

Welcome to the

FACULTY

Benefit Booklet
for

VANCOUVER ISLAND UNIVERSITY



VANCOUVER ISLAND
UNIVERSITY

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GENERAL POLICY INFORMATION

Manulife Financial Benefits

The following benefits are underwritten by Manulife Financial under:

Group Policy Number 788008	Life Insurance and Emergency Travel Assistance
Group Policy Number 788100	Short Term Disability and Long Term Disability
Group Plan Number 788208	Medical Travel Referral Benefit
Group Plan Number 788108	Extended Health Care and Dental Benefits

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

Non-Manulife Financial Benefits

The following benefits are underwritten by Industrial-Alliance Pacific Life Insurance Company:

Group Policy Number 100003742	Accidental Death and Dismemberment
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Important Notes

What this 'e-booklet' is:

This information has been prepared to help you toward a better understanding of your Group Insurance Coverage. It does not create or confer any contractual or other rights. The terms and conditions governing the insurance are set out in your collective agreement and the group Master Policy/ies issued by The Manufacturers Life Insurance Company. In the event of any variation between the information provided in this website and the provisions of the collective agreement or insurance policy/ies, the collective agreement and insurance policy/ies shall prevail, in that order.

The Basic Accidental Death and Dismemberment Benefit described in this booklet is insured by Industrial-Alliance Pacific Life Insurance Company. Your Plan Sponsor has provided this wording for use in this booklet and is responsible for ensuring it is accurate, up to date and consistent with the governing policy. Manulife Financial is not responsible for any claims in connection with the booklet wording relating to this benefit. In the event of a discrepancy between this booklet and the policy, the terms of the group policy will apply. Manulife shall not be responsible for any detrimental reliance that you may place upon this information whatsoever.

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SUMMARY OF BENEFITS

This summary section is not a complete booklet. It has been prepared to give you an informal outline of the main features of your group insurance plan.

Please access the other sections of your E-booklet for further details, or contact your Human Resources Department.

WAITING PERIOD: first day of the month following the date of eligibility for Extended Health Care benefits;
first day of the month following one month of eligible employment for all other benefits.

EMPLOYEE LIFE INSURANCE: 3 times annual earnings, to a maximum of \$800,000 effective July 1, 2006

ACCIDENTAL DEATH AND DISMEMBERMENT: 3 times annual earnings, to a maximum of \$800,000 effective July 1, 2006

SHORT TERM DISABILITY
Benefit Amount: 70% of your weekly earnings, to a maximum of \$1,385/week
Qualifying Period: 30 days of continuous disability
Maximum Duration: 21 weeks

LONG TERM DISABILITY
Benefit Amount: 70% of your monthly earnings, to a maximum of \$6,000/month
Qualifying Period: 180 days of continuous disability
Maximum Duration: to age 65

EMERGENCY TRAVEL (ETA)
Deductible: None
Benefit Percentage: 100%
Lifetime Maximum: Unlimited

SUMMARY OF BENEFITS

MEDICAL TRAVEL (MTB)

Deductible:	None
Benefit Percentage:	100%
Maximum:	\$10,000 per calendar year
Coverage:	\$125 per day for a maximum of 50 days for transportation, meals and accommodation

EXTENDED HEALTH

Deductible:	\$25 single or family per calendar year (excluding vision care expenses and eye exams)
Benefit Percentage:	Vision Care expenses and eye exams: 100% All other eligible expenses: 95% of the first \$1,000, thereafter 100% in any calendar year
Lifetime Maximum:	Unlimited
Hospital:	up to private room
Pay-direct Drugs:	prescriptions by law
Paramedical Services:	\$200 maximum (\$500 per family) per calendar year combined for Chiropractor and Naturopath Reasonable and customary charges for Podiatrist, Physiotherapist or Massage Therapist
Orthopedic Shoes	Charges for custom fitted orthopedic shoes (including repairs and modifications), limited to a maximum of two pair per calendar year and to a maximum benefit that is deemed to be equal to or less than the reasonable and customary cost of such shoes as determined by Manulife Financial. The maximum benefit not to exceed \$3,000 per pair.
Foot Orthotics	Charges for custom fitted foot orthotics (including repairs and modifications) limited to a maximum of one pair per calendar year and to a maximum benefit that is deemed to be equal to or less than the reasonable and customary cost of such devices as determined by Manulife Financial. The maximum benefit not to exceed \$500 in any three consecutive calendar years.
Private Duty Nursing:	\$25,000 lifetime maximum for in-home care
Hearing Aids:	\$600 every 60 consecutive months
Vision Care:	\$500 every 24 consecutive months for eyeglasses or contact lenses or laser eye surgery \$150 lifetime maximum for medically required contact lenses \$75 every 24 consecutive months for eye exams

