Manulife Financial

Benefits Booklet

Southern Interior Municipal Employers' Association (SIMEA)

Group Policy Number: G0077313 (EHC/Dental) and G0103304 (STD)
Class: District of Summerland - CUPE

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A message from your plan sponsor

Southern Interior Municipal Employers' Association (SIMEA) is pleased to be able to offer you medical and financial security by sponsoring your group benefits program. We have selected Manulife Financial as a partner to help us deliver the program. They are committed to providing excellent service for us.

At this point, you will have received some basic information about how you can connect with Manulife Financial and how to submit claims. Now, I would encourage you to spend a few moments reviewing our plan's coverage so you can better understand what's available. You'll learn about not only the more routine things, but also about some of the benefits available that you may need to draw on in a time of crisis. Your plan is here to offer you some support in the event you encounter unforeseen circumstances in the future.

After reviewing the coverage, if you have any questions, check in with our plan administrator.

Core Coverage and Services

Your plan sponsor has chosen to offer the following benefits to form the coverage in this program:

Dental

Your Dental Benefit is provided directly by Southern Interior Municipal Employers' Association (SIMEA)

Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following 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.

Benefit Details	Your Plan's Coverage
Waiting Period	6 months
Deductible	None
Dental Fee Guide	Current Fee Guide for General Practitioners and Specialists for the Province in which the services are rendered
Coverage ends	On the last day of the month in which you attain age 70
Combined Maximum applies to: Level I Level II Level III	Unlimited
Maximum applies to: Level IV	$750 per calendar year and $3,500 per lifetime
Maximum applies to: Level V	$4,000 per lifetime
Level I - Basic Services Includes items such as: ▪ complete oral exam, one per 2 calendar years ▪ full-mouth x-rays, one per 2 calendar years ▪ one unit of light scaling and one unit of polishing once per calendar year, when the service is performed outside Quebec, or prophylaxis once per calendar year, when the service is performed in Quebec ▪ recall exams, bitewing x-rays, and fluoride treatments, once per calendar year ▪ routine diagnostic and laboratory procedures ▪ fillings (amalgam, silicate, acrylic and composite), retentive pins and pit and fissure sealants. Composite fillings on all teeth are covered. 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 ▪ extractions (including impacted and residual roots) ▪ consultations, anaesthesia, and conscious sedation	100%

Benefit Details	Your Plan's Coverage
▪ onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay ▪ inlays, covering at least 3 surfaces, provided the tooth cusp is missing ▪ 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	
Level II - Supplementary Services Includes items such as: ▪ surgical procedures not included in Level I (excluding implant surgery) ▪ periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including: - scaling not covered under Level I, and root planing, up to a combined maximum of 16 units per calendar year(s) ; - provisional splinting; and - occlusal equilibration, up to a maximum of 8 units per calendar year (s) ▪ endodontic services which include root canals and therapy, root amputation, apexifications and periapical services ▪ root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime ▪ re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment	100%
Level III - Dentures Includes items such as: ▪ 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 60 months old; or - the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation	60%
Level IV - Major Restorative Services Includes items such as: ▪ veneers when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay ▪ crowns when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay ▪ 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 60 months old; or - the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation	60% to a maximum of $750 per calendar year and $3,500 per lifetime
Level V - Orthodontics Includes items such as: ▪ orthodontic services	60% to a maximum of $4,000 per lifetime

Benefit Details	Your Plan's Coverage

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
- 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
- dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was insured under this benefit
- anti-snoring or sleep apnea devices
- broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms
- services which are payable by any government plan
- services or supplies provided by an employer's medical or dental department
- services or supplies for which no charge would normally be made in the absence of insurance
- 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 insured person, an immediate family member or a person who lives with the insured 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

If you anticipate charges for any treatment to exceed $500, please submit a pre-treatment plan before receiving the service so you can understand what portion your plan may cover.

Your plan will pay benefits for the least expensive course of treatment when there are two or more courses of treatment covered that would produce professionally adequate results for a given condition. Manulife's professional dental consultant will aid in evaluating the various courses of treatment available to determine which is professionally adequate.

If you apply for coverage for Dental insurance late, Late Dental Application insurance will be limited to $125 for each insured person for the first 12 months of coverage.

All claims must be submitted within 12 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.

Extended Health Care Benefit

This benefit has many components that extend your coverage to a wide variety of health care providers and services. Under the broad category there may be coinsurances, deductibles, maximums and limitations that apply to specific components of the coverage.

Claim amounts that will be applied to the maximum are the amounts paid by the Employer for Covered expenses after applying the Deductible, Benefit Percentage and any other applicable Plan Document provisions.

This plan will not automatically assume eligibility for all drugs, services and supplies. New drugs, existing drugs with new indications, services and supplies are reviewed by Manulife Financial using the due diligence process. Once this process has been completed, the decision will be made by Manulife Financial to include as a covered expense, include with prior authorization criteria, exclude or apply maximum limits.

Your Extended Health Care Benefit is provided directly by Southern Interior Municipal Employers' Association (SIMEA)

Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following 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.

Benefit Details	Your Plan's Coverage
Waiting Period	6 months
Maximum	$1,000,000 per lifetime
Deductible	$50 Individual, $50 Family, per calendar year(s) Not applicable to: • Out-of-Canada Emergency Medical Treatment Covered expenses used to satisfy the deductible in the last 3 months of the calendar year may also be used to satisfy the deductible in the following calendar year.
Co-insurance	90% until a maximum of $1,000 has been paid per person per calendar year; and 100% after a maximum of $1,000 has been paid for Hospital Care, Medical Services & Supplies, Professional Services, Vision 90% until a maximum of $1,000 has been paid per person per calendar year; and 100% after a maximum of $1,000 has been paid for Drugs **Note:** The Co-insurance applicable to Private Duty Nursing Services is shown below under EHC - Medical Supplies and Services.
Coverage Ends	On the last day of the month in which you attain age 70

Exclusions

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

- for Medical Travel Emergencies and Emergency Travel Assistance only, 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
- committing or attempting to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol
- 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 employer's medical or dental department

Benefit Details	Your Plan's Coverage
▪ services or supplies for which no charge would normally be made in the absence of insurance ▪ services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of insurance ▪ services or supplies which are not permitted by law to be paid ▪ services or supplies which are required for recreation or sports ▪ 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, except for sclerotherapy injections ▪ services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured person ▪ services or supplies which are provided while confined in a hospital on an in-patient basis ▪ services or supplies which are not specified as a covered expense under this benefit *All claims must be submitted within 12 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.*	

EHC - Drugs

90% Co-insurance until a maximum* of $1,000 has been paid per person per calendar year; and
100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

Benefit Details	Your Plan's Coverage
Direct Drugs	
Includes the following drug classes: ▪ oral contraceptives ▪ injectable medications ▪ life-sustaining drugs ▪ diabetic supplies (excluding cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment) No coverage for / excludes: ▪ preventive vaccines and medicines (oral or injected) ▪ fertility drugs ▪ anti-smoking drugs ▪ sexual dysfunction drugs ▪ drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis ▪ drugs determined to be ineligible as a result of due diligence ▪ cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment used in the treatment of diabetes ▪ charges to administer serums, vaccines & injectable drugs ▪ experimental or investigational drugs not approved as an effective, appropriate and essential treatment of an illness or injury ▪ natural health products (products with a NPN)	*There is a limitation on quantity of drugs that can be dispensed and claimed at one time, to the lesser of:* *a) the quantity prescribed by the Physician or Dentist; or* *b) a 34 day supply; or* *c) up to a 100 day supply may be payable in long term therapy where the larger quantity is recommended as appropriate by the Physician and the Pharmacist.* *If you are a Quebec resident, your plan's coverage will coordinate with* RAMQ.

EHC - Vision

90% Co-insurance until a maximum* of $1,000 has been paid per person per calendar year and 100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

Benefit Details	Your Plan's Coverage
Prescription Glasses, Laser Eye Surgery, Contact Lenses, Eye Exams	$350 per 2 calendar year(s) (per calendar year if under 18) for prescription glasses, elective contact lenses , repairs and excluding safety goggles (prescription or non-prescription) $2,000 per lifetime for elective laser vision correction procedures 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 $200 per calendar year for persons under age 18 and $200 per 2 calendar year(s) for persons age 18 and over Eye Exams - $100 per calendar year for persons under age 18 and $100 per 2 calendar year for persons age 18 and over

EHC - Health Care Professionals (Professional Services)

90% Co-insurance until a maximum* of $1,000 has been paid per person per calendar year and 100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

Benefit Details	Your Plan's Coverage
Services provided by the following licensed practitioners: Chiropractor (excluding x-rays)/Naturopath/ Massage Therapist/Physiotherapist	$1,000 per calendar year for Chiropractor (excluding x-rays)/Naturopath/ Massage Therapist/Physiotherapist
	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.*

EHC - Medical Supplies and Services

90% Co-insurance (unless otherwise stated) until a maximum* of $1,000 has been paid per person per calendar year and 100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

For all medical equipment and supplies, coverage is limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

Private Duty Nursing Services

Benefit Details	Your Plan's Coverage
Provided by a registered nurse either in the patient's home or in a Hospital or registered nursing assistant (or equivalent designation) who has completed an approved medications training program, in the patient's home. Excludes: ▪ custodial care, homemaking duties or supervision ▪ services performed by a nurse practitioner who is an immediate family member or who lives with the patient ▪ services performed while confined to a nursing home or other similar institution ▪ services that could be performed by a person with lesser qualifications, a relative, a friend or a member of the patient's household	100% Co-insurance 720 hours per calendar year(s) *Submit a detailed treatment plan estimate before Private Duty Nursing services begin so we can advise you of what benefit may be provided.*
Hearing Aids	$500 per 5 calendar year(s) *Includes cost, installation, repair and maintenance of Hearing Aids (excluding charges for batteries, recharging devices, or other such accessories)*
Orthopaedic Shoes/Orthotics	$200 per calendar year(s) for persons under age 18 and $400 per calendar year(s) for persons age 18 and over for Stock-item Orthopaedic Shoes and Custom Made Orthotic Foot Appliances (combined) Custom Made Shoes which are required because of a medical abnormality that, based on medical evidence, cannot be accommodated in a stock-item orthopaedic shoe or a modified stock-item orthopaedic shoe, up to a maximum of 1 pair per calendar year (must be constructed by a certified orthopaedic footwear specialist) *Must be recommended by a physician, podiatrist or chiropractor.*
Medical Equipment Includes items such as: ▪ ambulance (licensed including air ambulance, provided in province of residence) ▪ mobility equipment (crutches, canes, cane tips, walkers, wheelchairs) ▪ manual hospital beds ▪ respiratory and oxygen equipment ▪ other equipment usually found only in hospitals ▪ medical heart monitors	$150 per calendar year for surgical brassieres $500 per lifetime for wigs and hairpieces $200 per calendar year(s) for stump socks $4,000 per 5 calendar year(s) for Speech Processor and Headset *Medical equipment dispensed by a hospital is not an eligible expense.*

Benefit Details	Your Plan's Coverage
▪ blood glucose monitors ▪ cardiac screeners ▪ breathing machines and appliances including respirators, compressors, percussors, suction pumps, oxygen cylinders, masks and regulators ▪ non-dental external prostheses ▪ braces (other than foot braces), trusses, collars, leg orthosis, casts and splints ▪ ileostomy, colostomy and incontinence supplies ▪ medicated dressings and burn garments ▪ oxygen ▪ charges for the treatment required as a result of an injury to natural teeth or jaw ▪ surgical brassieres ▪ wigs and hairpieces for patients with temporary hair loss associated with medical treatment, injury, alopecia areata, alopecia universalis, or alopecia totatlis ▪ insulin infusion pumps for diabetics (when basic methods are not feasible) ▪ Transcutaneous Electric Nerve Stimulators (TENS) ▪ Transcutaneous Electric Muscle Stimulators (TEMS) ▪ bi-osteogen systems (when recommended by an orthopaedic surgeon) and growth guidance systems ▪ speech processors and headsets when prescribed for profound deafness ▪ external prostheses (charges for myoelectric limbs are eligible up to the equivalent amount of a standard external prosthesis) ▪ stump socks	*In the province of Quebec, microscopic and other similar diagnostic tests and services rendered in a licensed laboratory are included.* *Accidental dental treatment must be provided within 12 months of the accident. The accident must be due to an external force or blow to the mouth or face resulting in immediate damage to the natural teeth or prosthetics and not by an object intentionally or unintentionally being placed in the mouth. Injuries sustained while biting or chewing are not covered.*

EHC - Hospital

90% Co-insurance until a maximum* of $1,000 has been paid per person per calendar year and 100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

Benefit Details	Your Plan's Coverage
General or Rehabilitation hospitals	• in a Private Room • in excess of the hospital's public ward charge
	Manulife Financial will coordinate payment after any provincial plan coverage has first been applied.

