

Douglas College

Plan Document Number: G0083239

Group Policy Number: G0039945

Plan: D - BCGEU Auxiliary Staff without Dependents

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 - 1 times your annual earnings, to a maximum of \$800,000

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

Accidental Death and Dismemberment

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

*Accidental Death and
Dismemberment*

Benefit Amount - 1 times your annual earnings, to a maximum of \$800,000

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

Extended Health Care

The Benefit

Overall Benefit Maximum - Unlimited

Deductible - \$50 per calendar year

Not applicable to:

- Hospital Care
- Vision (Eye Exams)

Benefit Percentage (Co-insurance)

100% for

- Hospital Care
- Vision (Eye Exams)

80% for

- Drugs
- Medical Services & Supplies
- Professional Services
- Vision (other than Eye Exams)

*Extended Health Care
Extended Health Care -
The Benefit*

Benefit Summary

Note:

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

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

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

charges for drugs, biologicals and related preparations which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home

oral drugs used in the treatment of a sexual dysfunction

- Drug Maximums

Fertility drugs - \$2,500 per lifetime

Anti-smoking drugs - \$500 per lifetime

All other covered drug expenses - Unlimited

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

- Drug Maximums

Benefit Summary

- Payment of Covered Expenses

- Payment of Covered Expenses

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance.

Covered expenses for any prescribed drug will not exceed the price of the lowest cost generic equivalent product that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary.

If there is no generic equivalent product for the prescribed drug, the amount covered is the cost of the prescribed product.

- 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 and the Co-insurance.

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 \$75 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 \$400 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:

Chiropractor - \$1,000 per calendar year combined for services of a chiropractor, osteopath, podiatrist/chiropractist, massage therapist, naturopath, speech therapist, physiotherapist and psychologist, limited to \$10 per visit for the first 5 visits in any calendar year

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

Podiatrist/Chiropractist - \$1,000 per calendar year combined for services of a chiropractor, osteopath, podiatrist/chiropractist, massage therapist, naturopath, speech therapist, physiotherapist and psychologist, limited to \$10 per visit for the first 5 visits in any calendar year

Massage Therapist - \$1,000 per calendar year combined for services of a chiropractor, osteopath, podiatrist/chiropractist, massage therapist, naturopath, speech therapist, physiotherapist and psychologist, limited to \$10 per visit for the first 5 visits in any calendar year

Naturopath - \$1,000 per calendar year combined for services of a chiropractor, osteopath, podiatrist/chiropractist, massage therapist, naturopath, speech therapist, physiotherapist and psychologist, limited to \$10 per visit for the first 5 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 a chiropractor, osteopath, podiatrist/chiropractist, massage therapist, naturopath, speech therapist, physiotherapist and psychologist

Physiotherapist - \$1,000 per calendar year combined for services of a chiropractor, osteopath, podiatrist/chiropractist, massage therapist, naturopath, speech therapist, physiotherapist and psychologist, limited to \$10 per visit for the first 5 visits in any calendar year

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

Benefit Summary

Dental Care

The Benefit

*Dental Care
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

Benefit Maximums

- \$1,000 per calendar year combined for Level I, Level II, Level III and Level IV

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 \$900

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

Benefit Summary

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

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

Maximum Benefit Period - to age 65

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

How to Use Your Benefit Booklet

Designed with Your Needs in Mind

The Benefit Booklet provides the information you need about your Group Benefits and has been specifically designed with YOUR needs in mind. It includes:

a detailed Table of Contents, allowing quick access to the information you are searching for,

Explanation of Commonly Used Terms, which provides a brief explanation of the terms used throughout this Benefit Booklet,

a clear, concise explanation of your Group Benefits,

information you need, and simple instructions, on how to submit a claim.

