
- Out-of-Province/Canada Emergency Medical Treatment

**Note:** *The deductible is not applicable to Emergency Travel Assistance.*

### **Benefit Percentage (Co-insurance)**

100% for

- Vision

95% of the first \$1,000 of paid expenses and 100% thereafter for

- Hospital Care
- Medical Services & Supplies
- Professional Services (other than Psychologist/Clinical Counsellor/Social Worker)
- Drugs

90% for

- Professional Services (Psychologist/Clinical Counsellor/Social Worker)

### **Note:**

*The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 100%.*

*The Benefit Percentage for Emergency Travel Assistance is 100%.*

**Termination Age** - employee's retirement. On retirement your coverage may continue for 90 days provided you have applied for health and welfare benefits under the college pension plan.

### **Prescription Drugs**

drugs dispensed by a licensed pharmacist, and which by law or convention require a written prescription of a physician or dentist

oral contraceptives not prescribed for birth control

injectable medications

life-sustaining drugs

diabetic supplies (excluding cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment)

*Extended Health Care  
Extended Health Care -  
The Benefit*

*Extended Health Care -  
Prescription Drugs*

Charges for the following are not covered:

the administration of serums, vaccines, or injectable drugs

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

anti-smoking drugs

oral drugs used in the treatment of a sexual dysfunction

oral contraceptives prescribed for birth control, intrauterine devices and diaphragms

injectable vitamins

preventative vaccines

**- Drug Maximums**

Fertility drugs - \$2,500 per lifetime

All other covered drug expenses - Unlimited

**- Drug Maximums**

***Vision Care***

eye exams, \$100 every 2 years

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 \$1,300 every 4 calendar years

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

***Professional Services***

Services provided by the following licensed practitioners:

Chiropractor - \$500 per calendar year, limited to \$25 per visit for the first 3 visits in any calendar year. X-rays are not covered.

Podiatrist/Chiropodist - \$200 per calendar year, limited to \$25 per visit for the first 3 visits in any calendar year. X-rays are not covered.

Massage Therapist - \$25 per visit for the first 3 visits in any calendar year, thereafter unlimited

Naturopath - \$400 per calendar year, limited to \$25 per visit for the first 3 visits in any calendar year. X-rays are not covered. Lab fees are not subject to the per visit maximum.

Speech Therapist - \$100 per calendar year

Physiotherapist - \$25 per visit for the first 3 visits in any calendar year, thereafter unlimited. X-rays are not covered.

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



**Benefit Maximums**

- unlimited for Level I, Level II, Level III and Level IV

- \$3,500 per lifetime for Level V

**Termination Age** - employee's retirement. On retirement





# How to Use Your Benefit Booklet

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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***



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 dependent. 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

***Experimental or Investigational***

***Experimental or  
Investigational***

not approved as an effective, appropriate and essential treatment of an illness or injury.

***Immediate Family Member***

***Immediate Family  
Member***

a person who is at least 18 years of age who is your son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the above include natural, adopted or step relationships), spouse, grandson, granddaughter, grandfather or grandmother.

***Licensed, Certified, Registered***

***Licensed, Certified,  
Registered***

the status of a person who legally engages in practice by virtue of a license or certificate issued by the appropriate authority, in the place where the service is provided0 0.00 0.00 rgBT158.400

**Prior Authorization**

a claims management feature applied to a specific list of drugs, supplies or services to determine eligibility based on predefined clinical criteria and a pharmacoeconomic or cost effectiveness evaluation

**Prior Authorization**

ET0.00 riz





# The Claims Process

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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 date of submission to Manulife Financial. If you have not received payment, please contact your employer.

## **Co-ordination of Extended Health Care and Dental Care Benefits**

### **Co-ordination of Extended Health Care and Dental Care Benefits**

If you or your dependents are covered for similar benefits under another Plan, this information will be taken into account when determining the amount of expenses payable under this Program.