EHC - Medical and Non-Medical Travel Emergencies

Benefit Details	Your Plan's Coverage
Emergency medical coverage Conditions: ▪ Coverage is for immediate medical treatment required for: - a sudden, unexpected injury or a new medical condition which occurs while an insured person is travelling outside of their province of residence; or - a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure. ▪ Coverage is available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date. ▪ Valid Government Health Insurance Plan (GHP) coverage is required for you and your dependents.	100% Stable means in the 90 days before departure, the insured person has 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 (or your dependent) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition. A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to their home province or territory. *You are typically responsible for payment of medical expenses amounting to less than $200 CDN. When you return from your trip, you can submit a claim to be reimbursed for those expenses through the normal claim submission process.* *For charges over $200 CDN, contact the service partner shown on your benefits card as soon as possible to arrange for payment directly to the treating physician or facility.*
Emergency Travel Assistance Including: ▪ 24 hour access to multi-lingual service representatives ▪ referral to local medical care and treatment monitoring ▪ payment of medical bills, medical transportation, return home of dependent children, visit by a family member, trip interruption/delay coverage, support through convalescence after hospital discharge, identification and/or return of a deceased traveller, meals and accommodation, vehicle return, pre-trip advice on passport, visa, vaccination and inoculation requirements for a destination, assistance in replacing lost documents and tickets, referral to legal assistance in your foreign destination, telephone interpretation service, emergency message service, and ▪ after-hours medical advice phone support	100% with all maximums below stated in Canadian Funds. $1,000 for return of vehicle $2,000 for meals and accommodations $5,000 for return of deceased *See* Emergency Travel Assistance *for additional information, a list of phone numbers for frequent Canadian travel destinations and for participating countries.*

Health for Life® - Resources to help you and your family maintain overall good health and wellness

Benefit Details	Your Plan's Coverage
Your plan also includes access to services and information you and your family can use to live healthier lives. You can access these services on the Plan Member Secure Site.	
Health eLinks® - Online resources for better health	
Take the first step toward healthier living through online tools and resources such as: Health Risk Assessment Health Library, including: • Conditions database • Medications database • Tests and procedures database • Health features • Personal Health Improvement Program	Included and available on the Plan Member Secure Site

Survivor Benefit

Benefit Details	Your Plan's Coverage
If you die while your dependents are insured under the program, Manulife Financial will continue coverage for some benefits without payment of premium: ▪ Extended Health Care ▪ Dental Care	Coverage will continue until the earliest of: ▪ the end of the month in which you died. The maximum period for extended coverage is one month. ▪ the date your dependent is no longer a dependent ▪ the date similar coverage is obtained elsewhere ▪ the date the Group Policy terminates

Short-Term Disability

Your Short-Term Disability Benefit is provided directly by Southern Interior Municipal Employers' Association (SIMEA). The plan number is G0103304.

Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following standard insurance rules and practices. Payment of any eligible claims will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.

Coverage provided to members under this plan which provides for wage replacement provided that employees meet the terms of disability under this plan. For the purpose of this document, the term Short Term Disability will have the same meaning as the terms Medical Absence and Wage Indemnity Plan.

Benefit Details	***Your Plan's Coverage***
Waiting Period	6 months
Benefit Amount	70% of your weekly earnings
Qualifying Period	5 working days (4 working days if you work 10 hour days), if the disability is due to an accident 5 working days (4 working days if you work 10 hour days), if the disability is due to a sickness
Definition of Disability	Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of your own occupation. *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.*
Maximum Benefit Period	26 weeks
Termination	age 65, or your retirement, whichever is earlier
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 any portion of the premium for this benefit, then any 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.
Entitlement	To be entitled to disability benefits, you must meet the following criteria: ▪ you must be continuously Totally Disabled throughout the Qualifying Period ▪ 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 the essential duties of your own occupation ▪ you must be receiving from a physician, regular, ongoing care and treatment for your disabling condition
Exclusions	*No benefits are payable for any disability related to:*

Benefit Details	*Your Plan's Coverage*
	▪ any illness or injury for which benefits are payable by Workers' Compensation or similar coverage or which arises out of or in the course of employment ▪ 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, except if due to an illness or injury ▪ the committing of a criminal offence ▪ injuries sustained while operating a motor vehicle under the influence of drugs or alcohol as prohibited by law ▪ abuse of drugs or alcohol, unless you are participating in an in-patient medical treatment program for substance abuse
Periods for which you are not entitled to benefits *(Unless your employer is required to provide coverage because of legislation, regulation, or by law)*	When you are: ▪ not receiving from a physician, regular, ongoing care and treatment for your disabling condition ▪ not supplying Manulife Financial with medical evidence documenting how your illness or injury causes restrictions or lack of ability such that you are prevented from performing the essential duties of your own occupation ▪ failing to participate and cooperate in an examination by an examiner selected by Manulife Financial ▪ receiving EI (Employment Insurance) maternity, parental, compassionate care or critically ill child benefits ▪ on lay off ▪ on leave of absence ▪ engaging in employment for wage or profit, except as provided for under the Rehabilitation Assistance provision ▪ incarcerated
Amount of Disability Benefit Payable	The amount of disability benefit payable to you is the Benefit Amount shown above, less any amount you receive: a) for the same or related disability: ▪ from Workers' Compensation or similar coverage ▪ from any provincial motor vehicle plan or motor vehicle insurance policy that does not take into account disability benefits payable under the Employment Insurance Program ▪ from an employer sponsored salary continuance plan b) as earnings from your employer, including severance payments and vacation pay as set out in the Employment Insurance Program
Rules we use to calculate your benefit	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 ▪ for benefits payable other than on a weekly basis, a weekly equivalent of such benefit will be estimated by Manulife Financial
Subrogation	

Benefit Details	*Your Plan's Coverage*
	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 Short-Term Disability claim. *On settlement or judgment 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.*
Termination of 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 on which benefits have been paid up to the Maximum Benefit Period for this benefit ▪ the date you retire ▪ the date of your death
Recurrent Disability	If you become Totally Disabled again from the same or related causes within 30 days from the end of the period for which benefits were paid, Manulife Financial will treat the disability 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 30 days after the end of the period for which benefits were paid, such disability will be considered a separate disability. Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.
Submitting Claims: *Complete the Short-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 180 days from the end of the Qualifying Period.* ***Payments:*** *Payments will be made bi-weekly in arrears. Any payment for a period of less than one week will be made at a daily rate of one-fifth of your weekly benefit amount.*	
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 work. 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 work. If it is determined that Rehabilitation Assistance is appropriate for you, in partnership with you and your employer, Manulife	

Benefit Details	*Your Plan's Coverage*
Financial will provide a structured Vocational Plan that will prepare you for a return to work. **Disability Benefits During Rehabilitation** You will continue to be entitled to disability benefits while participating in the Vocational Plan. Your Disability Benefit will be reduced by earnings received from any employment only if your total income from all sources exceeds: ▪ 100% of your pre-disability Earnings, if this Benefit is taxable; or ▪ 100% of your pre-disability Net Earnings, if this Benefit is non-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.	

Individual plan options available to purchase if you are leaving the plan

When your group coverage ends, your relationship with Manulife doesn't have to stop there. You have the option to purchase your own personal plans.

FollowMe™ Health

The FollowMe Health plan is specially designed for those whose group health coverage has recently or will soon come to an end. FollowMe Health allows you to continue enjoying health and dental benefits without completion of a medical questionnaire, so there's no need to worry about interruption of coverage for you or your loved ones.

If you apply within 60 days of your loss of group health and dental benefits, you will qualify without having to complete a medical questionnaire.

With four different plans and levels of coverage to choose from, you're certain to find the FollowMe Health plan that meets your needs.

To find out more, request a brochure, get a quote, apply online or print an application, go to www.coverme.com *or call 1-877-COVER ME® (1-877-268-3763)*

Definitions

Explanation of some of the terms used in this document

Co-insurance
The way the cost of a service is shared between you and your plan. It exists in addition to any deductibles. So for example, an 80% co-insurance means that after the deductible has been satisfied, your plan will cover up to 80% of the bill and you would pay the rest.

Co-payment
The fixed amount that you must pay towards the cost of a service each time you use your plan. Most often, co-payments exist in situations where a claim is settled at point of sale. For instance, you might see a drug benefit with a $2.00 co-pay amount. Regardless of the cost of the prescription being filled, you are required to pay $2.00.

Dependent
Your Spouse or Child who is insured under the Provincial Plan.

Spouse

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

Child

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

- unmarried
- under the age stated below:
  for Dental coverage - under age 21, or who is a full-time student;
  for Extended Health Care coverage - under age 21, or who is a full-time student;
  (coverage will terminate at the end of the month in which the dependent attains the above age)
- not employed on a full-time basis
- not eligible for insurance as an employee under this or any other Group Benefit Program

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

a child is considered incapacitated if he or she is incapable of engaging in any substantially gainful activity and is dependent on the employee for support, maintenance and care, due to a mental or physical disability. Manulife Financial may require written proof of the child's condition as often as may reasonably be necessary

a stepchild must be living with you to be eligible

Drugs

- must be prescribed in writing by a physician, dentist or other health care professional whose scope of practice within their province permits them to write a prescription;
- must be dispensed by a licensed pharmacist;
- must have been approved for use by Health Canada and have a drug identification number(DIN).

RAMQ - Drug Benefit and Pharmacy Services for persons who reside in Quebec
If you and your dependents reside in Quebec, the following provisions apply to your drug benefit coverage:

- drugs that are on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List), provided such drugs are on the list at the time the expense is incurred; and
- covered pharmacy services that are to be paid when the drug is on the RAMQ List; and
- drugs that are listed as a covered expense under your drug plan but are not on the RAMQ List.

The following provisions apply to the coverage of drugs that are on the RAMQ List and pharmacy services for private plans, as legislated by An Act

Respecting Prescription Drug Insurance and the Health Insurance Act (R.S.Q. c., A-29-01). Coverage for all other drugs will be subject to the regular provisions included in your benefit plan.

a) Benefit Percentage
Prior to the annual out-of-pocket maximum being reached, the percentage of covered drug expenses payable under this benefit will be as follows:

i) For any drug on the RAMQ List which is not otherwise covered under the terms of this benefit, the percentage payable is the percentage as set out by legislation.

ii) For any Legislated pharmacy services which are not otherwise covered under the terms of the Policy, the percentage is as set out by the then applicable Legislation.

iii) For any drug on the RAMQ List which is covered under the terms of this benefit, the percentage payable is the greater of:

- the benefit percentage stated under the benefit; or
- the percentage as set out by the then applicable legislation.

After the annual out-of-pocket maximum has been reached, the percentage of covered drug expenses payable under this benefit will be 100%.

b) Annual Out-of-Pocket Maximum
The annual out-of-pocket maximum is a portion of covered drug expenses or covered pharmacy services which must be paid by you and your spouse in a calendar year, before the percentage payable under this benefit will be 100%. Amounts that will be applied to the annual out-of-pocket maximum are:

i) deductible amounts, and

ii) the portion of covered drug expenses that is paid by an insured person, when the percentage of covered expenses payable under this benefit is less than 100%; and

iii) covered pharmacy services that are performed by pharmacists for drugs on the RAMQ formulary.

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

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

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

d) Lifetime Maximums
Lifetime maximums (if any) will not apply to drugs on the RAMQ List or covered pharmacy services. Drug and pharmacy service coverage provided after the lifetime maximum stated under this plan is reached is subject to the following conditions:
i) only drugs that are on the RAMQ List are covered, and
ii) covered pharmacy services that are performed for drugs on the RAMQ List, and
iii) the percentage payable by Manulife Financial for covered expenses is the percentage as set out by legislation.

e) Eligible Dependent Children
Your eligible dependent children who are in full-time attendance at an accredited educational institution will be covered until the later of:
i) the age specified in this Benefit Booklet or
ii) age 26.

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

- only drugs that are on the RAMQ List are covered, and
- covered pharmacy services performed for a drug on the RAMQ List, and
- the percentage payable by Manulife Financial for covered expenses is the percentage as set out by legislation.

f) Termination Age for Covered Drug and Pharmacy Service Expenses
Provided you are otherwise eligible for the drug benefit, the termination age (if any) for the drug benefit will not apply. Drug coverage provided after the termination age specified under The Benefit is subject to the following conditions:
i) only drugs that are on the RAMQ List are covered,
ii) only covered pharmacy services related to a drug on the RAMQ List,
iii) the percentage payable by Manulife Financial for covered expenses is the percentage as stipulated in the legislation
iv) the Annual Out-of-Pocket Maximum is as stipulated in the legislation

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

included in this Benefit Booklet.