***Your Benefit Booklet
includes...***

Important Note

This information has been prepared to help you towards a better understanding of your Group Benefits coverage. It does not create or confer any contractual or other rights. The terms and conditions governing the coverage are set out in your collective agreement and the Group Policy/ies and Plan Document(s) issued by The Manufacturers Life Insurance Company. In the event of any variation between the information provided in this booklet and the provisions of the collective agreement or Group Policy/ies and Plan Document(s), the provisions of the collective agreement or Group Policy/ies and Plan Document(s) shall prevail, in that order.

Important Note

Your employer reserves the right to amend or discontinue any of the benefit programs referred to in this booklet at any time without notice, subject only to the terms of the collective bargaining agreement. If government legislation changes or if benefits or subsidies under government benefit plans are reduced or eliminated, your benefit programs do not automatically replace or supplement such reductions or eliminations. Your employer takes no responsibility for any changes in federal or provincial income or other taxes or levies or the impact of these changes on the taxation of any of the benefit programs. This booklet describes benefit programs for active employees and does not describe any retiree or post-employment benefit programs.

Copyright: The information in this booklet, along with the manner of presentation, is copyrighted by Manulife Financial. Any unauthorized reproduction, duplication or re-distribution in any form is expressly prohibited.

Possession of this booklet alone does not mean that you are covered. The Group Policy and Plan Document must be in effect and you must satisfy all the requirements of the Plan.

Where required by law, you or any claimant under the Group Policy and/or Plan Document has the right to request a copy of any or all of the following items:

the Group Policy and/or Plan Document,

your application for group benefits, and

any Evidence of Insurability you submitted as part of your application for benefits.

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

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.

Explanation of Commonly Used Terms

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

Administrator

Manulife Financial

Administrator

Benefit Percentage (Co-insurance)

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

**Benefit Percentage
(Co-insurance)**

Covered Expenses

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

Covered Expenses

Deductible

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

Deductible

Drug

a medication that has been approved for use by the Federal Government of Canada and has a Drug Identification Number.

Drug

Earnings

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

Earnings

Your earnings may also include other income as agreed to in writing by your employer and Manulife Financial, and which is reported periodically by your employer to Manulife Financial.

For the purposes of determining the amount of your benefit at the time of claim, your earnings will be the lesser of:

the amount reported on your claim form, or

the amount reported by your employer to Manulife Financial and for which premiums have been paid.

Experimental or Investigational

not approved or broadly accepted and recognized by the Canadian medical profession, as an effective, appropriate and essential treatment of a sickness or injury, in accordance with Canadian medical standards.

**Experimental or
Investigational**

Explanation of Commonly Used Terms

Immediate Family Member

Immediate Family Member

for the Accidental Death and Dismemberment Benefit, 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, grandmother or grandfather.

for Extended Health Care and Dental Care Benefits, you, your spouse or child, your parent or your spouse's parent, your brother or sister, or your spouse's brother or sister.

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 provided.

Life-Sustaining Drugs

Life-Sustaining Drugs

drugs which are necessary for the survival of the patient.

Medically Necessary

Medically Necessary

broadly accepted and recognized by the Canadian medical profession as effective, appropriate and essential in the treatment of a sickness or injury, in accordance with Canadian medical standards.

Non-Evidence Limit

Non-Evidence Limit

you must submit satisfactory medical evidence to Manulife Financial for Benefit Amounts greater than this amount.

Provincial Plan

Provincial Plan

any plan which provides hospital, medical, or dental benefits established by the government in the province where the covered person lives.

Qualifying Period

Qualifying Period

a period of continuous total disability, starting with the first day of total disability, which you must complete in order to qualify for disability benefits.

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.

Explanation of Commonly Used Terms

Take Home Pay (Net Earnings)

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

Take Home Pay (Net Earnings)

Waiting Period

the period of continuous employment with your employer which you must complete before you are eligible for Group Benefits.

Waiting Period

Ward

a hospital room with 3 or more beds which provides standard accommodation for patients.

Ward

Why Group Benefits?