This process is known as Co-ordination of Benefits. It allows for reimbursement of covered medical and dental expenses from all Plans, up to a total of 100% of the actual expense incurred.

Plan means:

- other Group Benefit Programs;
- any other arrangement of coverage for individuals in a group; and
- individual travel insurance plans.

Plan does not include school insurance or Provincial Plans.

## **Order of Benefit Payment**

### **Order of Benefit Payment**

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

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

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

- For Claims incurred by you or your Dependent Spouse:

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

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

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









## ***Effective Date of Coverage***

### ***Effective Date of Coverage***

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

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

# Employee Life Insurance

**The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0039942.**

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***

**Benefit Amount** - 3 times your annual earnings, to a maximum of \$800,000

**Non-Evidence Limit** - \$800,000

*Employee Life  
Insurance*

*Employee Life - The  
Benefit*

# Your Group Benefits

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## ***Waiver of Premium***

### ***Employee Life Insurance - Waiver of Premium***

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.

## ***Definition of Totally Disabled***

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

Totally Disabled means your complete inability because of an accident or sickness to perform all the duties of:

your own occupation, during the first 2 years of Disability

any occupation for which:

- you are qualified, or may reasonably become qualified by training, education or experience, after the 2 years specified above
- the current monthly earnings are 50% or more of the current monthly earnings for your own occupation at the date of Disability

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.

## ***Entitlement Criteria***

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

To be entitled to Waiver of Premium, 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 cause, 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 complete inability, such that you are prevented from performing all the duties of:

- your own occupation, during the first 2 years of Disability, and
- any occupation for which:
  - you are qualified, or may reasonably become qualified by training, education or experience, after the 2 years specified above
  - the current monthly earnings are 50% or more of the current monthly earnings for your own occupation at the date of Disability

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.

### ***Termination of Waiver of Premium***

### ***Employee Life Insurance - Termination of Waiver of Premium***

Your Waiver of Premium 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 complete inability, such that you are prevented from performing all the duties of:

- your own occupation, during the first 2 years of Disability, and
- any occupation for which:
  - o you are qualified, or may reasonably become qualified by training, education or experience, after the 2 years specified above
  - o the current monthly earnings are 50% or more of the current monthly earnings for your own occupation at the date of Disability

the date you are no longer receiving from a physician, regular, ongoing care and treatment appropriate for the disabling condition, as determined by Manulife Financial

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

the date of your death

the date of your 65th birthday

### ***Recurrent Disability***

### ***Employee Life Insurance - Recurrent Disability***

If you become Totally Disabled again from the same or related causes as those for which premiums were previously waived, and such disability recurs within 6 months of cessation of the Waiver of Premium benefit, Manulife Financial will waive the Qualifying Period.

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





### **Waiver of Premium**

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 Premium).

**Employee Optional Life Insurance - Waiver of Premium**

**Accounted claim Exclusions** **ET186 TD(aiver of Pymustbeosub170tj46950.534ill not be paTdwthin 15 months2.3418 9.00 04ill not k**

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**

## **Dependent Optional Life Insurance**

**The Dependent Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039942.**

**Dependent Optional Life Insurance**

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

**The**

### **The Benefit**

**Dependent Optional Life Insurance - The Benefit**

#### **Benefit Amount**

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

**Non-Evidence Limit** - All amounts are subject to Evidence of Insurability.

**Qualifying Period for Waiver of Premium** - 180 dayT3829e6682 TD/F18 10.000s00 a74e716 TD( of Optional)Tj52.5283



# Your Group Benefits

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## Waiting Period

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

## Schedule of Losses

### *AD&D - Schedule of Losses*

A loss shown in this schedule is covered provided it:

- is a direct result of the accidental injury
- occurs within 365 days from the date of the accidental injury
- is total and irreversible or irrecoverable

In the case of loss of speech or hearing, or loss of use of an arm, hand or leg, the loss must be continuous for 12 months and determined to be permanent, after which time the benefit is payable.