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

Earnings
Earnings are your regular rate of pay from your employer (prior to deductions)

including regular bonuses

including regular overtime pay

Earnings may include other income as agreed to in writing by your employer and Manulife Financial.

If you are being paid on a commission basis, your earnings will be as reported on your T4/T4A form for the previous year. If you have less than one year of service with your employer, your earnings will include an average of the total commissions paid over your actual period of employment.

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 as an effective, appropriate and essential treatment of an illness or injury.

Lower Cost Alternative
If two or more drugs, supplies or services result in therapeutically similar results, or prescribing guidelines recommend alternate drugs, supplies or services be tried first that are lower in cost, the lower cost alternative will be considered.

Medical and Non Medical Travel Emergencies
Sudden, unexpected injuries which occur or unforeseen illnesses which begin while travelling out-of-province or out-of-Canada for business or pleasure and for accidents or illnesses that were not previously diagnosed or treated in Canada.

Medically Necessary
Accepted and recognized by the Canadian medical profession and Manulife Financial as effective, appropriate and essential treatment of a phase of an illness or injury. Manulife Financial has the right after due diligence has been completed to determine whether the drug, service or supply is eligible under the Plan.

Non-Evidence Limit
The amount of insurance benefits you can receive without needing to provide proof of good health. Anything over this figure means that Manulife must review medical evidence before you are approved for the higher amount.

Out-Of-Pocket Maximum
This is the maximum amount of money you will have to pay on your own before your insurance benefits begin to take over and pay. It includes things like deductibles, and co-insurance, but not things like co-payments or your monthly premium.

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

Reasonable and Customary Charges
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; or

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

the maximum price established by law

Other Carrier Wording

Basic Accidental Death & Dismemberment Benefit

This Benefit is insured by Industrial Alliance Insurance and Financial Services Inc. The wording has been provided by Industrial Alliance Insurance and Financial Services Inc. who assumes sole responsibility in the case of any discrepency between this wording and the policy 100010662 issued by them.

BASIC A.D.& D. INSURANCE

Coverage

Any accident resulting in: death, dismemberment, loss of sight, or paralysis - anywhere in the world - 24 hours a day - on or off the job.

Eligibility

All permanent, full time employees of the Policyholder. (Employees must be regularly scheduled to work for a minimum of 35 hours per week or a shift schedule based on 35 hours per week.)

Amount of Insurance

An amount equal to the amount of Basic Group Life Insurance in effect under the Policyholder's current Group Life Policy or its replacement subject to a maximum of $400,000

Benefits

Accidental Death, Dismemberment and Specific Loss Indemnity

The policy provides benefits for Injury resulting in Loss of, **or permanent and total Loss of Use of,** which occurs within **12 months** after the date of the accident as follows:

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

PARALYSIS BENEFITS

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

Indemnity provided under this part for all losses sustained by an Insured Person as the result of any one accident will not exceed the following:

(a) With the exception of Quadriplegia, Paraplegia and Hemiplegia, the Principal Sum;

(b) With respect to Quadriplegia, Paraplegia and Hemiplegia, two times the Principal Sum or the Principal Sum if loss of life occurs within 90 days after the date of the accident.

In no event will indemnity payable for all losses under this part exceed, in the aggregate, two times the Principal Sum as the result of the same accident.

"Injury" whenever used in the policy means bodily injury caused by an accident occurring while the policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease, or treatment for the illness or disease.

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

"Loss of Use" whenever used in the policy means a loss which is permanent, total, irrecoverable and continuous for a period of 12 months from the date of the accident.

DAY CARE BENEFIT

If injury causes loss of life within 12 months of the date of the accident, the Company will pay the reasonable and necessary expenses actually incurred, subject to five percent of the Insured Person's Principal Sum to a maximum of $5,000.00 for each year a Dependent Child is enrolled in a legally licensed Day Care Centre, but not to exceed four years which must run consecutively with respect to any one Dependent Child. In the event the Dependent Child does satisfy the requirements indicated above, the Day Care Benefit will be payable to the surviving Spouse.

EDUCATION BENEFIT

If injury results in the loss of life of an Insured Person within 12 months of the date of the accident, the Company will pay, in addition to all other benefits, five percent of the Insured Person's Principal Sum to a maximum of $5,000.00 to any Dependent Child, who on the date of accident was enrolled as a full -time student in any institution of higher learning beyond the secondary school level but not to exceed four consecutive annual payments.

FAMILY TRANSPORTATION BENEFIT

When, as a result of loss covered by the policy, an Insured Person is confined as an inpatient in a hospital located from a point of not less than 150 kilometers from his/her normal place of residence, the Company will pay the reasonable expenses actually incurred by all members of the immediate family of the Insured Person for hotel accommodation and transportation by the most direct route to the confined Insured Person, not to exceed in the aggregate the amount of $15,000.00 for all such expenses.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If an injury sustained by an Insured Person does not cause loss of life, but results in a loss for which indemnity becomes payable under the part titled "Accidental Death, Dismemberment and Specific Loss Indemnity", and such Insured Person subsequently requires the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the Insured Person's principal residence and/or the cost of modifications to one motor vehicle utilized by the Insured Person, when such modifications are approved by licensing authorities where required for the purpose of making them wheelchair accessible to a maximum of $15,000.00.

REHABILITATION BENEFIT

When, as a result of loss covered by the policy, an Insured Person undergoes special training in order to be qualified to engage in a special occupation in which he/she would not have engaged except for such injury, the Company will pay the reasonable and necessary expense incurred for such training by the Insured Person within two years of the date of the accident, subject to a maximum amount of $15,000.00 as the result of any one accident.

REPATRIATION BENEFIT

If injury results in the loss of life of an Insured Person within 12 months of the date of the accident, the Company will pay the actual expense incurred for preparing the deceased for burial or cremation and the shipment of the body of the Insured Person to the city of residence of the deceased, subject to a maximum amount of $15,000.00.

SPOUSAL RETRAINING BENEFIT

In the event loss of life as the result of an injury is sustained by an Insured Person, the Company will pay the reasonable and necessary expenses actually incurred within three years from the date of such accident by the Spouse of the Insured Person who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he/she would not otherwise have sufficient qualifications, not to exceed in the aggregate the amount of $15,000.00 for all such expenses.

WAIVER OF PREMIUM

In the event an Insured Person becomes totally disabled for more than six months prior to age 65, the insurance of the Insured Person will continue without payment of premium during the continuance of such total disability.

Aggregate Limit of Indemnity

The policy is subject to an Aggregate Limit of Indemnity of $2,500,000.00 for all losses resulting from any one accident. This means that in the event of an accident that results in an accumulation of losses exceeding $2,500,000.00, the amount payable with respect to each Insured Person will be reduced proportionately.

Exclusions

Cover does not apply to any loss caused or contributed to by:

- declared or undeclared war or any act of war;
- active full-time service in the armed forces of any country;
- suicide or self-destruction, while sane or insane;
- flying as a pilot or crew member in any aircraft;
- flying in owned, operated or leased aircraft of your employer.

Exposure and Disappearance

If due to accident you are unavoidably exposed to the elements and such exposure, within 12 months of the date of the accident, results in a Loss for which indemnity would otherwise have been payable under the policy, such Loss will be deemed to be the result of Injury.

Where, due to the accidental wrecking, sinking or disappearance of a conveyance in which you were riding, you disappear, and if your body is not found within 12 months after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of the policy, that you suffered loss of life as a result of Injury.

Beneficiary

Indemnity payable in the event of the loss of life of an Insured Person is payable to the beneficiary or beneficiaries designated in writing by the Insured Person and on file with the or Policyholder, or, if there is no such beneficiary designation with respect to the Insured Person, such indemnity is payable to the Estate of the Insured Person. All other indemnities are payable to the Insured Person.

Termination of Insurance

This policy may be terminated by the Company or by the Policyholder by one giving to the other 30 days notice in writing of such intention to terminate, delivered to the latest address of the Company or the Policyholder. This policy may be terminated by the Company in the event of failure by the Policyholder to remit premiums to the Company as and when due.

A.D.& D. Claims Procedures

Claim forms are available from your plan administrator or from the insurer. The insurer reserves the right to request additional information when processing the claim. Written notice of accidental death, dismemberment, loss of sight, hearing, paralysis or loss of use of limbs is to be given to the insurer within a period of 30 days from the date of the accident. For all other claims, completed claim forms must be filed with the insurer within 90 days after the date of the Injury.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

This wording is for illustrative purposes only and carries no contractual or other rights. All rights with respect to the benefits of an Insured Person will be governed by the Group Master Policy, a copy of which is filed with your employer.

Manulife Financial

Benefits Booklet

Southern Interior Municipal Employers' Association (SIMEA)

Group Policy Number: G0077313 (EHC/Dental) and G0103304 (STD)
Class: District of Summerland - CUPE

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A message from your plan sponsor

Southern Interior Municipal Employers' Association (SIMEA) is pleased to be able to offer you medical and financial security by sponsoring your group benefits program. We have selected Manulife Financial as a partner to help us deliver the program. They are committed to providing excellent service for us.

At this point, you will have received some basic information about how you can connect with Manulife Financial and how to submit claims. Now, I would encourage you to spend a few moments reviewing our plan's coverage so you can better understand what's available. You'll learn about not only the more routine things, but also about some of the benefits available that you may need to draw on in a time of crisis. Your plan is here to offer you some support in the event you encounter unforeseen circumstances in the future.

After reviewing the coverage, if you have any questions, check in with our plan administrator.

Core Coverage and Services

Your plan sponsor has chosen to offer the following benefits to form the coverage in this program:

Dental

Your Dental Benefit is provided directly by Southern Interior Municipal Employers' Association (SIMEA)

Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following 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.

Benefit Details	Your Plan's Coverage
Waiting Period	6 months
Deductible	None
Dental Fee Guide	Current Fee Guide for General Practitioners and Specialists for the Province in which the services are rendered
Coverage ends	On the last day of the month in which you attain age 70
Combined Maximum applies to: Level I Level II Level III	Unlimited
Maximum applies to: Level IV	$750 per calendar year and $3,500 per lifetime
Maximum applies to: Level V	$4,000 per lifetime
Level I - Basic Services Includes items such as: ▪ complete oral exam, one per 2 calendar years ▪ full-mouth x-rays, one per 2 calendar years ▪ one unit of light scaling and one unit of polishing once per calendar year, when the service is performed outside Quebec, or prophylaxis once per calendar year, when the service is performed in Quebec ▪ recall exams, bitewing x-rays, and fluoride treatments, once per calendar year ▪ routine diagnostic and laboratory procedures ▪ fillings (amalgam, silicate, acrylic and composite), retentive pins and pit and fissure sealants. Composite fillings on all teeth are covered. 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 ▪ extractions (including impacted and residual roots) ▪ consultations, anaesthesia, and conscious sedation	100%

Benefit Details	Your Plan's Coverage
▪ onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay ▪ inlays, covering at least 3 surfaces, provided the tooth cusp is missing ▪ 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	
Level II - Supplementary Services Includes items such as: ▪ surgical procedures not included in Level I (excluding implant surgery) ▪ periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including: - scaling not covered under Level I, and root planing, up to a combined maximum of 16 units per calendar year(s) ; - provisional splinting; and - occlusal equilibration, up to a maximum of 8 units per calendar year (s) ▪ endodontic services which include root canals and therapy, root amputation, apexifications and periapical services ▪ root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime ▪ re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment	100%
Level III - Dentures Includes items such as: ▪ 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 60 months old; or - the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation	60%
Level IV - Major Restorative Services Includes items such as: ▪ veneers when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay ▪ crowns when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay ▪ 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 60 months old; or - the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation	60% to a maximum of $750 per calendar year and $3,500 per lifetime
Level V - Orthodontics Includes items such as: ▪ orthodontic services	60% to a maximum of $4,000 per lifetime

Benefit Details	Your Plan's Coverage

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
- 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
- dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was insured under this benefit
- anti-snoring or sleep apnea devices
- broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms
- services which are payable by any government plan
- services or supplies provided by an employer's medical or dental department
- services or supplies for which no charge would normally be made in the absence of insurance
- 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 insured person, an immediate family member or a person who lives with the insured 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

If you anticipate charges for any treatment to exceed $500, please submit a pre-treatment plan before receiving the service so you can understand what portion your plan may cover.

Your plan will pay benefits for the least expensive course of treatment when there are two or more courses of treatment covered that would produce professionally adequate results for a given condition. Manulife's professional dental consultant will aid in evaluating the various courses of treatment available to determine which is professionally adequate.

If you apply for coverage for Dental insurance late, Late Dental Application insurance will be limited to $125 for each insured person for the first 12 months of coverage.

All claims must be submitted within 12 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.

Extended Health Care Benefit

This benefit has many components that extend your coverage to a wide variety of health care providers and services. Under the broad category there may be coinsurances, deductibles, maximums and limitations that apply to specific components of the coverage.