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'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

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

Making Changes

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

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

The Claims Process

Naming a Beneficiary

Manulife Financial does not accept beneficiary designations for any benefits other than Employee Life Insurance and Accidental Death and Dismemberment.

Naming a Beneficiary

This Plan contains a provision removing or restricting the right of the covered person to designate persons to whom or for whose benefit money is to be payable.

How to Submit a Claim

All claim forms, available from your employer, must be correctly completed, dated and signed. Remember, always provide your Group Policy Number, Plan Document Number and your Certificate number (found on your Group Benefit Card) to avoid any unnecessary delays in the processing of your claim.

How to Submit a Claim

Your employer can assist you in properly completing the forms, and answer any questions you may have about the claims process and your Group Benefit Program.

You may not commence legal action against the Employer or the Administrator less than 60 days after proof has been filed as outlined under Submitting a Claim. Every action or proceeding against the Employer or the Administrator for the recovery of money payable under the plan is absolutely barred unless commenced within the time set out in the Insurance Act or applicable legislation.

Sign up to use Manulife's Plan Member Secure Site at www.manulife.ca/groupbenefits.

When combined with your health care service provider's electronic transmission of your claim, in some cases you can go to your appointment in the morning and see a record of your claim processing on the site in the afternoon!

If your health care service provider cannot send Manulife electronic claim transmissions, you may still be able to submit your claim electronically to us online, right from the Plan Member Secure Site. If your plan sponsor has selected this service for your plan, it will only take you a few minutes to answer the necessary questions and create your own electronic claim submission.

Even if you send us paper claim forms by letter mail, we encourage you to choose to have your claim money deposited directly into your bank account when you set up your access on the Plan Member Secure Site. We will send you an e-mail telling you when your claim has been processed. You will receive your claim payment up to 70% faster than by waiting for a paper cheque!

Payment of Extended Health Care and Dental Claims

Once the claim has been processed, Manulife Financial will send a Claim Statement to you.

Claim Payment

The top portion of this form outlines the claim or claims made, the amount subtracted to satisfy deductibles, and the benefit percentage used to determine the final payment to be made to you. If you have any questions on the amount, your employer will help explain.

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.

The Claims Process

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 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 Insurance 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:

The Plan covering you as an employee/member pays benefits before the Plan covering you as a Dependant.

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

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

The Claims Process

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

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

If the person is also covered under an individual travel insurance plan, benefits will be co-ordinated in accordance with the guidelines provided by the Canadian Life and Health Insurance Association.

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.

***Submitting a Claim for
Co-ordination of
Benefits***

Who Qualifies for Coverage?

Eligibility

Eligibility

You are eligible for Group Benefits if you:

are a permanent and part-time BCGEU auxiliary 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.

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. 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 after having been eligible for more than 31 days; or

re-apply for coverage which 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

Late Dental Application

If you apply for coverage for Dental for yourself late, the benefit will be limited to \$300 for the first 12 months of coverage.

Who Qualifies for 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 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.

Effective Date of Coverage

Termination of Coverage

Your Group Benefit coverage will terminate on the earliest of:

the date you cease to be an eligible employee

the date you cease to be actively at work, unless the Group Policy or the Plan Document allows for your coverage to be extended beyond this date

the date your employer terminates coverage

the date you enter the armed forces of any country on a full-time basis

the date the Group Policy or Plan Document terminates or coverage on the class to which you belong terminates

the date you reach the Termination Age

the date of your death

Termination of Coverage

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 - 1 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

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

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.

Your Group Benefits

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

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

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

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

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

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

Your Group Benefits

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 Premiums

Employee Life Insurance - Termination of Waiver of Premiums

Your Waiver of Premiums 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 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 Premiums benefit, Manulife Financial will waive the Qualifying Period.

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.

Your Group Benefits

Conversion Privilege

If your Group Benefits terminate or reduce, you may be eligible to convert all or part of 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***

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.