The amount payable for each loss is a percentage of your Accidental Death and Dismemberment benefit amount which was in effect as of the date of the injury.

- 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).

# Your Group Benefits

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## ***Exposure and Disappearance***

### ***AD& D - 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.

## ***Aggregate Limit***

### ***AD& D - Aggregate Limit***

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

## ***Rehabilitation Expenses***

### ***AD& D - 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

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

The amount payable is subject to a maximum of \$15,000.

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

## ***Repatriation Expenses***

### ***AD& D - Repatriation Expenses***

If you die as a direct result of an accidental injury which occurs while travelling, Manulife Financial will pay the expenses incurred for the repatriation of your body to your place of residence.

The amount payable is subject to a maximum of \$15,000.

## ***Family Transportation Expenses***

### ***AD& D - Family Transportation Expenses***

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and are confined to a hospital located within 150 kilometres from your normal place of residence, Manulife Financial will pay the hotel and travel expenses incurred by an immediate family member, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

for hotel accommodations in the vicinity of the hospital

for transportation by the most direct route to the hospital, including return fare

# Your Group Benefits

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If transportation is by means other than a conveyance which is licensed to transport fare-paying passengers, expenses incurred will be reimbursed at a rate of \$0.20 per kilometre travelled.

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

## ***Dependent Education Expenses***

***AD& D - Dependent  
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.

*AD& D - Seat Belt  
Benefit*

**Seat Belt Benefit**

If you die as a direct result of an accidental injury sustained while driving or riding in an automobile, Manua1a

### ***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 beneficiary under a prior policy where you were covered prior to becoming covered under this policy, then the most recently appointed beneficiary under that prior policy is considered your beneficiary under this policy.

You should review your beneficiary designation to be sure that it ref

***AD&D -  
Non-Duplication of  
Expenses***

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

### **Exclusions**

#### **AD&D - Exclusions**

*No Accidental Death & Dismemberment benefits are payable if the loss results from:*

suicide or self-inflicted injuries

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

riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew

riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your employer

## **Extended Health Care**

#### **Extended Health Care**

**Your Extended Health Care Benefit is provided directly by Camosun 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.**

If you or your dependents incur charges for any of the Covered Expenses specified, your Extended Health 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 prov



**Note:** *The deductible is not applicable to Emergency Travel Assistance.*

**Benefit Percentage (Co-insurance)**

100% for  
- Vision

95% of the first \$1,000 of paid expenses and 100% thereafter for  
- Hospital Care  
- Medical Services & Supplies  
- Professional Services (other than Psychologist/Clinical Counsellor/Social Worker)  
- Drugs

90% for  
- Professional Services (Psychologist/Clinical Counsellor/Social Worker)

**Note:**

*The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 100%.*

*The Benefit Percentage for Emergency Travel Assistance is 100%.*

**Termination Age**



# Your Group Benefits

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## **- Drug Expenses**

The maximum quantity of drugs or medicines that will be payable for each prescription will be limited to the lesser of:

- a) the quantity prescribed by your physician or dentist, or
- b) a 90 day supply.

*- Drug Expenses*

## **Hospital Care**

charges, in excess of the hospital's public ward charge, for 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 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*

## **Prescription Drugs**

drugs dispensed by a licensed pharmacist, and which by law or convention require a written prescription of a physician or dentist

oral contraceptives not prescribed for birth control

injectable medications

life-sustaining drugs

diabetic supplies (excluding cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment)

Charges for the following are not covered:

the administration of serums, vaccines, or injectable drugs

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

anti-smoking drugs

oral drugs used in the treatment of a sexual dysfunction

*Extended Health Care -  
Prescription Drugs*

oral contraceptives prescribed for birth control, intrauterine devices and diaphragms

injectable vitamins

preventative vaccines

**- Drug Maximums**

**- Drug Maximums**

Fertility drugs - \$2,500 per lifetime

All other covered drug expenses - Unlimited

**Vision Care**

**Extended Health Care -  
Vision Care**

eye exams, \$100 every 2 years

purchase and fitting of prescription glasses or elective contact lenses, as well as