Claim amounts that will be applied to the maximum are the amounts paid by the Employer for Covered expenses after applying the Deductible, Benefit Percentage and any other applicable Plan Document provisions.

This plan will not automatically assume eligibility for all drugs, services and supplies. New drugs, existing drugs with new indications, services and supplies are reviewed by Manulife Financial using the due diligence process. Once this process has been completed, the decision will be made by Manulife Financial to include as a covered expense, include with prior authorization criteria, exclude or apply maximum limits.

Your Extended Health Care Benefit is provided directly by Southern Interior Municipal Employers' Association (SIMEA)

Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following 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.

Benefit Details	Your Plan's Coverage
Waiting Period	6 months
Maximum	$1,000,000 per lifetime
Deductible	$50 Individual, $50 Family, per calendar year(s) Not applicable to: • Out-of-Canada Emergency Medical Treatment Covered expenses used to satisfy the deductible in the last 3 months of the calendar year may also be used to satisfy the deductible in the following calendar year.
Co-insurance	90% until a maximum of $1,000 has been paid per person per calendar year; and 100% after a maximum of $1,000 has been paid for Hospital Care, Medical Services & Supplies, Professional Services, Vision 90% until a maximum of $1,000 has been paid per person per calendar year; and 100% after a maximum of $1,000 has been paid for Drugs **Note:** The Co-insurance applicable to Private Duty Nursing Services is shown below under EHC - Medical Supplies and Services.
Coverage Ends	On the last day of the month in which you attain age 70

Exclusions

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

- for Medical Travel Emergencies and Emergency Travel Assistance only, 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
- committing or attempting to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol
- 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 employer's medical or dental department

Benefit Details	Your Plan's Coverage
▪ services or supplies for which no charge would normally be made in the absence of insurance ▪ services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of insurance ▪ services or supplies which are not permitted by law to be paid ▪ services or supplies which are required for recreation or sports ▪ 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, except for sclerotherapy injections ▪ services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured person ▪ services or supplies which are provided while confined in a hospital on an in-patient basis ▪ services or supplies which are not specified as a covered expense under this benefit *All claims must be submitted within 12 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.*	

EHC - Drugs

90% Co-insurance until a maximum* of $1,000 has been paid per person per calendar year; and
100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

Benefit Details	Your Plan's Coverage
Direct Drugs	
Includes the following drug classes: ▪ oral contraceptives ▪ injectable medications ▪ life-sustaining drugs ▪ diabetic supplies (excluding cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment) No coverage for / excludes: ▪ preventive vaccines and medicines (oral or injected) ▪ fertility drugs ▪ anti-smoking drugs ▪ sexual dysfunction drugs ▪ drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis ▪ drugs determined to be ineligible as a result of due diligence ▪ cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment used in the treatment of diabetes ▪ charges to administer serums, vaccines & injectable drugs ▪ experimental or investigational drugs not approved as an effective, appropriate and essential treatment of an illness or injury ▪ natural health products (products with a NPN)	*There is a limitation on quantity of drugs that can be dispensed and claimed at one time, to the lesser of:* *a) the quantity prescribed by the Physician or Dentist; or* *b) a 34 day supply; or* *c) up to a 100 day supply may be payable in long term therapy where the larger quantity is recommended as appropriate by the Physician and the Pharmacist.* *If you are a Quebec resident, your plan's coverage will coordinate with* RAMQ.

EHC - Vision

90% Co-insurance until a maximum* of $1,000 has been paid per person per calendar year and 100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

Benefit Details	Your Plan's Coverage
Prescription Glasses, Laser Eye Surgery, Contact Lenses, Eye Exams	$350 per 2 calendar year(s) (per calendar year if under 18) for prescription glasses, elective contact lenses , repairs and excluding safety goggles (prescription or non-prescription) $2,000 per lifetime for elective laser vision correction procedures 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 $200 per calendar year for persons under age 18 and $200 per 2 calendar year(s) for persons age 18 and over Eye Exams - $100 per calendar year for persons under age 18 and $100 per 2 calendar year for persons age 18 and over

EHC - Health Care Professionals (Professional Services)

90% Co-insurance until a maximum* of $1,000 has been paid per person per calendar year and 100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

Benefit Details	Your Plan's Coverage
Services provided by the following licensed practitioners: Chiropractor (excluding x-rays)/Naturopath/ Massage Therapist/Physiotherapist	$1,000 per calendar year for Chiropractor (excluding x-rays)/Naturopath/ Massage Therapist/Physiotherapist
	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.*

EHC - Medical Supplies and Services

90% Co-insurance (unless otherwise stated) until a maximum* of $1,000 has been paid per person per calendar year and 100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

For all medical equipment and supplies, coverage is limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

Private Duty Nursing Services

Benefit Details	Your Plan's Coverage
Provided by a registered nurse either in the patient's home or in a Hospital or registered nursing assistant (or equivalent designation) who has completed an approved medications training program, in the patient's home. Excludes: ▪ custodial care, homemaking duties or supervision ▪ services performed by a nurse practitioner who is an immediate family member or who lives with the patient ▪ services performed while confined to a nursing home or other similar institution ▪ services that could be performed by a person with lesser qualifications, a relative, a friend or a member of the patient's household	100% Co-insurance 720 hours per calendar year(s) *Submit a detailed treatment plan estimate before Private Duty Nursing services begin so we can advise you of what benefit may be provided.*
Hearing Aids	$500 per 5 calendar year(s) *Includes cost, installation, repair and maintenance of Hearing Aids (excluding charges for batteries, recharging devices, or other such accessories)*
Orthopaedic Shoes/Orthotics	$200 per calendar year(s) for persons under age 18 and $400 per calendar year(s) for persons age 18 and over for Stock-item Orthopaedic Shoes and Custom Made Orthotic Foot Appliances (combined) Custom Made Shoes which are required because of a medical abnormality that, based on medical evidence, cannot be accommodated in a stock-item orthopaedic shoe or a modified stock-item orthopaedic shoe, up to a maximum of 1 pair per calendar year (must be constructed by a certified orthopaedic footwear specialist) *Must be recommended by a physician, podiatrist or chiropractor.*
Medical Equipment Includes items such as: ▪ ambulance (licensed including air ambulance, provided in province of residence) ▪ mobility equipment (crutches, canes, cane tips, walkers, wheelchairs) ▪ manual hospital beds ▪ respiratory and oxygen equipment ▪ other equipment usually found only in hospitals ▪ medical heart monitors	$150 per calendar year for surgical brassieres $500 per lifetime for wigs and hairpieces $200 per calendar year(s) for stump socks $4,000 per 5 calendar year(s) for Speech Processor and Headset *Medical equipment dispensed by a hospital is not an eligible expense.*

Benefit Details	Your Plan's Coverage
▪ blood glucose monitors ▪ cardiac screeners ▪ breathing machines and appliances including respirators, compressors, percussors, suction pumps, oxygen cylinders, masks and regulators ▪ non-dental external prostheses ▪ braces (other than foot braces), trusses, collars, leg orthosis, casts and splints ▪ ileostomy, colostomy and incontinence supplies ▪ medicated dressings and burn garments ▪ oxygen ▪ charges for the treatment required as a result of an injury to natural teeth or jaw ▪ surgical brassieres ▪ wigs and hairpieces for patients with temporary hair loss associated with medical treatment, injury, alopecia areata, alopecia universalis, or alopecia totatlis ▪ insulin infusion pumps for diabetics (when basic methods are not feasible) ▪ Transcutaneous Electric Nerve Stimulators (TENS) ▪ Transcutaneous Electric Muscle Stimulators (TEMS) ▪ bi-osteogen systems (when recommended by an orthopaedic surgeon) and growth guidance systems ▪ speech processors and headsets when prescribed for profound deafness ▪ external prostheses (charges for myoelectric limbs are eligible up to the equivalent amount of a standard external prosthesis) ▪ stump socks	*In the province of Quebec, microscopic and other similar diagnostic tests and services rendered in a licensed laboratory are included.* *Accidental dental treatment must be provided within 12 months of the accident. The accident must be due to an external force or blow to the mouth or face resulting in immediate damage to the natural teeth or prosthetics and not by an object intentionally or unintentionally being placed in the mouth. Injuries sustained while biting or chewing are not covered.*

EHC - Hospital

90% Co-insurance until a maximum* of $1,000 has been paid per person per calendar year and 100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

Benefit Details	Your Plan's Coverage
General or Rehabilitation hospitals	• in a Private Room • in excess of the hospital's public ward charge
	Manulife Financial will coordinate payment after any provincial plan coverage has first been applied.

EHC - Medical and Non-Medical Travel Emergencies

Benefit Details	Your Plan's Coverage
Emergency medical coverage Conditions: ▪ Coverage is for immediate medical treatment required for: - a sudden, unexpected injury or a new medical condition which occurs while an insured person is travelling outside of their province of residence; or - a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure. ▪ Coverage is available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date. ▪ Valid Government Health Insurance Plan (GHP) coverage is required for you and your dependents.	100% Stable means in the 90 days before departure, the insured person has 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 (or your dependent) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition. A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to their home province or territory. *You are typically responsible for payment of medical expenses amounting to less than $200 CDN. When you return from your trip, you can submit a claim to be reimbursed for those expenses through the normal claim submission process.* *For charges over $200 CDN, contact the service partner shown on your benefits card as soon as possible to arrange for payment directly to the treating physician or facility.*
Emergency Travel Assistance Including: ▪ 24 hour access to multi-lingual service representatives ▪ referral to local medical care and treatment monitoring ▪ payment of medical bills, medical transportation, return home of dependent children, visit by a family member, trip interruption/delay coverage, support through convalescence after hospital discharge, identification and/or return of a deceased traveller, meals and accommodation, vehicle return, pre-trip advice on passport, visa, vaccination and inoculation requirements for a destination, assistance in replacing lost documents and tickets, referral to legal assistance in your foreign destination, telephone interpretation service, emergency message service, and ▪ after-hours medical advice phone support	100% with all maximums below stated in Canadian Funds. $1,000 for return of vehicle $2,000 for meals and accommodations $5,000 for return of deceased *See* Emergency Travel Assistance *for additional information, a list of phone numbers for frequent Canadian travel destinations and for participating countries.*

Health for Life® - Resources to help you and your family maintain overall good health and wellness

Benefit Details	Your Plan's Coverage
Your plan also includes access to services and information you and your family can use to live healthier lives. You can access these services on the Plan Member Secure Site.	
Health eLinks® - Online resources for better health	
Take the first step toward healthier living through online tools and resources such as: Health Risk Assessment Health Library, including: • Conditions database • Medications database • Tests and procedures database • Health features • Personal Health Improvement Program	Included and available on the Plan Member Secure Site

Survivor Benefit

Benefit Details	Your Plan's Coverage
If you die while your dependents are insured under the program, Manulife Financial will continue coverage for some benefits without payment of premium: ▪ Extended Health Care ▪ Dental Care	Coverage will continue until the earliest of: ▪ the end of the month in which you died. The maximum period for extended coverage is one month. ▪ the date your dependent is no longer a dependent ▪ the date similar coverage is obtained elsewhere ▪ the date the Group Policy terminates

Short-Term Disability

Your Short-Term Disability Benefit is provided directly by Southern Interior Municipal Employers' Association (SIMEA). The plan number is G0103304.

Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following standard insurance rules and practices. Payment of any eligible claims will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.

Coverage provided to members under this plan which provides for wage replacement provided that employees meet the terms of disability under this plan. For the purpose of this document, the term Short Term Disability will have the same meaning as the terms Medical Absence and Wage Indemnity Plan.