***Accidental Death and
Dismemberment***

The Benefit

Aggregate Limit - \$5,000,000

Benefit Amount - 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

AD&D - The Benefit

Your Group Benefits

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

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

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.

AD& D - Rehabilitation Expenses

Repatriation Expenses

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

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

AD& D - Repatriation Expenses

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

AD& D - Family Transportation Expenses

Your Group Benefits

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.

Seat Belt Benefit

AD&D - Seat Belt Benefit

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

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

AD&D - 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.

Your Group Benefits

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 reflects your current intent.

Submitting a Claim

To submit an Accidental Death Claim, your beneficiary must complete a Life Claim form.

AD& D - Submitting a Claim

To submit a Dismemberment Claim, you must complete an Accidental Dismemberment Claim form.

Both forms are available from your Plan Administrator, and require a physician's statement.

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.

Waiver of Premium

If, while the Group Policy is in force, 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). Waiver of Premium for this benefit ceases if the benefit terminates.

AD& D - Waiver of Premium

Exclusions

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

AD& D - Exclusions

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

Your Group Benefits

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 Plan.

If you 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 provisions.

The Benefit

Extended Health Care - The Benefit

Overall Benefit Maximum - Unlimited

Deductible - \$50 per calendar year

Not applicable to:

- Hospital Care
- Vision (Eye Exams)

Benefit Percentage (Co-insurance)

100% for

- Hospital Care
- Vision (Eye Exams)

80% for

- Drugs
- Medical Services & Supplies
- Professional Services
- Vision (other than Eye Exams)

Note:

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

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

Your Group Benefits

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 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

In the event that a provincial plan or government-sponsored program or plan or legally mandated program discontinues or reduces payment for any services, treatments or supplies formerly covered in full or in part by such plan or program, this plan will not automatically assume coverage of the charges for such treatments, services or supplies, but will reserve the right to determine, at the time of change, whether the expenses will be considered eligible or not.

Advance Supply Limitation

Payment of any Covered Expenses under this benefit which may be purchased in large quantities will be limited to the purchase of up to a 3 months' supply at any one time.

- Drug Expenses

The maximum quantity of drugs 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.

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

**Extended Health Care -
Covered Expenses**

**Extended Health Care -
Advance Supply
Limitation**

- Drug Expenses

**Extended Health Care -
Hospital Care**

Your Group Benefits

ManuScript Generic Drug Plan 2 - Prescription Drugs

**Extended Health Care -
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

charges for drugs, biologicals and related preparations which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home

oral drugs used in the treatment of a sexual dysfunction

- 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 and the Co-insurance.

Covered expenses for any prescribed drug will not exceed the price of the lowest cost generic equivalent product that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary.

If there is no generic equivalent product for the prescribed drug, the amount covered is the cost of the prescribed product.

**- Payment of Covered
Expenses**

- Drug Maximums

Your Group Benefits

- 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 and the Co-insurance.

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.

Vision Care

Extended Health Care - Vision Care

- eye exams, up to \$75 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 \$400 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

Your Group Benefits

Professional Services

Extended Health Care - Professional Services

Services provided by the following licensed practitioners:

Chiropractor - \$1,000 per calendar year combined for services of a chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist, physiotherapist and psychologist, limited to \$10 per visit for the first 5 visits in any calendar year

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

Podiatrist/Chiropracist - \$1,000 per calendar year combined for services of a chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist, physiotherapist and psychologist, limited to \$10 per visit for the first 5 visits in any calendar year

Massage Therapist - \$1,000 per calendar year combined for services of a chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist, physiotherapist and psychologist, limited to \$10 per visit for the first 5 visits in any calendar year

Naturopath - \$1,000 per calendar year combined for services of a chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist, physiotherapist and psychologist, limited to \$10 per visit for the first 5 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 a chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist, physiotherapist and psychologist

Physiotherapist - \$1,000 per calendar year combined for services of a chiropractor, osteopath, podiatrist/chiropracist, massage therapist, naturopath, speech therapist, physiotherapist and psychologist, limited to \$10 per visit for the first 5 visits in any calendar year

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

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, except for services of a massage therapist, which requires a recommendation once every 6 months.