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



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, to a maximum of \$5,000 per accident, provided the treatment is rendered within 12 months of the accident, excluding injuries due to biting or chewing

**Out-of-Province/Out-Tj58.12 0BBBA46 0.000**

*Charges for the following are payable under this expense:*

physician's services

hospital room and board up to the hospital maximum under this Benefit Program

the cost of special hospital services

hospital charges for out-patient treatment

licensed ambulance services, including air ambulance, to transfer the patient to the nearest medical facility or hospital where adequate treatment is available

medical evacuation for admission to a hospital or medical facility in the province where the patient normally resides

The amount payable for these expenses will be the reasonable and customary charges less the amount payable by the Provincial Plan.

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.

### ***Emergency Travel Assistance***

***Extended Health Care -  
Emergency Travel  
Assistance***

Emergency Travel Assistance is a travel assistance program available for you and your covered dependents. The assistance services are delivered through an international organization, specializing in travel assistance. The following services are provided, when required as a result of a medical emergency during the first 365 days while travelling outside your province of residence.

Details on your Emergency Travel Assistance benefit are provided below, as well as in your Emergency T



changed treatments or medications (other than normal adjustments for ongoing care)

been admitted to the hospital for treatment of the condition

Coverage is not available if you (or your dependents) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition.

Coverage is also available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date.

A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to his home province or territory.

a) **24-Hour Access**

Multilingual assistance is available 24 hours a day, seven days a week, through telephone (toll-free or call collect), telex or fax.

b) **Medical Referral**

Referral to the nearest physician, dentist, pharmacist or appropriate medical facility, and verification of coverage, is provided.

c) **Claims Payment Service**

If a hospital or other provider of medical services requires a deposit or payment in full f



i) **Visit of Family Member**

Expenses incurred for round-trip economy transportation will be paid for an immediate family member to visit a covered person who, while travelling alone, becomes hospitalized and is expected to be hospitalized for longer than 7 days. The visit must be approved in advance by the administrator.

j) **Vehicle Return**

If a covered person is unable to operate his owned or rented vehicle due to illness, injury or death, expenses incurred for a commercial agency to return the vehicle to the covered person's home or nearest appropriate rental agency will be paid, up to a maximum of \$1,000 (Canadian).

k) **Identification of Deceased**

If a covered person dies while travelling alone, expenses incurred for round-trip economy transportation will be paid for an immediate family member to travel, if necessary, to identify the deceased prior to release of the body.

l) **Meals and Accommodation**

Under the circumstances described in parts f),g),h),i) 3 0hik)

# Your Group Benefits

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d) **Interpretation Service**

Telephone interpretation service in most major languages is provided.

e) **Message Service**

Telephone message service is provided for messages to or from family, friends or business associates. Messages will be held for up to 15 days.

f) **Pre-trip Assistance Service**

Up-to-date information is provided on passport and visa, vaccination and inoculation requirements for the country where the covered person plans to travel.

## **Exceptions**

The administrator, and the company contracted by the administrator to provide the travel assistance services described in this benefit, will not be responsible for the availability, quality, or results of any medical treatment, or the failure of a covered person to obtain medical treatment or emergency assistance services for any reason.

Emergency assistance services may not be available in all countries due to conditions such as war, political unrest or other circumstances which interfere with or prevent the provision of any services.

## **How to Access Emergency Travel Assistance - Your Emergency Travel Assistance Card**

Your Emergency Travel Assistance card lists the toll free numbers to call in case of an emergency, while travelling outside your province. The toll free number will put you in touch with the international travel assistance organization.

Your Emergency Travel Assistance card also lists your I.D. number and plan document number, which the travel assistance organization needs to confirm that you are covered by Emergency Travel Assistance.

If you do not have a Emergency Travel Assistance Card, please contact your employer.