SUMMARY OF BENEFITS

DENTAL EXPENSE

Deductible:	None
Benefit Percentage:	100% Basic Services 60% Major Services 50% Orthodontics
Maximums:	Basic and Major Services: unlimited Orthodontics: \$2,000 lifetime
Recall Exams/Fluoride:	once every <u>9 months</u> * (twice per <u>calendar year</u> * for dependent children under age 19)
Polishing:	one unit of time every <u>9 months</u> * (two units of time per <u>calendar year</u> * for dependent children under age 19)
	<i>* these frequency limits will not apply to individuals with periodontal disease or other dental problems that require more frequent dental visits</i>
Scaling/Root Planing:	16 units of time per calendar year One unit of time = 15 minutes

GENERAL PROVISIONS

Eligibility

A member of the Faculty Association who has regular part-time or full-time appointments or temporary pro-rata appointments and maintains an instructional contact workload or non-instructional workload of at least fifty percent, with

- appointments of at least 5 months per year for Extended Health, Emergency Travel, Medical Travel and Dental benefits,
- appointments of at least 10 months per year for Life insurance and Accidental Death & Dismemberment benefits.

will be eligible for coverage on

- i. the first day of the month following the date of eligibility for Extended Health Care benefits.
- ii. the first day of the month following one month of eligible employment for all other benefits.

Retired employees are not eligible for coverage.

Note:

All active regular employees and active non-regular employees who are employed on a continuing basis for at least a 4 month period with 50% or more of a full-time workload will be eligible for Short Term Disability and Long Term Disability coverage.

When Your Insurance Starts

Your insurance comes into effect on the latest of the following dates if you are actively at work on that date.

- the date you become eligible;
- the date you apply; or
- if Evidence of Insurability is required the date it is approved by the Insurer.

Evidence of Insurability

Evidence of Insurability is required if:

- you apply for insurance more than 31 days after becoming eligible to apply;
- you reapply after your insurance has terminated due to non-payment of premium; or
- your amount of insurance exceeds or increases beyond the No-Evidence Limit.

When Your Insurance Terminates

Your insurance terminates in the event of:

- non-payment of premium;
- a change in your classification to one not insured;
- termination of your employment;
- termination or amendment of the Master Policy;
- your commencing active duty in any armed forces; or
- your attainment of the age specified in the Description of Benefits section.

Note:

In the event you are absent from work due to sickness, injury, layoff or leave of absence, your insurance coverage may continue for a period as outlined in the Master Policy, but only if the required premiums are paid. Please contact your Plan Administrator for further details.

Change in Amounts of Insurance

A change in the amount of your insurance shall become effective on the date of change, if you are actively at work for that full scheduled working day, otherwise on the first day thereafter on which you are actively-at-work.

GENERAL PROVISIONS

Eligible Dependents

Eligible dependents under this plan shall include:

- Unmarried children who are under age 21, or under age 25 if attending an accredited school, college, or university as a full time student. Dependent children must be dependent on you for support and not employed at a regular full-time job.
- Functionally impaired children who are totally dependent upon you for support. For the purposes of this plan, functionally impaired shall mean an unmarried person who was insured as a dependent prior to becoming functionally impaired who is wholly dependent upon you for support and maintenance within the terms of the Income Tax Act.
- A child of your spouse provided,
 - i) he/she is also your biological child; or
 - ii) your spouse is living with you and has custody of the child.
- Your spouse, which includes:
 - i) a person married to you as a result of a valid civil or religious ceremony; or
 - ii) a person whose common law relationship with you has existed for a minimum period of 12 consecutive months immediately prior to the date on which a claim arose, provided the existence of such relationship includes continuous cohabitation and public representation of married status.

If you have been married to more than one person, you can only claim your current spouse or your current common law relationship if you have been cohabiting for more than 12 months.

Changing your Records

To ensure that coverage is kept up to date, it is vital that you advise your Plan Administrator immediately or within 31 days of any change in marital status or dependents. Coverage may be reinstated in situations where you have reconciled from a temporary breakup in your marriage or common law relationship that existed for more than 12 months.

Co-ordination of Benefits

Payment of Extended Health Care, Vision Care and Dental benefits shall be coordinated so that benefits from all plans do not exceed 100% of the eligible claim. For this purpose, Manulife Financial has a right to receive and release information on benefits and if necessary, collect any overpayments made by it.

Order of benefit payment will be determined as follows:

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

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

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

GENERAL PROVISIONS

Co-ordination of Benefits (Continued)

For Claims incurred by you or your Dependent Spouse:

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

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

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

For Claims incurred by your Dependent Child:

The Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

When parents are separated or divorced, the following order applies:

- The Plan of the parent with custody of the child, then
- The Plan of the spouse of the parent with custody of the child (i.e. if the parent with custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child), then
- The Plan of the parent not having custody of the child, then
- The Plan of the spouse of the parent not having custody of the child (i.e. if the parent without custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child).

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

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

Submitting a Claim for Co-ordination of Benefits

As per the Order of Benefit Payment section, determine which Plan is the Primary Carrier and which is the Secondary Carrier.

Submit all necessary claim forms and original receipts to the Primary Carrier.

Keep a photocopy of each receipt or ask the Primary Carrier to return the original receipts to you once your claim has been settled.

Once your claim has been settled by the Primary Carrier, you will receive a statement outlining how your claim has been handled. Submit this statement along with all necessary claim forms and receipts to the Secondary Carrier for further consideration of payment, if applicable.