Your Group Benefits

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.

**Extended Health Care -
Medical Services and
Supplies**

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

- Private Duty Nursing

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

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

- Ambulance

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

- Medical Equipment

Your Group Benefits

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

eneuretic devices

ileostomy, colostomy and incontinence supplies

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

- Other Supplies and Services

Your Group Benefits

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 you are travelling outside of your province of residence, or
- a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure.

Stable means that, in the 90 days before departure, you have not:

- been treated or tested for any new symptoms or conditions
- had an increase or worsening of any existing symptoms
- 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 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.

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.

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

Extended Health Care - 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)

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

Extended Health Care - 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

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

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

If you 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

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

*Dental Care - The
Benefit*

Your Group Benefits

- 60% for Level III - Dentures

- 60% for Level IV - Major Restorative Services

Benefit Maximums

- \$1,000 per calendar year combined for Level I, Level II, Level III and Level IV

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

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 - Basic Services

complete oral exam, one per 24 months

complete series x-rays, one per 24 months

panoramic x-rays, one per 24 months

one unit of light scaling and one unit of polishing once every 9 months, when the service is performed outside Quebec, or prophylaxis (polishing) once every 9 months, when the service is performed in Quebec

recall exams, bitewing x-rays, and fluoride treatments, once every 9 months

routine diagnostic and laboratory procedures

oral hygiene instruction, limited to one per 24 months for the initial instruction. Recall instructions are eligible twice per calendar year

Dental Care - Covered Expenses

Dental Care - Level I - Basic Services

Your Group Benefits

fillings, retentive pins and pit and fissure sealants. 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

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, other than surgical procedures covered under Level IV

extractions (including impacted and residual roots)

consultation with patient or other professionals, twice per calendar year

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 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 8 units per calendar year
- provisional splinting
- occlusal equilibration

endodontic services which include root canals and therapy, root amputation, apexifications, periapical services and the bleaching of endodontically-treated teeth

- 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

Your Group Benefits

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. The total amount payable for both the temporary and permanent dentures is the amount which would have been allowed for permanent dentures.

Level IV - Major Restorative Services

Dental Care - Level IV - Major Restorative Services

crowns, veneers and onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay

inlays

initial provision of fixed bridgework

replacement of bridgework, provided the new bridgework is 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 bridge within 12 months of its installation. The total amount payable for both the temporary and permanent bridge is the amount which would have been allowed for a permanent bridge.

surgical incision and drainage

stomatoplasty, frenectomy and sialolithotomy

soft tissue biopsy, oral pathology, cytological tests and bacteriological exams

post-surgical treatment

excision of torus palatinus, unilateral and bilateral excision of torus mandibularis

Late Entrant Limitation

Dental Care - Late Entrant Limitation

If you become covered for dental benefits more than 31 days after you first become eligible to apply, the amount payable in the first 12 months of coverage will be limited to \$300.

Your Group Benefits

Pre-Determination of Benefits

If the cost of any proposed dental treatment is expected to exceed \$500, it is suggested that you submit a detailed treatment plan, available from your dentist, before the treatment begins. You can then be advised of the amount you are entitled to receive under this benefit.

***Dental Care -
Pre-Determination of
Benefits***

Work in Progress When Coverage Terminates

Covered expenses related to dental treatment that was in progress at the time your dental benefits terminate (for reasons other than termination of the Plan Document or the Dental Care Benefit) are payable, provided the expense is incurred within 31 days after your benefit terminates.

***Dental Care - Work in
Progress When
Coverage Terminates***

Submitting a Claim

To submit a claim, you and your dentist must complete a Dental Claim form available from your employer.