Benefit Details	***Your Plan's Coverage***
Waiting Period	6 months
Benefit Amount	70% of your weekly earnings
Qualifying Period	5 working days (4 working days if you work 10 hour days), if the disability is due to an accident 5 working days (4 working days if you work 10 hour days), if the disability is due to a sickness
Definition of Disability	Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of your own occupation. *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.*
Maximum Benefit Period	26 weeks
Termination	age 65, or your retirement, whichever is earlier
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 any portion of the premium for this benefit, then any 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.
Entitlement	To be entitled to disability benefits, you must meet the following criteria: ▪ you must be continuously Totally Disabled throughout the Qualifying Period ▪ 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 the essential duties of your own occupation ▪ you must be receiving from a physician, regular, ongoing care and treatment for your disabling condition
Exclusions	*No benefits are payable for any disability related to:*

Benefit Details	*Your Plan's Coverage*
	▪ any illness or injury for which benefits are payable by Workers' Compensation or similar coverage or which arises out of or in the course of employment ▪ 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, except if due to an illness or injury ▪ the committing of a criminal offence ▪ injuries sustained while operating a motor vehicle under the influence of drugs or alcohol as prohibited by law ▪ abuse of drugs or alcohol, unless you are participating in an in-patient medical treatment program for substance abuse
Periods for which you are not entitled to benefits *(Unless your employer is required to provide coverage because of legislation, regulation, or by law)*	When you are: ▪ not receiving from a physician, regular, ongoing care and treatment for your disabling condition ▪ not supplying Manulife Financial with medical evidence documenting how your illness or injury causes restrictions or lack of ability such that you are prevented from performing the essential duties of your own occupation ▪ failing to participate and cooperate in an examination by an examiner selected by Manulife Financial ▪ receiving EI (Employment Insurance) maternity, parental, compassionate care or critically ill child benefits ▪ on lay off ▪ on leave of absence ▪ engaging in employment for wage or profit, except as provided for under the Rehabilitation Assistance provision ▪ incarcerated
Amount of Disability Benefit Payable	The amount of disability benefit payable to you is the Benefit Amount shown above, less any amount you receive: a) for the same or related disability: ▪ from Workers' Compensation or similar coverage ▪ from any provincial motor vehicle plan or motor vehicle insurance policy that does not take into account disability benefits payable under the Employment Insurance Program ▪ from an employer sponsored salary continuance plan b) as earnings from your employer, including severance payments and vacation pay as set out in the Employment Insurance Program
Rules we use to calculate your benefit	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 ▪ for benefits payable other than on a weekly basis, a weekly equivalent of such benefit will be estimated by Manulife Financial
Subrogation	

Benefit Details	*Your Plan's Coverage*
	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 Short-Term Disability claim. *On settlement or judgment 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.*
Termination of 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 on which benefits have been paid up to the Maximum Benefit Period for this benefit ▪ the date you retire ▪ the date of your death
Recurrent Disability	If you become Totally Disabled again from the same or related causes within 30 days from the end of the period for which benefits were paid, Manulife Financial will treat the disability 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 30 days after the end of the period for which benefits were paid, such disability will be considered a separate disability. Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.
Submitting Claims: *Complete the Short-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 180 days from the end of the Qualifying Period.* ***Payments:*** *Payments will be made bi-weekly in arrears. Any payment for a period of less than one week will be made at a daily rate of one-fifth of your weekly benefit amount.*	
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 work. 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 work. If it is determined that Rehabilitation Assistance is appropriate for you, in partnership with you and your employer, Manulife	

Benefit Details	*Your Plan's Coverage*
Financial will provide a structured Vocational Plan that will prepare you for a return to work. **Disability Benefits During Rehabilitation** You will continue to be entitled to disability benefits while participating in the Vocational Plan. Your Disability Benefit will be reduced by earnings received from any employment only if your total income from all sources exceeds: ▪ 100% of your pre-disability Earnings, if this Benefit is taxable; or ▪ 100% of your pre-disability Net Earnings, if this Benefit is non-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.	

Individual plan options available to purchase if you are leaving the plan

When your group coverage ends, your relationship with Manulife doesn't have to stop there. You have the option to purchase your own personal plans.

FollowMe™ Health

The FollowMe Health plan is specially designed for those whose group health coverage has recently or will soon come to an end. FollowMe Health allows you to continue enjoying health and dental benefits without completion of a medical questionnaire, so there's no need to worry about interruption of coverage for you or your loved ones.

If you apply within 60 days of your loss of group health and dental benefits, you will qualify without having to complete a medical questionnaire.

With four different plans and levels of coverage to choose from, you're certain to find the FollowMe Health plan that meets your needs.

To find out more, request a brochure, get a quote, apply online or print an application, go to www.coverme.com *or call 1-877-COVER ME® (1-877-268-3763)*

Definitions

Explanation of some of the terms used in this document

Co-insurance
The way the cost of a service is shared between you and your plan. It exists in addition to any deductibles. So for example, an 80% co-insurance means that after the deductible has been satisfied, your plan will cover up to 80% of the bill and you would pay the rest.

Co-payment
The fixed amount that you must pay towards the cost of a service each time you use your plan. Most often, co-payments exist in situations where a claim is settled at point of sale. For instance, you might see a drug benefit with a $2.00 co-pay amount. Regardless of the cost of the prescription being filled, you are required to pay $2.00.

Dependent
Your Spouse or Child who is insured under the Provincial Plan.

Spouse

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

Child

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

- unmarried
- under the age stated below:
  for Dental coverage - under age 21, or who is a full-time student;
  for Extended Health Care coverage - under age 21, or who is a full-time student;
  (coverage will terminate at the end of the month in which the dependent attains the above age)
- not employed on a full-time basis
- not eligible for insurance as an employee under this or any other Group Benefit Program

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

a child is considered incapacitated if he or she is incapable of engaging in any substantially gainful activity and is dependent on the employee for support, maintenance and care, due to a mental or physical disability. Manulife Financial may require written proof of the child's condition as often as may reasonably be necessary

a stepchild must be living with you to be eligible

Drugs

- must be prescribed in writing by a physician, dentist or other health care professional whose scope of practice within their province permits them to write a prescription;
- must be dispensed by a licensed pharmacist;
- must have been approved for use by Health Canada and have a drug identification number(DIN).

RAMQ - Drug Benefit and Pharmacy Services for persons who reside in Quebec
If you and your dependents reside in Quebec, the following provisions apply to your drug benefit coverage:

- drugs that are on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List), provided such drugs are on the list at the time the expense is incurred; and
- covered pharmacy services that are to be paid when the drug is on the RAMQ List; and
- drugs that are listed as a covered expense under your drug plan but are not on the RAMQ List.

The following provisions apply to the coverage of drugs that are on the RAMQ List and pharmacy services for private plans, as legislated by An Act

Respecting Prescription Drug Insurance and the Health Insurance Act (R.S.Q. c., A-29-01). Coverage for all other drugs will be subject to the regular provisions included in your benefit plan.

a) Benefit Percentage
Prior to the annual out-of-pocket maximum being reached, the percentage of covered drug expenses payable under this benefit will be as follows:

i) For any drug on the RAMQ List which is not otherwise covered under the terms of this benefit, the percentage payable is the percentage as set out by legislation.

ii) For any Legislated pharmacy services which are not otherwise covered under the terms of the Policy, the percentage is as set out by the then applicable Legislation.

iii) For any drug on the RAMQ List which is covered under the terms of this benefit, the percentage payable is the greater of:

- the benefit percentage stated under the benefit; or
- the percentage as set out by the then applicable legislation.

After the annual out-of-pocket maximum has been reached, the percentage of covered drug expenses payable under this benefit will be 100%.

b) Annual Out-of-Pocket Maximum
The annual out-of-pocket maximum is a portion of covered drug expenses or covered pharmacy services which must be paid by you and your spouse in a calendar year, before the percentage payable under this benefit will be 100%. Amounts that will be applied to the annual out-of-pocket maximum are:

i) deductible amounts, and

ii) the portion of covered drug expenses that is paid by an insured person, when the percentage of covered expenses payable under this benefit is less than 100%; and

iii) covered pharmacy services that are performed by pharmacists for drugs on the RAMQ formulary.

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

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

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

d) Lifetime Maximums
Lifetime maximums (if any) will not apply to drugs on the RAMQ List or covered pharmacy services. Drug and pharmacy service coverage provided after the lifetime maximum stated under this plan is reached is subject to the following conditions:
i) only drugs that are on the RAMQ List are covered, and
ii) covered pharmacy services that are performed for drugs on the RAMQ List, and
iii) the percentage payable by Manulife Financial for covered expenses is the percentage as set out by legislation.

e) Eligible Dependent Children
Your eligible dependent children who are in full-time attendance at an accredited educational institution will be covered until the later of:
i) the age specified in this Benefit Booklet or
ii) age 26.

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

- only drugs that are on the RAMQ List are covered, and
- covered pharmacy services performed for a drug on the RAMQ List, and
- the percentage payable by Manulife Financial for covered expenses is the percentage as set out by legislation.

f) Termination Age for Covered Drug and Pharmacy Service Expenses
Provided you are otherwise eligible for the drug benefit, the termination age (if any) for the drug benefit will not apply. Drug coverage provided after the termination age specified under The Benefit is subject to the following conditions:
i) only drugs that are on the RAMQ List are covered,
ii) only covered pharmacy services related to a drug on the RAMQ List,
iii) the percentage payable by Manulife Financial for covered expenses is the percentage as stipulated in the legislation
iv) the Annual Out-of-Pocket Maximum is as stipulated in the legislation

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

included in this Benefit Booklet.

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

Earnings
Earnings are your regular rate of pay from your employer (prior to deductions)

including regular bonuses

including regular overtime pay

Earnings may include other income as agreed to in writing by your employer and Manulife Financial.

If you are being paid on a commission basis, your earnings will be as reported on your T4/T4A form for the previous year. If you have less than one year of service with your employer, your earnings will include an average of the total commissions paid over your actual period of employment.

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 as an effective, appropriate and essential treatment of an illness or injury.

Lower Cost Alternative
If two or more drugs, supplies or services result in therapeutically similar results, or prescribing guidelines recommend alternate drugs, supplies or services be tried first that are lower in cost, the lower cost alternative will be considered.

Medical and Non Medical Travel Emergencies
Sudden, unexpected injuries which occur or unforeseen illnesses which begin while travelling out-of-province or out-of-Canada for business or pleasure and for accidents or illnesses that were not previously diagnosed or treated in Canada.

Medically Necessary
Accepted and recognized by the Canadian medical profession and Manulife Financial as effective, appropriate and essential treatment of a phase of an illness or injury. Manulife Financial has the right after due diligence has been completed to determine whether the drug, service or supply is eligible under the Plan.

Non-Evidence Limit
The amount of insurance benefits you can receive without needing to provide proof of good health. Anything over this figure means that Manulife must review medical evidence before you are approved for the higher amount.

Out-Of-Pocket Maximum
This is the maximum amount of money you will have to pay on your own before your insurance benefits begin to take over and pay. It includes things like deductibles, and co-insurance, but not things like co-payments or your monthly premium.

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

Reasonable and Customary Charges
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; or

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

the maximum price established by law

Other Carrier Wording

Basic Accidental Death & Dismemberment Benefit

This Benefit is insured by Industrial Alliance Insurance and Financial Services Inc. The wording has been provided by Industrial Alliance Insurance and Financial Services Inc. who assumes sole responsibility in the case of any discrepency between this wording and the policy 100010662 issued by them.

BASIC A.D.& D. INSURANCE

Coverage

Any accident resulting in: death, dismemberment, loss of sight, or paralysis - anywhere in the world - 24 hours a day - on or off the job.

Eligibility

All permanent, full time employees of the Policyholder. (Employees must be regularly scheduled to work for a minimum of 35 hours per week or a shift schedule based on 35 hours per week.)

Amount of Insurance

An amount equal to the amount of Basic Group Life Insurance in effect under the Policyholder's current Group Life Policy or its replacement subject to a maximum of $400,000

Benefits

Accidental Death, Dismemberment and Specific Loss Indemnity

The policy provides benefits for Injury resulting in Loss of, **or permanent and total Loss of Use of,** which occurs within **12 months** after the date of the accident as follows:

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

PARALYSIS BENEFITS

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

Indemnity provided under this part for all losses sustained by an Insured Person as the result of any one accident will not exceed the following:

(a) With the exception of Quadriplegia, Paraplegia and Hemiplegia, the Principal Sum;

(b) With respect to Quadriplegia, Paraplegia and Hemiplegia, two times the Principal Sum or the Principal Sum if loss of life occurs within 90 days after the date of the accident.

In no event will indemnity payable for all losses under this part exceed, in the aggregate, two times the Principal Sum as the result of the same accident.

"Injury" whenever used in the policy means bodily injury caused by an accident occurring while the policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease, or treatment for the illness or disease.

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

"Loss of Use" whenever used in the policy means a loss which is permanent, total, irrecoverable and continuous for a period of 12 months from the date of the accident.

DAY CARE BENEFIT

If injury causes loss of life within 12 months of the date of the accident, the Company will pay the reasonable and necessary expenses actually incurred, subject to five percent of the Insured Person's Principal Sum to a maximum of $5,000.00 for each year a Dependent Child is enrolled in a legally licensed Day Care Centre, but not to exceed four years which must run consecutively with respect to any one Dependent Child. In the event the Dependent Child does satisfy the requirements indicated above, the Day Care Benefit will be payable to the surviving Spouse.

EDUCATION BENEFIT

If injury results in the loss of life of an Insured Person within 12 months of the date of the accident, the Company will pay, in addition to all other benefits, five percent of the Insured Person's Principal Sum to a maximum of $5,000.00 to any Dependent Child, who on the date of accident was enrolled as a full -time student in any institution of higher learning beyond the secondary school level but not to exceed four consecutive annual payments.