GENERAL PROVISIONS

Time Limitations

A claim for disability income benefits must be submitted within 6 months of the end of the qualifying disability period.

A claim for a waiver of premium benefit must be submitted within 12 months of the date disabled.

A claim for any other loss must be submitted within 15 months following the date the loss is incurred. However, in the event of termination of insurance, a claim must be submitted within 90 days following the date of termination of your insurance or the date following termination of a coverage or the policy.

Medical Information Bureau (MIB)

MIB Group, Inc. (MIB) is a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

Manulife Financial or its re-insurers may periodically report information to the MIB. If you apply to receive life, disability or health insurance coverage from another MIB member company or submit a claim for benefits to such a company, the MIB upon request will supply the other insurer with the information on file.

Manulife Financial or its reinsurers may also release information in its file to other life and health insurance companies to whom you may apply for insurance or submit a claim for benefits. All Information obtained will be treated as confidential.

Upon your request, the MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the MIB file, you may contact the MIB and seek a correction. Their address is: MIB, 330 University Ave., Suite 501, Toronto, Ontario, M5G 1R7. Tel: (416) 597-0590.

EMPLOYEE LIFE INSURANCE

In the event of your death while insured, the amount of your Life Insurance is payable to your beneficiary. You may change your beneficiary at any time by written notice to your Employer, subject to any policy or legal limitations.

Benefit Amount You are eligible for an amount of insurance equal to 3 X your annual earnings. The benefit is rounded to the next higher \$1,000 if not already a multiple thereof and is subject to a maximum of \$800,000 effective July 1, 2006.

Termination Age Your benefit terminates at age 65 or earlier retirement.

Waiver of Premium for Disability

If you i) qualify for Long Term Disability benefits or ii) become totally disabled for 3 consecutive months before age 65, your Life Insurance will be continued free of charge until you cease to be totally disabled or you reach age 65, whichever occurs first.

To qualify, you must be unable to perform each and every duty of your own occupation during the Qualifying Period and the next 2 years. After this period, total disability means you are unable to work at any occupation or employment, for wage or profit, for which you are or may become qualified by training, education or experience.

Note: In order to qualify for the Waiver of Premium benefit you must notify Manulife Financial of your disability within one (1) year of your last active day at work, and must furnish proof of your disability satisfactory to the Insurer within 18 months of that last active working day.

Conversion Privilege

If your Group Benefits terminate, you may be eligible to convert your Employee Life Insurance to an individual policy, without medical evidence. You must apply for the individual policy, and pay the first monthly premium within 31 days of the termination of your Employee Life Insurance. For information on the conversion privilege, please see your Human Resources Department.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

**This plan is underwritten by
Industrial-Alliance *Pacific* Life Insurance Company**

Policy Number 100003742

Eligibility

You are eligible for coverage under the Basic Accidental Death & Dismemberment benefit provided you are an eligible employee under the terms of this policy. Your insurance will become effective on the date your Life Insurance coverage commences.

Benefit Amount

You are eligible for an amount of insurance equal to 3 times your annual earnings. The benefit is rounded to the next higher \$1,000 if not already a multiple thereof and is subject to a maximum of \$800,000 effective July 1, 2006.

Termination Age

Your benefit terminates at age 65 or earlier retirement.

Benefit Description

Accidental Death & Dismemberment applicable 24 hours a day each and every day.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

Schedule of Losses

If injury shall, within 365 days of the date of the accident causing such injury, result in any of the following losses, the insurer will pay for loss of or permanent and total loss of use of:

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	Three-Quarters of The Principal Sum.
One Foot	Three-Quarters of The Principal Sum.
Entire Sight of One Eye	Two-Thirds of The Principal Sum.
Speech or Hearing in Both Ears	One-Half 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.
All Toes of One Foot	One-Quarter of The Principal Sum.
Hearing in One Ear	One-Sixth 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.

“Loss” as above and used 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; and as used with reference to hearing means the total and irrecoverable loss thereof. “Loss” as above used with reference to quadriplegia, paraplegia and hemiplegia means the permanent and irrecoverable paralysis of such limbs.

Any indemnity payable for Loss of Use shall be paid only if such loss is permanent, total and irrecoverable and shall have been continuous for a period of twelve months from the date of the accident.

Only one of the amounts shown on the Schedule of Losses, the largest, is payable for all losses resulting from any one accident to any one Insured Person.

Aggregate Limit of Indemnity

The aggregate limit applicable for all losses from any one accident is \$5,000,000.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

Description of Hazards

The hazards against which insurance is provided under and subject to the provisions of this policy, is defined as injury sustained by the insured person while this policy is in force.

Beneficiary

Death Benefits – Shall be paid to the beneficiary designated under your Group Life Insurance policy. If no such designation has been filed, death benefits shall be paid to your estate.

Dismemberment Benefits - In the case of dismemberment, the benefits are payable to the employee. If death occurs within 365 days of dismemberment the death benefit will be reduced by the amount previously paid.

Additional Benefits

The **Conversion Option** may allow you to convert your insurance to an individual accident insurance plan with no evidence of insurability should you terminate active employment, other than through retirement. You must apply for conversion within 31 days of your termination date.