## ***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. Claim forms may also be obtained from the Plan Member website at [www.manulife.com/groupbenefits](http://www.manulife.com/groupbenefits).

All applicable receipts must be attached to the completed claim form when submitting it to Manulife Financial.

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:*

any illness or injury arising out of or in the course of employment when the person is insured by or is eligible for coverage by workers' compensation

- any illness or injury f

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

### ***Extended Health Care - Exclusions***





# Your Group Benefits

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c) **Deductible**

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

d) **Lifetime Maximums**

Lifetime maximums (if any) will not apply to drugs on the RAMQ List or covered pharmacy services. Drug and covered pharmacy service coverage provided after the lifetime maximum amount stated under the benefit is reached is subject to the following conditions:

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

e) **Eligible Dependent Children**

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

- i) the age specified in this Benefit Booklet (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:



# Your Group Benefits

- 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.

## Medical Travel Referral (MTB)

**Your Medical Travel Referral (MTB) Benefit is provided directly by Camosun 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.**

*Medical Travel Referral  
(MTB)*

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***

**Overall Benefit Maximum** - \$10,000 per person per calendar year

*Medical Travel Referral  
(MTB) - The Benefit*

**Deductible** - Nil

**Benefit Percentage (Co-insurance)** - 100%

**Benefit Amount**- \$125 per day, to a maximum of 50 days in any calendar year for all expenses combined. However, where eligible expenses exceed \$125 per day, but do not exceed the average of \$125 per day for the year, the average will be paid. Charges for meals for an attendant are also covered.

**Termination Age** - employee's retirement

### **Waiting Period**

First of the month following date of hire

### **Covered Expenses**

#### ***Medical Travel Referral (MTB) - Covered Expenses***

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

medically necessary for the treatment of sickness 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

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

legally insurable

### **Eligible Expenses**

#### ***-Eligible Expenses***

When referred by a licensed physician to a hospital, medical treatment centre or medical specialist because\$6gBT176.40r14 53d5.6624 TD/Sy981 0lt

*Charges are subject to the following conditions and limitations:*

referral treatment must be performed by a licensed medical specialist or ophthalmologist;

charges for travel and eligible expenses incurred outside the covered person's province or residence are not covered, unless such expenses are lesser than those incurred in the covered person's province of residence

the benefit does not apply to dental treatment unless:

—

charges for medical treatment, transport or travel, other than as specifically provided under eligible expenses

charges not included in the list of eligible expenses

charges for services or supplies which are furnished without recommendation and approval of a licensed physician acting within the scope of his or her license

charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy

charges which are covered by any Workers' Compensation law or similar legislation

charges which would not normally have been incurred but for the presence of this

- charges for services or supplies (STW 34400552234) TD/F18 102.0000 T253.628434 Tw(c4 1800 C



# Your Group Benefits

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## **Level I - Basic Services**

### **Dental Care - Level I - Basic Services**

complete oral exam, one per 36 months

full-mouth x-rays, one per 2 calendar years

one unit of light scaling and one unit of polishing once every 6 months for dependent children under 19 and once every 9 months for any other person, when the service is performed outside Quebec, or prophylaxis (polishing) once every 6 months for dependent children under 19 and once every 9 months for any other person, when the service is performed in Quebec

recall exams, bitewing x-rays, and fluoride treatments, once every 6 months for dependent children under 19 and once every 9 months for any other person

routine diagnostic and laboratory procedures

initial oral hygiene instruction, plus one recall

fillings, retentive pins and pit and fissure sealants. Gold may be used where no other material is adequate. Bonded amalgam fillings are eligible. Replacement fillings are covered provided:

- the existing filling is at least 12 months old and must be replaced either due to significant breakdown of the existing filling or recurrent decay, or
- the existing filling is amalgam and there is medical evidence indicating that the patient is allergic to amalgam

onlays (only when function is impaired due to cuspal or incisal angle damage caused by trauma or decay)

inlays

pre-fabricated full coverage restorations (metal and plastic)

space maintainers (appliances placed for orthodontic purposes are not covered)

minor surgical procedures and post surgical care

extractions (including impacted and residual roots)

consultations, anaesthesia, and conscious sedation

prosthetic repairs, relines and rebases. Denture relines are eligible once per 24 consecutive months.