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

***Dental Care -
Submitting a Claim***

Subrogation (Third Party Liability)

If your dental 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.

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

Exclusions

No Dental Care benefits will be payable for expenses resulting from:

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

committing or attempting to commit an assault or criminal offence

dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was covered under this benefit

broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms

services which are payable by any government plan

***Dental Care -
Exclusions***

Your Group Benefits

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

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

treatment rendered for a full mouth reconstruction, for a vertical dimension or for a correction of temporomandibular joint dysfunction

replacement of removable dental appliances which have been lost, mislaid or stolen

laboratory fees which exceed reasonable and customary charges

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

implants, or any services rendered in conjunction with implants

treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition

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

Weekly Income (Short Term Disability)

Weekly Income

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

If you become Totally Disabled while covered and meet the Entitlement Criteria for this benefit, your employer will pay a disability benefit.

Definition of Totally Disabled

Weekly Income - 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.

Your Group Benefits

The Benefit

Benefit Amount - 75% of weekly earnings, to a maximum benefit of \$900

Weekly Income - The Benefit

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

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

Weekly Income - Entitlement Criteria

you must be continuously Totally Disabled throughout the Qualifying Period

your employer or Manulife Financial must receive 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

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

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

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

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

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

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

Your Group Benefits

receiving temporary disability benefits from Workers' Compensation

incarcerated in a prison, correctional facility, or mental institution by order of authority of a criminal court

Amount of Disability Benefit Payable

**Weekly Income -
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 source(s) for the same or related disability:

any other plan or program provided to you by or through your employer

any plan or program of any government or the crown (excluding Canada or Quebec Pension Plans, including Dependant benefits) or of any sub-division or agency of the government or the crown

any government motor vehicle automobile insurance plan or policy which is considered an allowable exclusion under the Employment Insurance Premium Reduction Regulations, unless prohibited by law.

Notwithstanding the above:

if this Weekly Income plan is registered for Employment Insurance premium reduction, the amount of benefit payable under this benefit shall only be reduced in respect of a source of income which has been approved as an acceptable limitation for registered plans under the Employment Insurance Act; and

if you are receiving any income or benefit payable under any government plan or program for an injury or disease totally unrelated to the injury or disease that caused the current Disability, Manulife Financial shall not reduce the Weekly Income benefit by that amount.

Subrogation

**Weekly Income -
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.

Tax Status of Benefits

**Weekly Income - 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.

Your Group 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 -
Payment of 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 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

***Weekly Income -
Termination of Benefit
Payments***

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.

***Weekly Income -
Recurrent Disability***

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.

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

Your Group Benefits

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

Weekly Income - 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

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

Your Group Benefits

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

Benefit Amount

***Long Term Disability -
The Benefit***

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

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:

***Long Term Disability -
Entitlement 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.

Your Group Benefits

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
- 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

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

Your Group Benefits

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 of group life insurance for which you could have elected not to apply

any Canada Pension Plan or Quebec Pension Plan family benefits

any other plan or program of any government or the Crown or of any subdivision or agency of the government or the Crown, including any government motor vehicle automobile insurance plan or policy which is considered an allowable exclusion under the Employment Insurance Premium Reduction Regulations, unless prohibited by law (excluding Employment Insurance Benefits).

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

Your Group Benefits

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

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.

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.

Your Group Benefits

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

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 Vocation 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

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.

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.

**Long Term Disability -
Rehabilitation
Assistance**

- Vocational Plan

**- Disability Benefits
During Rehabilitation**

Your Group Benefits

Termination of Benefit Payments

Long Term Disability - 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

Recurrent Disability

Long Term Disability - 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

Long Term Disability - 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.

Survivor Benefit

Long Term Disability - Survivor Benefit

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

Your Group Benefits

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

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

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.

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

***Long Term Disability -
Exclusions***