The **Day-Care Benefit** may pay toward the cost of day-care expenses for your children if you become fatally injured, up to a maximum of 5% of your selected amount of insurance or \$10,000.00 per year, but not to exceed four consecutive years.

The **Family Transportation Benefit** may pay up to \$10,000.00 for the transportation and lodging of an immediate family member to visit you if confined to a hospital which is at least 150km from your normal residence.

The **Home Alteration and Vehicle Modification Benefit** may pay up to \$10,000.00 to modify your home or vehicle to make them wheelchair accessible should you become permanently paralyzed, lose both feet or lose the use of both feet.

The **Repatriation Benefit** may pay up to \$15,000.00 toward the expense of burial preparation and shipment of your remains to your city of residence should you become fatally injured outside of your normal city of residence.

The **Rehabilitation Benefit** may pay up to \$15,000.00 within two years of the date of the accident toward the cost of reasonable and necessary expenses resulting from undergoing special training in order to be qualified to engage in a special occupation because injury from an accident did not allow you to continue in your current occupation.

The **Seat Belt Benefit** may pay an additional 10% of your amount of insurance if at the time of the accident you were driving or riding in a vehicle and wearing a properly fastened seat belt.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

Termination of Insurance

Insurance on an employee will automatically terminate on the last day of the month coincident with or next following:

- the date specified in the Eligibility section on page 1,
- the date the employee terminates his employment, or
- the employee's retirement

Exclusions

The plan does not cover loss caused by suicide or any attempt thereafter while sane or insane; intentionally self-inflicted injury; injury sustained in consequence of riding as a crew member or pilot in any vehicle or device for aerial navigation; injury sustained in consequence of riding as a passenger in aircraft owned, operated or leased by your employer; declared or undeclared war or any act thereof or full-time active service in the armed forces of any country.

THIS IS AN ILLUSTRATION OF BENEFITS ONLY AND IS SUBJECT TO THE TERMS AND CONDITIONS OF THE MASTER POLICY ON FILE WITH YOUR EMPLOYER.

SHORT TERM DISABILITY

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

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

Benefit Amount	70% of your weekly earnings, subject to the maximum benefit available based on the highest salary scale in the current collective agreement. Maximum benefit is \$1,385 per week effective April 1, 2002.
Benefit Begins	31st day of disability due to an accident 31st day of disability due to a sickness
Benefit Period	21 weeks
Termination Age	Coverage terminates on the date you are no longer eligible or the end of the month in which you retire, whichever is earlier.

Tax Status of Benefits

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

Definition of Weekly Earnings

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

Banked Sick Leave

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

Benefit Period

Benefits will terminate on the earlier of:

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

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

SHORT TERM DISABILITY

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

Recurrent Disability

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

Offsets to Benefits

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

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

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

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

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

Rehabilitation

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

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

Note: Participation in a rehabilitation program is mandatory if it has been deemed appropriate by the Insurer, the attending physician or on the advice of an independent medical opinion.

Subrogation

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

SHORT TERM DISABILITY

Premium Waiver for Prolonged Disability

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

Exclusions and Limitations

No benefit shall be payable for:

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

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

- war, insurrection, rebellion, or service in the Armed Forces of any country after the commencement of this plan;
- voluntary participation in a riot or civil commotion except while you are in the course of performing the duties of your regular occupation.

LONG TERM DISABILITY

In the event you become totally disabled for the required period of time known as the Qualifying Period and you are under the regular and personal care of a legally qualified physician and receiving appropriate treatment, you will receive a monthly income benefit.

Benefit Amount	70% of your monthly earnings, subject to a maximum benefit available based on the highest salary scale in the current collective agreement. Maximum benefit is \$6,000 per month effective April 1, 2002.
Qualifying Period	180 consecutive days or the duration of the benefit period provided under the Short Term Disability benefit, whichever is earlier.
Maximum Benefit Period	Benefits will continue to be paid to the end of the month following your 65th birthday, or earlier recovery.
Termination Age	Age 65 or earlier retirement

Tax Status of Benefits

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

Definition of Monthly Earnings

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

Qualifying Period

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

Maximum Benefit Period

Benefits will continue to be paid until the earlier of:

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

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

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

LONG TERM DISABILITY

Definition of Total Disability

Total disability means your complete inability because of an accident or sickness to perform all the duties of your own occupation during the qualifying period plus the next two years of disability.

After the qualifying period plus the next two years of total disability, your ability by reason of education, training or experience to perform the duties of a gainful occupation for which the rate of pay is not less than 75% of the current rate of pay of your regular occupation at the date of disability will not be considered totally disabled and will therefore not be eligible for benefits under this long term disability plan.

During a period of total disability, you must be under the regular and personal care of a legally qualified doctor of medicine.

Recurrent Disability

If a disability recurs and it is due to the same or related causes, it will be considered as one continuous disability and will not be subject to the Qualifying Period unless you have returned to active, full-time employment for a period of 6 consecutive months or longer, or you have been in an approved rehabilitation program for more than 24 months.