FAMILY TRANSPORTATION BENEFIT

When, as a result of loss covered by the policy, an Insured Person is confined as an inpatient in a hospital located from a point of not less than 150 kilometers from his/her normal place of residence, the Company will pay the reasonable expenses actually incurred by all members of the immediate family of the Insured Person for hotel accommodation and transportation by the most direct route to the confined Insured Person, not to exceed in the aggregate the amount of $15,000.00 for all such expenses.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If an injury sustained by an Insured Person does not cause loss of life, but results in a loss for which indemnity becomes payable under the part titled "Accidental Death, Dismemberment and Specific Loss Indemnity", and such Insured Person subsequently requires the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the Insured Person's principal residence and/or the cost of modifications to one motor vehicle utilized by the Insured Person, when such modifications are approved by licensing authorities where required for the purpose of making them wheelchair accessible to a maximum of $15,000.00.

REHABILITATION BENEFIT

When, as a result of loss covered by the policy, an Insured Person undergoes special training in order to be qualified to engage in a special occupation in which he/she would not have engaged except for such injury, the Company will pay the reasonable and necessary expense incurred for such training by the Insured Person within two years of the date of the accident, subject to a maximum amount of $15,000.00 as the result of any one accident.

REPATRIATION BENEFIT

If injury results in the loss of life of an Insured Person within 12 months of the date of the accident, the Company will pay the actual expense incurred for preparing the deceased for burial or cremation and the shipment of the body of the Insured Person to the city of residence of the deceased, subject to a maximum amount of $15,000.00.

SPOUSAL RETRAINING BENEFIT

In the event loss of life as the result of an injury is sustained by an Insured Person, the Company will pay the reasonable and necessary expenses actually incurred within three years from the date of such accident by the Spouse of the Insured Person who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he/she would not otherwise have sufficient qualifications, not to exceed in the aggregate the amount of $15,000.00 for all such expenses.

WAIVER OF PREMIUM

In the event an Insured Person becomes totally disabled for more than six months prior to age 65, the insurance of the Insured Person will continue without payment of premium during the continuance of such total disability.

Aggregate Limit of Indemnity

The policy is subject to an Aggregate Limit of Indemnity of $2,500,000.00 for all losses resulting from any one accident. This means that in the event of an accident that results in an accumulation of losses exceeding $2,500,000.00, the amount payable with respect to each Insured Person will be reduced proportionately.

Exclusions

Cover does not apply to any loss caused or contributed to by:

- declared or undeclared war or any act of war;
- active full-time service in the armed forces of any country;
- suicide or self-destruction, while sane or insane;
- flying as a pilot or crew member in any aircraft;
- flying in owned, operated or leased aircraft of your employer.

Exposure and Disappearance

If due to accident you are unavoidably exposed to the elements and such exposure, within 12 months of the date of the accident, results in a Loss for which indemnity would otherwise have been payable under the policy, such Loss will be deemed to be the result of Injury.

Where, due to the accidental wrecking, sinking or disappearance of a conveyance in which you were riding, you disappear, and if your body is not found within 12 months after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of the policy, that you suffered loss of life as a result of Injury.

Beneficiary

Indemnity payable in the event of the loss of life of an Insured Person is payable to the beneficiary or beneficiaries designated in writing by the Insured Person and on file with the or Policyholder, or, if there is no such beneficiary designation with respect to the Insured Person, such indemnity is payable to the Estate of the Insured Person. All other indemnities are payable to the Insured Person.

Termination of Insurance

This policy may be terminated by the Company or by the Policyholder by one giving to the other 30 days notice in writing of such intention to terminate, delivered to the latest address of the Company or the Policyholder. This policy may be terminated by the Company in the event of failure by the Policyholder to remit premiums to the Company as and when due.

A.D.& D. Claims Procedures

Claim forms are available from your plan administrator or from the insurer. The insurer reserves the right to request additional information when processing the claim. Written notice of accidental death, dismemberment, loss of sight, hearing, paralysis or loss of use of limbs is to be given to the insurer within a period of 30 days from the date of the accident. For all other claims, completed claim forms must be filed with the insurer within 90 days after the date of the Injury.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

This wording is for illustrative purposes only and carries no contractual or other rights. All rights with respect to the benefits of an Insured Person will be governed by the Group Master Policy, a copy of which is filed with your employer.

Manulife Financial

Benefits Booklet

Southern Interior Municipal Employers' Association (SIMEA)

Group Policy Number: G0077313 (EHC/Dental) and G0103304 (STD)
Class: District of Summerland - CUPE

Table Of Contents

A message from your plan sponsor

Southern Interior Municipal Employers' Association (SIMEA) is pleased to be able to offer you medical and financial security by sponsoring your group benefits program. We have selected Manulife Financial as a partner to help us deliver the program. They are committed to providing excellent service for us.

At this point, you will have received some basic information about how you can connect with Manulife Financial and how to submit claims. Now, I would encourage you to spend a few moments reviewing our plan's coverage so you can better understand what's available. You'll learn about not only the more routine things, but also about some of the benefits available that you may need to draw on in a time of crisis. Your plan is here to offer you some support in the event you encounter unforeseen circumstances in the future.

After reviewing the coverage, if you have any questions, check in with our plan administrator.

Core Coverage and Services

Your plan sponsor has chosen to offer the following benefits to form the coverage in this program:

Dental

Your Dental Benefit is provided directly by Southern Interior Municipal Employers' Association (SIMEA)

Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following 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.

Benefit Details	Your Plan's Coverage
Waiting Period	6 months
Deductible	None
Dental Fee Guide	Current Fee Guide for General Practitioners and Specialists for the Province in which the services are rendered
Coverage ends	On the last day of the month in which you attain age 70
Combined Maximum applies to: Level I Level II Level III	Unlimited
Maximum applies to: Level IV	$750 per calendar year and $3,500 per lifetime
Maximum applies to: Level V	$4,000 per lifetime
Level I - Basic Services Includes items such as: ▪ complete oral exam, one per 2 calendar years ▪ full-mouth x-rays, one per 2 calendar years ▪ one unit of light scaling and one unit of polishing once per calendar year, when the service is performed outside Quebec, or prophylaxis once per calendar year, when the service is performed in Quebec ▪ recall exams, bitewing x-rays, and fluoride treatments, once per calendar year ▪ routine diagnostic and laboratory procedures ▪ fillings (amalgam, silicate, acrylic and composite), retentive pins and pit and fissure sealants. Composite fillings on all teeth are covered. 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 ▪ extractions (including impacted and residual roots) ▪ consultations, anaesthesia, and conscious sedation	100%

Benefit Details	Your Plan's Coverage
▪ onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay ▪ inlays, covering at least 3 surfaces, provided the tooth cusp is missing ▪ 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	
Level II - Supplementary Services Includes items such as: ▪ surgical procedures not included in Level I (excluding implant surgery) ▪ periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including: - scaling not covered under Level I, and root planing, up to a combined maximum of 16 units per calendar year(s) ; - provisional splinting; and - occlusal equilibration, up to a maximum of 8 units per calendar year (s) ▪ endodontic services which include root canals and therapy, root amputation, apexifications and periapical services ▪ root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime ▪ re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment	100%
Level III - Dentures Includes items such as: ▪ 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 60 months old; or - the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation	60%
Level IV - Major Restorative Services Includes items such as: ▪ veneers when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay ▪ crowns when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay ▪ 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 60 months old; or - the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation	60% to a maximum of $750 per calendar year and $3,500 per lifetime
Level V - Orthodontics Includes items such as: ▪ orthodontic services	60% to a maximum of $4,000 per lifetime

Benefit Details	Your Plan's Coverage

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
- 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
- dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was insured under this benefit
- anti-snoring or sleep apnea devices
- broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms
- services which are payable by any government plan
- services or supplies provided by an employer's medical or dental department
- services or supplies for which no charge would normally be made in the absence of insurance
- 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 insured person, an immediate family member or a person who lives with the insured 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

If you anticipate charges for any treatment to exceed $500, please submit a pre-treatment plan before receiving the service so you can understand what portion your plan may cover.

Your plan will pay benefits for the least expensive course of treatment when there are two or more courses of treatment covered that would produce professionally adequate results for a given condition. Manulife's professional dental consultant will aid in evaluating the various courses of treatment available to determine which is professionally adequate.

If you apply for coverage for Dental insurance late, Late Dental Application insurance will be limited to $125 for each insured person for the first 12 months of coverage.

All claims must be submitted within 12 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.

Extended Health Care Benefit

This benefit has many components that extend your coverage to a wide variety of health care providers and services. Under the broad category there may be coinsurances, deductibles, maximums and limitations that apply to specific components of the coverage.

Claim amounts that will be applied to the maximum are the amounts paid by the Employer for Covered expenses after applying the Deductible, Benefit Percentage and any other applicable Plan Document provisions.

This plan will not automatically assume eligibility for all drugs, services and supplies. New drugs, existing drugs with new indications, services and supplies are reviewed by Manulife Financial using the due diligence process. Once this process has been completed, the decision will be made by Manulife Financial to include as a covered expense, include with prior authorization criteria, exclude or apply maximum limits.

Your Extended Health Care Benefit is provided directly by Southern Interior Municipal Employers' Association (SIMEA)

Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following 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.

Benefit Details	Your Plan's Coverage
Waiting Period	6 months
Maximum	$1,000,000 per lifetime
Deductible	$50 Individual, $50 Family, per calendar year(s) Not applicable to: • Out-of-Canada Emergency Medical Treatment Covered expenses used to satisfy the deductible in the last 3 months of the calendar year may also be used to satisfy the deductible in the following calendar year.
Co-insurance	90% until a maximum of $1,000 has been paid per person per calendar year; and 100% after a maximum of $1,000 has been paid for Hospital Care, Medical Services & Supplies, Professional Services, Vision 90% until a maximum of $1,000 has been paid per person per calendar year; and 100% after a maximum of $1,000 has been paid for Drugs **Note:** The Co-insurance applicable to Private Duty Nursing Services is shown below under EHC - Medical Supplies and Services.
Coverage Ends	On the last day of the month in which you attain age 70

Exclusions

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

- for Medical Travel Emergencies and Emergency Travel Assistance only, 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
- committing or attempting to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol
- 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 employer's medical or dental department

Benefit Details	Your Plan's Coverage
▪ services or supplies for which no charge would normally be made in the absence of insurance ▪ services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of insurance ▪ services or supplies which are not permitted by law to be paid ▪ services or supplies which are required for recreation or sports ▪ 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, except for sclerotherapy injections ▪ services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured person ▪ services or supplies which are provided while confined in a hospital on an in-patient basis ▪ services or supplies which are not specified as a covered expense under this benefit *All claims must be submitted within 12 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.*	

EHC - Drugs

90% Co-insurance until a maximum* of $1,000 has been paid per person per calendar year; and
100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

Benefit Details	Your Plan's Coverage
Direct Drugs	
Includes the following drug classes: ▪ oral contraceptives ▪ injectable medications ▪ life-sustaining drugs ▪ diabetic supplies (excluding cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment) No coverage for / excludes: ▪ preventive vaccines and medicines (oral or injected) ▪ fertility drugs ▪ anti-smoking drugs ▪ sexual dysfunction drugs ▪ drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis ▪ drugs determined to be ineligible as a result of due diligence ▪ cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment used in the treatment of diabetes ▪ charges to administer serums, vaccines & injectable drugs ▪ experimental or investigational drugs not approved as an effective, appropriate and essential treatment of an illness or injury ▪ natural health products (products with a NPN)	*There is a limitation on quantity of drugs that can be dispensed and claimed at one time, to the lesser of:* *a) the quantity prescribed by the Physician or Dentist; or* *b) a 34 day supply; or* *c) up to a 100 day supply may be payable in long term therapy where the larger quantity is recommended as appropriate by the Physician and the Pharmacist.* *If you are a Quebec resident, your plan's coverage will coordinate with* RAMQ.