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

nervous/muscular disorders

# Your Group Benefits

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## ***Level II - Supplementary Basic Services***

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

surgical procedures not included in Level I (excluding implant surgery)

periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including:

- scaling not covered under Level I, and root planing, up to a combined maximum of 16 units per calendar year

- provisional splinting

- occlusal equilibration

endodontic services which include root canals and therapy, root amputation, apexifications and periapical services

– root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime

– re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment

## ***Level III - Dentures***

### ***Dental Care - Level III - Dentures***

initial provision of full or partial removable dentures

replacement of removable dentures, provided the dentures are required because:

- a natural tooth is extracted and the existing appliance cannot be made serviceable

- the existing appliance is at least 5 years old and cannot be made serviceable,  
or

- the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation





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 Dental Care benefits will be payable for expenses resulting from:*

a charge, or a portion of a charge, which is eligible for reimbursement under any other part of this Plan, or through a government plan or legally mandated program

charges which were considered an insured service of any provincial government plan at the time this Plan Document was issued and subsequently were modified, suspended or discontinued

services or supplies which were necessitated either wholly or partly, directly or indirectly as the result of committing, attempting, or provoking an assault or criminal offence, or by a war or act of war (whether declared or undeclared), insurrection or riot, or hostilities of any kind

charges for broken appointments, third party ex thd suom

**Dental Care -  
Exclusions**

## Your Group B

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laboratory fees which exceed reasonable and customary charges, as determined by the employer or the administrator

charges related to dental surgery which require hospitalization

services or supplies which are not medically necessary to the care and treatment of any existing or suspected injury, or disease

## Health Care Spending Account

### *Health Care Spending Account*

Your benefit program includes a health care spending account, which provides you and your dependents with financial assistance for medical and dental expenses. Please refer to your **Health Care Spending Account - Plan Member Guide** for complete details on this benefit.

## Survivor Extended Benefit

### *Survivor Extended Benefit*

If you die while your dependents are covered under this Group Benefit Program, your employer will continue the Extended Health Care, Dental Care and Health Care Spending Account benefits without requiring any contribution from you, until the earliest of:

the date your dependent is no longer a dependent, according to the definition of dependent (see Explanation of Commonly Used Terms)

the date similar coverage is obtained elsewhere

the date which is the end of the month following the month of your death, for all benefits other than Psychologist

the date which is 12 months from your death, for Psychologist benefits, or

the date the Plan Document terminates

## Long Term Disability

### *Long Term Disability*

**The Long Term Disability Benefit is insured under Manulife Financial's Policy G0039942.**

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

***Definition***

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 cause, 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 complete inability, such that you are prevented from performing all the duties of:

- your own occupation, during the first 2 years of Total Disability, and
- any occupation for which
  - o you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above
  - o the current monthly earnings are 50% or more of the monthly earnings for your own occupation at the date of Disability

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# Your Group Benefits

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## ***Benefit Calculation Rules***

### ***Long Term Disability - 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

## ***Subrogation***

### ***Long Term Disability - 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.

## ***Tax Status of Benefits***

### ***Long Term Disability - Tax Status***

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.

## ***Payment of Disability Benefits***

### ***Long Term Disability - 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.



If you cease to participate in the Vocational Plan because of a change in your medical status, Manulife Financial will s of a change in your medical



***Waiver of Premium***

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 -  
Waiver of Premium***

***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.

***Long Term Disability -  
Submitting a Claim***

A completed claim form must be submitted to Manum55.9392 0.0000 TD(ability -)TjET0.036ian must also c8c subm