If your new disability is due to causes unrelated to your prior disability you may be eligible for a new disability period, subject to the Qualifying Disability Period, if you have returned to active work for at least one full day.

Offsets

The amount payable under this benefit for total disability is calculated by deducting from your benefit any other sources of income from:

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

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

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

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

LONG TERM DISABILITY

All Source Maximum

Your total monthly income while disabled (Long Term Disability benefit plus any income listed above and CPP family benefits) cannot exceed 100% of your gross pre-disability earnings. If your total income exceeds 100%, your Long Term Disability benefit will be reduced by the excess amount.

Rehabilitative Employment

If you are receiving disability benefits and enter into a rehabilitation program approved by the Rehabilitation Committee and/or Manulife Financial, you will still be considered totally disabled during your participation in the program and your benefits will continue.

If you receive income from the rehabilitation program, your benefit payments from Manulife Financial will not be reduced unless the total income you receive from all sources exceeds 100% of your pre-disability earnings. If you receive income from employment which has not been approved as rehabilitative employment, then the long term disability benefit will be reduced by 100% of such earnings.

Note: Participation in a rehabilitation program is mandatory if it has been deemed appropriate by the Insurer, the attending physician or on the advice of an independent medical opinion.

Waiver of Premium

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

Subrogation

If you recover damages from or reach a settlement with a third party who has caused or contributed to a disability for which you have received benefits under the Long Term Disability Benefit, Manulife Financial has the right to be reimbursed to the extent of the payments under this Benefit.

Exclusions:

No benefits are payable to you for any disability caused by, contributed by, or resulting from a pre-existing condition and which begins in the first 12 months after your original date of hire (i.e., your first day of your most recent appointment date as a regular or non-regular employee). A "pre-existing condition" means a sickness or injury for which you received medical care in the three months prior to your original date of hire (as defined above). Medical care is considered to be obtained when you consult a doctor, use medication on the advice of a doctor, or receive other medical services or supplies.

No benefit shall be payable for:

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

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

- war, insurrection, rebellion, or service in the Armed Forces of any country after the commencement of this plan;
- voluntary participation in a riot or civil commotion except while you are in the course of performing the duties of your regular occupation.

LONG TERM DISABILITY

Canadian Residency Requirement

No benefits are payable if you reside outside Canada for any period exceeding 90 consecutive days or a total of 180 days in any 365 day period, unless:

- I. you have previously notified and received approval in writing from Manulife Financial; and
- II. you remain under the regular care of a licensed physician deemed appropriate by Manulife Financial; and
- III. proof of the ongoing disability can be determined on evidence satisfactory to Manulife Financial in English or French within 30 days of request.

EXTENDED HEALTH CARE

In the event you incur any of the Eligible Expenses listed below, you will be paid a percentage of such expenses, as outlined below:

Deductible	Nil for Vision Care expenses and Eye exams; and \$25 Single or \$25 Family per calendar year for all other eligible expenses
Coinsurance	100% for Vision Care expenses and Eye exams; and 95% of the first \$1,000 for all other eligible expenses; 100% thereafter in any calendar year
Lifetime Maximum	Unlimited
Termination Age	The date you cease to be eligible for coverage, or the last day of the month following the month in which you retire. Except, if you apply for health and welfare benefits coverage under the College Pension Plan, then coverage for you and your family will continue under this benefit for 90 days following your date of retirement or until your coverage begins under the College Pension Plan, whichever occurs first.

Eligible Expenses

Hospital

Charges, in excess of the hospital's public ward charge, for semi-private or private accommodation.

Convalescent Care Facility

Semi-private or private accommodation, over and above the ward rate amount allowed by any government plan, in an extended care unit of a hospital (but not the coinsurance charge). Admission to the extended care unit must immediately follow a minimum of 3 consecutive days of hospital confinement.

Vision Care

Lenses and frames for eyeglasses or contact lenses or laser eye surgery, up to a maximum benefit of \$500 during any 24 consecutive months.

Contact lenses prescribed for severe corneal astigmatism, severe corneal scarring, Keratoconus (conical cornea) or Aphakia, provided visual acuity can be improved to at least the 20/40 level by contact lenses but cannot be improved to that level by spectacle lenses, up to a maximum benefit of \$150 during an individual's lifetime.

Eye examinations performed by a qualified Optometrist or Ophthalmologist, up to a maximum benefit of \$75 during any 24 consecutive months (not subject to the deductible or co-insurance).

Ambulance

Licensed ambulance service, including air ambulance, to and from the nearest hospital where adequate treatment is available. (Note: If an ambulance is required outside your province of residence, these charges will be paid for under the Emergency Travel Assistance plan).

EXTENDED HEALTH CARE

Professional Services: Charges for treatment (in excess of amounts payable by any Provincial Health Plan when permitted by law) by a practitioner who is registered and legally practicing within the scope of his/her license, subject to the following maximums:

Practitioner	Calendar Year Maximum	Maximum per Visit
Chiropractor or Naturopath	\$200 **	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Podiatrist	Reasonable & Customary	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Physiotherapist	Reasonable & Customary	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.
Massage Therapist***	Reasonable & Customary	* The first 12 visits are covered up to \$10 maximum per visit each calendar year.