EHC - Vision

90% Co-insurance until a maximum* of $1,000 has been paid per person per calendar year and 100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

Benefit Details	Your Plan's Coverage
Prescription Glasses, Laser Eye Surgery, Contact Lenses, Eye Exams	$350 per 2 calendar year(s) (per calendar year if under 18) for prescription glasses, elective contact lenses , repairs and excluding safety goggles (prescription or non-prescription) $2,000 per lifetime for elective laser vision correction procedures 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 $200 per calendar year for persons under age 18 and $200 per 2 calendar year(s) for persons age 18 and over Eye Exams - $100 per calendar year for persons under age 18 and $100 per 2 calendar year for persons age 18 and over

EHC - Health Care Professionals (Professional Services)

90% Co-insurance until a maximum* of $1,000 has been paid per person per calendar year and 100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

Benefit Details	Your Plan's Coverage
Services provided by the following licensed practitioners: Chiropractor (excluding x-rays)/Naturopath/ Massage Therapist/Physiotherapist	$1,000 per calendar year for Chiropractor (excluding x-rays)/Naturopath/ Massage Therapist/Physiotherapist
	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.*

EHC - Medical Supplies and Services

90% Co-insurance (unless otherwise stated) until a maximum* of $1,000 has been paid per person per calendar year and 100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

For all medical equipment and supplies, coverage is limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

Private Duty Nursing Services

Benefit Details	Your Plan's Coverage
Provided by a registered nurse either in the patient's home or in a Hospital or registered nursing assistant (or equivalent designation) who has completed an approved medications training program, in the patient's home. Excludes: ▪ custodial care, homemaking duties or supervision ▪ services performed by a nurse practitioner who is an immediate family member or who lives with the patient ▪ services performed while confined to a nursing home or other similar institution ▪ services that could be performed by a person with lesser qualifications, a relative, a friend or a member of the patient's household	100% Co-insurance 720 hours per calendar year(s) *Submit a detailed treatment plan estimate before Private Duty Nursing services begin so we can advise you of what benefit may be provided.*
Hearing Aids	$500 per 5 calendar year(s) *Includes cost, installation, repair and maintenance of Hearing Aids (excluding charges for batteries, recharging devices, or other such accessories)*
Orthopaedic Shoes/Orthotics	$200 per calendar year(s) for persons under age 18 and $400 per calendar year(s) for persons age 18 and over for Stock-item Orthopaedic Shoes and Custom Made Orthotic Foot Appliances (combined) Custom Made Shoes which are required because of a medical abnormality that, based on medical evidence, cannot be accommodated in a stock-item orthopaedic shoe or a modified stock-item orthopaedic shoe, up to a maximum of 1 pair per calendar year (must be constructed by a certified orthopaedic footwear specialist) *Must be recommended by a physician, podiatrist or chiropractor.*
Medical Equipment Includes items such as: ▪ ambulance (licensed including air ambulance, provided in province of residence) ▪ mobility equipment (crutches, canes, cane tips, walkers, wheelchairs) ▪ manual hospital beds ▪ respiratory and oxygen equipment ▪ other equipment usually found only in hospitals ▪ medical heart monitors	$150 per calendar year for surgical brassieres $500 per lifetime for wigs and hairpieces $200 per calendar year(s) for stump socks $4,000 per 5 calendar year(s) for Speech Processor and Headset *Medical equipment dispensed by a hospital is not an eligible expense.*

Benefit Details	Your Plan's Coverage
▪ blood glucose monitors ▪ cardiac screeners ▪ breathing machines and appliances including respirators, compressors, percussors, suction pumps, oxygen cylinders, masks and regulators ▪ non-dental external prostheses ▪ braces (other than foot braces), trusses, collars, leg orthosis, casts and splints ▪ ileostomy, colostomy and incontinence supplies ▪ medicated dressings and burn garments ▪ oxygen ▪ charges for the treatment required as a result of an injury to natural teeth or jaw ▪ surgical brassieres ▪ wigs and hairpieces for patients with temporary hair loss associated with medical treatment, injury, alopecia areata, alopecia universalis, or alopecia totatlis ▪ insulin infusion pumps for diabetics (when basic methods are not feasible) ▪ Transcutaneous Electric Nerve Stimulators (TENS) ▪ Transcutaneous Electric Muscle Stimulators (TEMS) ▪ bi-osteogen systems (when recommended by an orthopaedic surgeon) and growth guidance systems ▪ speech processors and headsets when prescribed for profound deafness ▪ external prostheses (charges for myoelectric limbs are eligible up to the equivalent amount of a standard external prosthesis) ▪ stump socks	*In the province of Quebec, microscopic and other similar diagnostic tests and services rendered in a licensed laboratory are included.* *Accidental dental treatment must be provided within 12 months of the accident. The accident must be due to an external force or blow to the mouth or face resulting in immediate damage to the natural teeth or prosthetics and not by an object intentionally or unintentionally being placed in the mouth. Injuries sustained while biting or chewing are not covered.*

EHC - Hospital

90% Co-insurance until a maximum* of $1,000 has been paid per person per calendar year and 100% after a maximum* of $1,000 has been paid

*maximum could apply to combined benefits (refer to Extended Health Care Benefit - Co-insurance for details)

Benefit Details	Your Plan's Coverage
General or Rehabilitation hospitals	• in a Private Room • in excess of the hospital's public ward charge
	Manulife Financial will coordinate payment after any provincial plan coverage has first been applied.

EHC - Medical and Non-Medical Travel Emergencies

Benefit Details	Your Plan's Coverage
Emergency medical coverage Conditions: ▪ Coverage is for immediate medical treatment required for: - a sudden, unexpected injury or a new medical condition which occurs while an insured person is travelling outside of their province of residence; or - a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure. ▪ Coverage is available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date. ▪ Valid Government Health Insurance Plan (GHP) coverage is required for you and your dependents.	100% Stable means in the 90 days before departure, the insured person has 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 (or your dependent) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition. A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to their home province or territory. *You are typically responsible for payment of medical expenses amounting to less than $200 CDN. When you return from your trip, you can submit a claim to be reimbursed for those expenses through the normal claim submission process.* *For charges over $200 CDN, contact the service partner shown on your benefits card as soon as possible to arrange for payment directly to the treating physician or facility.*
Emergency Travel Assistance Including: ▪ 24 hour access to multi-lingual service representatives ▪ referral to local medical care and treatment monitoring ▪ payment of medical bills, medical transportation, return home of dependent children, visit by a family member, trip interruption/delay coverage, support through convalescence after hospital discharge, identification and/or return of a deceased traveller, meals and accommodation, vehicle return, pre-trip advice on passport, visa, vaccination and inoculation requirements for a destination, assistance in replacing lost documents and tickets, referral to legal assistance in your foreign destination, telephone interpretation service, emergency message service, and ▪ after-hours medical advice phone support	100% with all maximums below stated in Canadian Funds. $1,000 for return of vehicle $2,000 for meals and accommodations $5,000 for return of deceased *See* Emergency Travel Assistance *for additional information, a list of phone numbers for frequent Canadian travel destinations and for participating countries.*

Health for Life® - Resources to help you and your family maintain overall good health and wellness

Benefit Details	Your Plan's Coverage
Your plan also includes access to services and information you and your family can use to live healthier lives. You can access these services on the Plan Member Secure Site.	
Health eLinks® - Online resources for better health	
Take the first step toward healthier living through online tools and resources such as: Health Risk Assessment Health Library, including: • Conditions database • Medications database • Tests and procedures database • Health features • Personal Health Improvement Program	Included and available on the Plan Member Secure Site

Survivor Benefit

Benefit Details	Your Plan's Coverage
If you die while your dependents are insured under the program, Manulife Financial will continue coverage for some benefits without payment of premium: ▪ Extended Health Care ▪ Dental Care	Coverage will continue until the earliest of: ▪ the end of the month in which you died. The maximum period for extended coverage is one month. ▪ the date your dependent is no longer a dependent ▪ the date similar coverage is obtained elsewhere ▪ the date the Group Policy terminates

Short-Term Disability

Your Short-Term Disability Benefit is provided directly by Southern Interior Municipal Employers' Association (SIMEA). The plan number is G0103304.

Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following standard insurance rules and practices. Payment of any eligible claims will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.

Coverage provided to members under this plan which provides for wage replacement provided that employees meet the terms of disability under this plan. For the purpose of this document, the term Short Term Disability will have the same meaning as the terms Medical Absence and Wage Indemnity Plan.

Benefit Details	***Your Plan's Coverage***
Waiting Period	6 months
Benefit Amount	70% of your weekly earnings
Qualifying Period	5 working days (4 working days if you work 10 hour days), if the disability is due to an accident 5 working days (4 working days if you work 10 hour days), if the disability is due to a sickness
Definition of Disability	Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of your own occupation. *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.*
Maximum Benefit Period	26 weeks
Termination	age 65, or your retirement, whichever is earlier
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 any portion of the premium for this benefit, then any 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.
Entitlement	To be entitled to disability benefits, you must meet the following criteria: ▪ you must be continuously Totally Disabled throughout the Qualifying Period ▪ 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 the essential duties of your own occupation ▪ you must be receiving from a physician, regular, ongoing care and treatment for your disabling condition
Exclusions	*No benefits are payable for any disability related to:*

Benefit Details	*Your Plan's Coverage*
	▪ any illness or injury for which benefits are payable by Workers' Compensation or similar coverage or which arises out of or in the course of employment ▪ 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, except if due to an illness or injury ▪ the committing of a criminal offence ▪ injuries sustained while operating a motor vehicle under the influence of drugs or alcohol as prohibited by law ▪ abuse of drugs or alcohol, unless you are participating in an in-patient medical treatment program for substance abuse
Periods for which you are not entitled to benefits *(Unless your employer is required to provide coverage because of legislation, regulation, or by law)*	When you are: ▪ not receiving from a physician, regular, ongoing care and treatment for your disabling condition ▪ not supplying Manulife Financial with medical evidence documenting how your illness or injury causes restrictions or lack of ability such that you are prevented from performing the essential duties of your own occupation ▪ failing to participate and cooperate in an examination by an examiner selected by Manulife Financial ▪ receiving EI (Employment Insurance) maternity, parental, compassionate care or critically ill child benefits ▪ on lay off ▪ on leave of absence ▪ engaging in employment for wage or profit, except as provided for under the Rehabilitation Assistance provision ▪ incarcerated
Amount of Disability Benefit Payable	The amount of disability benefit payable to you is the Benefit Amount shown above, less any amount you receive: a) for the same or related disability: ▪ from Workers' Compensation or similar coverage ▪ from any provincial motor vehicle plan or motor vehicle insurance policy that does not take into account disability benefits payable under the Employment Insurance Program ▪ from an employer sponsored salary continuance plan b) as earnings from your employer, including severance payments and vacation pay as set out in the Employment Insurance Program
Rules we use to calculate your benefit	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 ▪ for benefits payable other than on a weekly basis, a weekly equivalent of such benefit will be estimated by Manulife Financial
Subrogation	

Benefit Details	*Your Plan's Coverage*
	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 Short-Term Disability claim. *On settlement or judgment 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.*
Termination of 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 on which benefits have been paid up to the Maximum Benefit Period for this benefit ▪ the date you retire ▪ the date of your death
Recurrent Disability	If you become Totally Disabled again from the same or related causes within 30 days from the end of the period for which benefits were paid, Manulife Financial will treat the disability 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 30 days after the end of the period for which benefits were paid, such disability will be considered a separate disability. Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.
Submitting Claims: *Complete the Short-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 180 days from the end of the Qualifying Period.* ***Payments:*** *Payments will be made bi-weekly in arrears. Any payment for a period of less than one week will be made at a daily rate of one-fifth of your weekly benefit amount.*	
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 work. 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 work. If it is determined that Rehabilitation Assistance is appropriate for you, in partnership with you and your employer, Manulife	

Benefit Details	*Your Plan's Coverage*
Financial will provide a structured Vocational Plan that will prepare you for a return to work. **Disability Benefits During Rehabilitation** You will continue to be entitled to disability benefits while participating in the Vocational Plan. Your Disability Benefit will be reduced by earnings received from any employment only if your total income from all sources exceeds: ▪ 100% of your pre-disability Earnings, if this Benefit is taxable; or ▪ 100% of your pre-disability Net Earnings, if this Benefit is non-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.	

Individual plan options available to purchase if you are leaving the plan

When your group coverage ends, your relationship with Manulife doesn't have to stop there. You have the option to purchase your own personal plans.

FollowMe™ Health

The FollowMe Health plan is specially designed for those whose group health coverage has recently or will soon come to an end. FollowMe Health allows you to continue enjoying health and dental benefits without completion of a medical questionnaire, so there's no need to worry about interruption of coverage for you or your loved ones.

If you apply within 60 days of your loss of group health and dental benefits, you will qualify without having to complete a medical questionnaire.

With four different plans and levels of coverage to choose from, you're certain to find the FollowMe Health plan that meets your needs.

To find out more, request a brochure, get a quote, apply online or print an application, go to www.coverme.com *or call 1-877-COVER ME® (1-877-268-3763)*

Definitions

Explanation of some of the terms used in this document

Co-insurance
The way the cost of a service is shared between you and your plan. It exists in addition to any deductibles. So for example, an 80% co-insurance means that after the deductible has been satisfied, your plan will cover up to 80% of the bill and you would pay the rest.

Co-payment
The fixed amount that you must pay towards the cost of a service each time you use your plan. Most often, co-payments exist in situations where a claim is settled at point of sale. For instance, you might see a drug benefit with a $2.00 co-pay amount. Regardless of the cost of the prescription being filled, you are required to pay $2.00.

Dependent
Your Spouse or Child who is insured under the Provincial Plan.