Note:

- * After the first 12 visits, eligible expenses for the remainder of that year will be based on reasonable and customary charges.
- ** \$200 per calendar year maximum per person combined for Chiropractors and Naturopaths, subject to an overall maximum of \$500 per family in any calendar year.
- ***A new physician's written referral for treatment by a Masseur is required every 6 months.
- X-rays are not covered.

Private Duty Nursing

- Services provided by a Registered Nurse in the patient's home or in a hospital in the patient's province of residence (other than custodial care, homemaking services and supervision). For in-home nursing care, there is a \$25,000 lifetime maximum.
- Services provided must be for Special Duty Nursing for an acutely ill bed patient which is required or recommended by a physician and the fees are not covered under the British Columbia Hospital Programmes Special Nursing Services.

Charges for the following services are not eligible:

- Service performed by a nursing practitioner who is related to or lives with the patient.
- Service performed while the patient is in a nursing home or similar institution.
- Service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household.

EXTENDED HEALTH CARE

Medical Equipment

rental or, at your employer's option, purchase of a hospital bed, wheelchair, respiratory equipment, oxygen and oxygen equipment, and other durable medical equipment usually found in hospitals

Orthopedic Shoes and Foot Orthotics

Charges for custom fitted orthopedic shoes and foot orthotics, including repairs and modifications, which have been specially designed and molded for the patient and are required to correct a diagnosed physical impairment, provided that the following information is supplied:

- a diagnosis, including a list of symptoms and the primary complaint;
- description of the physical findings from the clinical examination;
- a brief description of the gait abnormality associated with the diagnosis; and
- confirmation that the product has been custom-made.

In order to be eligible for reimbursement, orthopedic shoes and foot orthotics must be prescribed, on an annual basis, by providers with the following professional qualifications:

- Medical General Practitioner or Specialist (MD); or
- Podiatrist (DPM); or
- Chiropodist (D CH or D Pod M); or
- Dr. B.D. Mitchell (Prosthetist, Orthotist, Pedorthist); and

must be dispensed by one of the following provider types:

- Medical General Practitioner or Specialist (MD); or
- Orthotist Co(c) or CPO(c); or
- Pedorthist C Ped (C) or C Ped (MC); or
- Podiatrist (DPM); or
- Chiropodist (D CH or D Pod M); or
- Dr. B.D. Mitchell (Prosthetist, Orthotist, Pedorthist).

Non-Dental Prostheses, Supports and Hearing Aids

- Artificial eyes and limbs, but excluding myoelectric limbs.
- Braces (excluding foot braces), trusses, collars, casts, crutches, and quad canes.
- Stump socks, up to a maximum of \$200 per calendar year.
- Support hose up to a maximum of \$80 per calendar year.
- Mastectomy brassieres, up to a maximum of \$150 per calendar year
- Cost and installation of hearing aids (excluding charges for batteries, recharging devices or other accessories), up to a maximum of \$600 per person in any 5 year period.
- Wigs and hairpieces when required due to temporary hair loss as a result of a medical condition, up to \$500 per lifetime per person.

EXTENDED HEALTH CARE

Other Supplies and Services

- Ileostomy and colostomy supplies.
- Charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 12 months of the accident, excluding injuries due to biting or chewing.

Exclusions

No Extended Health Care benefits are payable for any expense which is directly or indirectly related to:

- surgical procedures or treatment performed primarily for beautification
- self-inflicted injuries
- war, riot, insurrection or civil commotion
- committing or attempting to commit an assault or criminal offence
- an illness or injury for which benefits are payable under any provincial government plan or workers' compensation
- periodic medical check-ups, third party examinations, physician's travel, broken appointments, communication costs, filing out forms, or physician's supplies
- services or supplies for which no charge would normally be made in the absence of group benefit coverage
- services or supplies which are not permitted by law to be paid
- charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy
- dental work where a third party is responsible for payment
- services or supplies furnished without the recommendation or approval of a physician acting within the scope of his licence
- charges for transport or travel, medical treatment or surgical procedure by a physician other than as specifically provided under this plan
- medical treatment which is not usual or customary, or is experimental or investigational in nature
- experimental drugs or supplies and those not approved by Health and Welfare – Canada.

Survivor Benefits

Extended Health Care coverage for your dependents shall continue without premium payment until the end of the month in which you die.

PRESCRIPTION DRUGS

(part of *Extended Health Care*)

Deductible	\$25 Single per calendar year, or \$25 Family per calendar year
Coinsurance	95% of the first \$1,000 of eligible expenses; 100% thereafter in any calendar year.

Eligible Expenses

Reasonable and customary charges for medically necessary drugs and medicines which are dispensed by a licensed pharmacist and are prescribed by a physician or other professional authorized by provincial legislation to prescribe drugs for the treatment of an illness or injury and are either

- a) drugs which by law require a prescription for purchase.
- b) drugs, medicines, injectable preparations, Vitamin B12 for the treatment of pernicious anemia, insulin and other diabetic supplies and allergy serums.

The following are not covered:

- oral medications for the treatment of erectile dysfunction,
- contraceptives,
- fertility drugs,
- vaccines,
- medications used to treat or replace an addiction or habituation,
- smoking cessation aids,
- medications used to prevent or treat baldness or promote hair growth,
- food and mineral replacements or supplements,
- HCG injections, and
- drugs not approved under the Canada Food and Drug Act.

Purchase Options:

Each time you have a drug claim, you have the option to:

- (A) Purchase your drugs and submit your receipts as a paper claim for reimbursement,

OR

- (B) Present your Drug Card to the pharmacist for point of sale assessment and no requirement to submit receipts to the Insurer. If a Brand Name drug is purchased with the Drug Card and there is a Generic substitute available, reimbursement will be based on the lowest cost Generic drug.

Supply Limits

Drug purchases are limited to a supply which is reasonably used within 90 days.

MEDICAL TRAVEL REFERRAL BENEFIT

Deductible	Nil
Coinsurance	100%
Maximum	\$10,000 per person per calendar year
Termination Age	The date you cease to be eligible for coverage, or the last day of the month following the month in which you retire.

Coverage Limitation

A benefit up to \$125 per day for a maximum of 50 days per calendar year for all expenses combined for the employee. An attendant (if required) will be covered for transportation and accommodation only.

Note: Claims will be adjudicated based on an average of \$125 per day for the eligible expenses submitted for the claim. For example, where expenses claimed for a particular trip are \$150 for Day 1, \$75 for Day 2 and \$300 for Day 3, a total of \$375 will be paid.

Eligible Expenses:

Eligible expenses include the following if you are referred by a licensed doctor (M.D.) to a specialist (or ophthalmologist) for medical or dental treatment that is not available within a 100 kilometre radius from the home campus:

Transportation by scheduled air, rail, bus, taxi or ferry. Expenses for local taxis will only be covered to and from the airport and to and from the medical facility.

Automobile Allowance: If using your personal automobile, you will be reimbursed for your cost, provided expenses do not exceed the equivalent cost of public transportation, up to a maximum of \$0.45 per kilometer.

Hotel accommodation (before and after treatment if overnight stay required) or similar institutions such as Easter Seal House, Heather House, Vancouver Lodge, Ronald McDonald House.

Attendant: Transportation and accommodation expenses (excluding meals) for an attendant (i.e., family member or registered nurse) where necessary and at the request of a licensed doctor (M.D.).

Meal Allowance: Reasonable and customary expenses limited to a maximum of \$40 per day (\$34.00 per day prior to May 1, 2000), limited to the following. Note: Receipts are not required if expenses are below the daily rate.

Breakfast	\$ 10.00
Lunch	\$12.00
Dinner	\$21.00

Incidentals: An allowance of \$7.00 per day without receipts

Dental Specialist: Travel expenses are only eligible when referred by a licensed doctor (M.D.) and/or when hospitalization for dental treatment is required.

Exclusions

No benefits are payable for any expense which is directly or indirectly related to:

- surgical procedures or treatment performed primarily for beautification
- self-inflicted injuries
- war, riot, insurrection or civil commotion
- committing or attempting to commit an assault or criminal offence
- an illness or injury for which benefits are payable under any provincial government plan or workers' compensation
- periodic medical check-ups, third party examinations, licensed doctor's (M.D.'s) travel, broken appointments, communication costs, filing out forms, or licensed doctor's (M.D.'s) supplies
- services or supplies for which no charge would normally be made in the absence of group benefit coverage
- services or supplies which are not permitted by law to be paid
- charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy
- dental work where a third party is responsible for payment
- services or supplies furnished without the recommendation or approval of a licensed doctor (M.D.) acting within the scope of his licence
- charges for transport or travel, medical treatment or surgical procedure by a licensed doctor (M.D.) other than as specifically provided under this plan
- medical treatment which is not usual or customary, or is experimental or investigational in nature
- experimental drugs or supplies and those not approved by Health and Welfare - Canada

EMERGENCY TRAVEL ASSISTANCE

Your employer has arranged to provide you and your family with Emergency Travel Assistance coverage. World Access Canada Inc., a multi-service corporation which assists travellers, has contracted with Manulife Financial to provide you with timely, efficient assistance when you travel.

Deductible	Nil
Coinsurance	100% of eligible expenses in addition to eligible services are covered.
Lifetime Maximum	Unlimited
Termination Age	The date you cease to be eligible for coverage, or the last day of the month following the month in which you retire

How to Claim

Dial the number on the back of your identification card and you will be connected with the World Access Operation Centre. Be sure to carry your identification card (obtained from your Human Resources Department) with you when you travel. The card contains the information you are required to give to World Access in the event you need assistance. When contacting World Access, you will be asked to provide the following:

Plan Number: 788008

World Access Number: 9778

In Canada and the U.S., call toll-free 1-800-265-9977

Elsewhere, call collect 1-519-741-8450

If your claim is for payment of \$200 or less, you will be asked to make the payment and keep the receipts. Your provincial health plan and the Insurer will reimburse you for the eligible expenses upon your return.