Spouse

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

Child

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

- unmarried
- under the age stated below:
  for Dental coverage - under age 21, or who is a full-time student;
  for Extended Health Care coverage - under age 21, or who is a full-time student;
  (coverage will terminate at the end of the month in which the dependent attains the above age)
- not employed on a full-time basis
- not eligible for insurance as an employee under this or any other Group Benefit Program

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

a child is considered incapacitated if he or she is incapable of engaging in any substantially gainful activity and is dependent on the employee for support, maintenance and care, due to a mental or physical disability. Manulife Financial may require written proof of the child's condition as often as may reasonably be necessary

a stepchild must be living with you to be eligible

Drugs

- must be prescribed in writing by a physician, dentist or other health care professional whose scope of practice within their province permits them to write a prescription;
- must be dispensed by a licensed pharmacist;
- must have been approved for use by Health Canada and have a drug identification number(DIN).

RAMQ - Drug Benefit and Pharmacy Services for persons who reside in Quebec
If you and your dependents reside in Quebec, the following provisions apply to your drug benefit coverage:

- drugs that are on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List), provided such drugs are on the list at the time the expense is incurred; and
- covered pharmacy services that are to be paid when the drug is on the RAMQ List; and
- drugs that are listed as a covered expense under your drug plan but are not on the RAMQ List.

The following provisions apply to the coverage of drugs that are on the RAMQ List and pharmacy services for private plans, as legislated by An Act

Respecting Prescription Drug Insurance and the Health Insurance Act (R.S.Q. c., A-29-01). Coverage for all other drugs will be subject to the regular provisions included in your benefit plan.

a) Benefit Percentage
Prior to the annual out-of-pocket maximum being reached, the percentage of covered drug expenses payable under this benefit will be as follows:

i) For any drug on the RAMQ List which is not otherwise covered under the terms of this benefit, the percentage payable is the percentage as set out by legislation.

ii) For any Legislated pharmacy services which are not otherwise covered under the terms of the Policy, the percentage is as set out by the then applicable Legislation.

iii) For any drug on the RAMQ List which is covered under the terms of this benefit, the percentage payable is the greater of:

- the benefit percentage stated under the benefit; or
- the percentage as set out by the then applicable legislation.

After the annual out-of-pocket maximum has been reached, the percentage of covered drug expenses payable under this benefit will be 100%.

b) Annual Out-of-Pocket Maximum
The annual out-of-pocket maximum is a portion of covered drug expenses or covered pharmacy services which must be paid by you and your spouse in a calendar year, before the percentage payable under this benefit will be 100%. Amounts that will be applied to the annual out-of-pocket maximum are:

i) deductible amounts, and

ii) the portion of covered drug expenses that is paid by an insured person, when the percentage of covered expenses payable under this benefit is less than 100%; and

iii) covered pharmacy services that are performed by pharmacists for drugs on the RAMQ formulary.

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

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

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

d) Lifetime Maximums
Lifetime maximums (if any) will not apply to drugs on the RAMQ List or covered pharmacy services. Drug and pharmacy service coverage provided after the lifetime maximum stated under this plan is reached is subject to the following conditions:
i) only drugs that are on the RAMQ List are covered, and
ii) covered pharmacy services that are performed for drugs on the RAMQ List, and
iii) the percentage payable by Manulife Financial for covered expenses is the percentage as set out by legislation.

e) Eligible Dependent Children
Your eligible dependent children who are in full-time attendance at an accredited educational institution will be covered until the later of:
i) the age specified in this Benefit Booklet or
ii) age 26.

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

- only drugs that are on the RAMQ List are covered, and
- covered pharmacy services performed for a drug on the RAMQ List, and
- the percentage payable by Manulife Financial for covered expenses is the percentage as set out by legislation.

f) Termination Age for Covered Drug and Pharmacy Service Expenses
Provided you are otherwise eligible for the drug benefit, the termination age (if any) for the drug benefit will not apply. Drug coverage provided after the termination age specified under The Benefit is subject to the following conditions:
i) only drugs that are on the RAMQ List are covered,
ii) only covered pharmacy services related to a drug on the RAMQ List,
iii) the percentage payable by Manulife Financial for covered expenses is the percentage as stipulated in the legislation
iv) the Annual Out-of-Pocket Maximum is as stipulated in the legislation

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

included in this Benefit Booklet.

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

Earnings
Earnings are your regular rate of pay from your employer (prior to deductions)

including regular bonuses

including regular overtime pay

Earnings may include other income as agreed to in writing by your employer and Manulife Financial.

If you are being paid on a commission basis, your earnings will be as reported on your T4/T4A form for the previous year. If you have less than one year of service with your employer, your earnings will include an average of the total commissions paid over your actual period of employment.

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 as an effective, appropriate and essential treatment of an illness or injury.

Lower Cost Alternative
If two or more drugs, supplies or services result in therapeutically similar results, or prescribing guidelines recommend alternate drugs, supplies or services be tried first that are lower in cost, the lower cost alternative will be considered.

Medical and Non Medical Travel Emergencies
Sudden, unexpected injuries which occur or unforeseen illnesses which begin while travelling out-of-province or out-of-Canada for business or pleasure and for accidents or illnesses that were not previously diagnosed or treated in Canada.

Medically Necessary
Accepted and recognized by the Canadian medical profession and Manulife Financial as effective, appropriate and essential treatment of a phase of an illness or injury. Manulife Financial has the right after due diligence has been completed to determine whether the drug, service or supply is eligible under the Plan.

Non-Evidence Limit
The amount of insurance benefits you can receive without needing to provide proof of good health. Anything over this figure means that Manulife must review medical evidence before you are approved for the higher amount.

Out-Of-Pocket Maximum
This is the maximum amount of money you will have to pay on your own before your insurance benefits begin to take over and pay. It includes things like deductibles, and co-insurance, but not things like co-payments or your monthly premium.

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

Reasonable and Customary Charges
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; or

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

the maximum price established by law

Other Carrier Wording

Basic Accidental Death & Dismemberment Benefit

This Benefit is insured by Industrial Alliance Insurance and Financial Services Inc. The wording has been provided by Industrial Alliance Insurance and Financial Services Inc. who assumes sole responsibility in the case of any discrepency between this wording and the policy 100010662 issued by them.

BASIC A.D.& D. INSURANCE

Coverage

Any accident resulting in: death, dismemberment, loss of sight, or paralysis - anywhere in the world - 24 hours a day - on or off the job.

Eligibility

All permanent, full time employees of the Policyholder. (Employees must be regularly scheduled to work for a minimum of 35 hours per week or a shift schedule based on 35 hours per week.)

Amount of Insurance

An amount equal to the amount of Basic Group Life Insurance in effect under the Policyholder's current Group Life Policy or its replacement subject to a maximum of $400,000

Benefits

Accidental Death, Dismemberment and Specific Loss Indemnity

The policy provides benefits for Injury resulting in Loss of, **or permanent and total Loss of Use of,** which occurs within **12 months** after the date of the accident as follows:

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

PARALYSIS BENEFITS

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

Indemnity provided under this part for all losses sustained by an Insured Person as the result of any one accident will not exceed the following:

(a) With the exception of Quadriplegia, Paraplegia and Hemiplegia, the Principal Sum;

(b) With respect to Quadriplegia, Paraplegia and Hemiplegia, two times the Principal Sum or the Principal Sum if loss of life occurs within 90 days after the date of the accident.

In no event will indemnity payable for all losses under this part exceed, in the aggregate, two times the Principal Sum as the result of the same accident.

"Injury" whenever used in the policy means bodily injury caused by an accident occurring while the policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease, or treatment for the illness or disease.

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

"Loss of Use" whenever used in the policy means a loss which is permanent, total, irrecoverable and continuous for a period of 12 months from the date of the accident.

DAY CARE BENEFIT

If injury causes loss of life within 12 months of the date of the accident, the Company will pay the reasonable and necessary expenses actually incurred, subject to five percent of the Insured Person's Principal Sum to a maximum of $5,000.00 for each year a Dependent Child is enrolled in a legally licensed Day Care Centre, but not to exceed four years which must run consecutively with respect to any one Dependent Child. In the event the Dependent Child does satisfy the requirements indicated above, the Day Care Benefit will be payable to the surviving Spouse.

EDUCATION BENEFIT

If injury results in the loss of life of an Insured Person within 12 months of the date of the accident, the Company will pay, in addition to all other benefits, five percent of the Insured Person's Principal Sum to a maximum of $5,000.00 to any Dependent Child, who on the date of accident was enrolled as a full -time student in any institution of higher learning beyond the secondary school level but not to exceed four consecutive annual payments.

FAMILY TRANSPORTATION BENEFIT

When, as a result of loss covered by the policy, an Insured Person is confined as an inpatient in a hospital located from a point of not less than 150 kilometers from his/her normal place of residence, the Company will pay the reasonable expenses actually incurred by all members of the immediate family of the Insured Person for hotel accommodation and transportation by the most direct route to the confined Insured Person, not to exceed in the aggregate the amount of $15,000.00 for all such expenses.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If an injury sustained by an Insured Person does not cause loss of life, but results in a loss for which indemnity becomes payable under the part titled "Accidental Death, Dismemberment and Specific Loss Indemnity", and such Insured Person subsequently requires the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the Insured Person's principal residence and/or the cost of modifications to one motor vehicle utilized by the Insured Person, when such modifications are approved by licensing authorities where required for the purpose of making them wheelchair accessible to a maximum of $15,000.00.

REHABILITATION BENEFIT

When, as a result of loss covered by the policy, an Insured Person undergoes special training in order to be qualified to engage in a special occupation in which he/she would not have engaged except for such injury, the Company will pay the reasonable and necessary expense incurred for such training by the Insured Person within two years of the date of the accident, subject to a maximum amount of $15,000.00 as the result of any one accident.

REPATRIATION BENEFIT

If injury results in the loss of life of an Insured Person within 12 months of the date of the accident, the Company will pay the actual expense incurred for preparing the deceased for burial or cremation and the shipment of the body of the Insured Person to the city of residence of the deceased, subject to a maximum amount of $15,000.00.

SPOUSAL RETRAINING BENEFIT

In the event loss of life as the result of an injury is sustained by an Insured Person, the Company will pay the reasonable and necessary expenses actually incurred within three years from the date of such accident by the Spouse of the Insured Person who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he/she would not otherwise have sufficient qualifications, not to exceed in the aggregate the amount of $15,000.00 for all such expenses.

WAIVER OF PREMIUM

In the event an Insured Person becomes totally disabled for more than six months prior to age 65, the insurance of the Insured Person will continue without payment of premium during the continuance of such total disability.

Aggregate Limit of Indemnity

The policy is subject to an Aggregate Limit of Indemnity of $2,500,000.00 for all losses resulting from any one accident. This means that in the event of an accident that results in an accumulation of losses exceeding $2,500,000.00, the amount payable with respect to each Insured Person will be reduced proportionately.

Exclusions

Cover does not apply to any loss caused or contributed to by:

- declared or undeclared war or any act of war;
- active full-time service in the armed forces of any country;
- suicide or self-destruction, while sane or insane;
- flying as a pilot or crew member in any aircraft;
- flying in owned, operated or leased aircraft of your employer.

Exposure and Disappearance

If due to accident you are unavoidably exposed to the elements and such exposure, within 12 months of the date of the accident, results in a Loss for which indemnity would otherwise have been payable under the policy, such Loss will be deemed to be the result of Injury.

Where, due to the accidental wrecking, sinking or disappearance of a conveyance in which you were riding, you disappear, and if your body is not found within 12 months after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of the policy, that you suffered loss of life as a result of Injury.

Beneficiary

Indemnity payable in the event of the loss of life of an Insured Person is payable to the beneficiary or beneficiaries designated in writing by the Insured Person and on file with the or Policyholder, or, if there is no such beneficiary designation with respect to the Insured Person, such indemnity is payable to the Estate of the Insured Person. All other indemnities are payable to the Insured Person.

Termination of Insurance

This policy may be terminated by the Company or by the Policyholder by one giving to the other 30 days notice in writing of such intention to terminate, delivered to the latest address of the Company or the Policyholder. This policy may be terminated by the Company in the event of failure by the Policyholder to remit premiums to the Company as and when due.

A.D.& D. Claims Procedures

Claim forms are available from your plan administrator or from the insurer. The insurer reserves the right to request additional information when processing the claim. Written notice of accidental death, dismemberment, loss of sight, hearing, paralysis or loss of use of limbs is to be given to the insurer within a period of 30 days from the date of the accident. For all other claims, completed claim forms must be filed with the insurer within 90 days after the date of the Injury.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

This wording is for illustrative purposes only and carries no contractual or other rights. All rights with respect to the benefits of an Insured Person will be governed by the Group Master Policy, a copy of which is filed with your employer.