Services

The following services are covered in the event of an emergency which occurs while you or your dependents are travelling for non-medical reasons outside your province of residence:

- Multilingual assistance by toll-free telephone, 24 hours a day, 365 days a year, for insured individuals and providers of medical services to obtain aid and assistance;
- Referral to a legally qualified physician, dentist, legal advisor or an appropriate medical care facility;
- Assistance in arranging a cash advance from credit cards or family and friends to post bail and pay legal fees;
- Assistance in replacement (but not cost) of necessary travel documents or tickets in the event of theft or loss;
- Multilingual telephone interpretation services in the event of an emergency;
- A centre for communication of messages between you and your family, friends or business associates. Messages are held for 15 days;
- Medical consultation and monitoring of medical care and services if you or your dependents are hospitalized, and arrangement for contact with the patient, the attending physician and the patient's personal physician and family if necessary.

EMERGENCY TRAVEL ASSISTANCE

Eligible Expenses

Medical Services - Charges incurred for medical and surgical fees, semi-private hospital accommodations and prescribed drugs;

Emergency Transportation - Emergency transportation to the nearest appropriate medical care facility and if medically necessary from the medical care facility to a hospital in Canada. Upon written recommendation of a physician, such charges shall include a medical attendant if necessary who is neither a resident in the employee's home nor a relative of the employee or the employee's spouse;

Return of Deceased - Charges incurred for the return of a deceased employee or dependent to the place of former residence in Canada, subject to a maximum benefit of \$5,000 per individual;

* Return of Dependent Children - Charges incurred for the return of dependent children to their residence in Canada in the event you or your spouse is hospitalized and the children are left unattended. The children must be under 16 years of age. Arrangements for an escort to accompany the children will be made if necessary;

* Return Trip Delay - Transportation - Charges incurred for delay of the return trip of an insured individual due to the hospitalization of that individual or another insured individual with whom the individual is travelling, limited to the cost of one way economy class transportation;

* Visit of Family Member - Charges incurred for transportation of an immediate family member to visit a hospitalized insured individual. Such individual must have been travelling alone and confined to a hospital for more than 7 days. The cost of transportation is limited to return economy fare for one family member. An immediate family member is defined as a spouse, parent, child, brother or sister or a person with whom the insured individual normally resides;

* Charges for these expenses are subject to a combined maximum benefit of \$5,000 per emergency.

Return of Vehicle - Charges incurred in connection with the return of an insured's vehicle in the event the insured is unable to return it due to illness, injury or death, subject to a maximum benefit of \$500 per trip. The vehicle will be returned to the insured's residence or nearest appropriate rental agency. Such charges shall not include commercial transport vehicles;

Return Trip Delay - Accommodation - Charges incurred for commercial accommodation and meals for insured individuals while staying with a hospitalized insured family member when their return trip is delayed due to an illness or accident. Such charges are subject to a maximum benefit of \$700 per family;

Convalescent Benefit - Charges incurred for accommodation for insured individuals requiring convalescence following hospitalization, subject to a maximum benefit of \$75 per day for not more than 5 days for each insured individual.

EMERGENCY TRAVEL ASSISTANCE

Exclusions

The foregoing list of services shall not include any of the following:

- charges for surgical procedures or treatment performed primarily for beautification;
- charges for services or supplies resulting from self-inflicted injuries;
- charges for bodily injury resulting from war (whether declared or undeclared), riot, insurrection or civil commotion;
- charges for an illness or injury for which benefits are payable under any provincial government plan;
- services or supplies for which no charge would normally be made in the absence of group benefit coverage
- services or supplies which are not permitted by law to be paid
- charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy
- charges for dental work where a third party is responsible for payment
- services or supplies furnished without the recommendation or approval of a physician acting within the scope of his licence
- charges for transport or travel, other than as specifically provided under this plan;
- charges for medical treatment which is not usual or customary, or is experimental or investigational in nature;
- charges for experimental drugs or supplies and those not approved by Health and Welfare - Canada;
- charges which are not incurred as a result of an emergency while travelling;
- charges in connection with childbirth and medical complications resulting from childbirth when the delivery takes place after the beginning of the 32nd week of pregnancy.

Liability

The Insurer is not responsible for the availability, quantity, quality or results of any medical treatment received by an insured individual, or for the failure of an insured individual to receive Medical treatment for any reason.

Travel to Countries in Civil Distress

If you or your dependents plan on traveling to a country that may be under distress or in strife, you should be aware that there may be difficulty obtaining Emergency Travel Assistance while in that country.

The Department of Foreign Affairs and International Trade publishes and updates a list of countries that are currently affected. This list can be obtained from World Access Canada Inc. by calling one of the telephone numbers on the back of your Emergency Travel Assistance identification card.

If you have further concerns, please contact your Plan Administrator.

DENTAL EXPENSE BENEFIT

In the event you incur any of the eligible expenses listed below, you will be paid a percentage of such expenses as outlined below:

Deductible	Nil
Coinsurance	100% for Plan A - Basic Services 60% for Plan B - Major Restorative Services 50% for Plan C – Orthodontics
Benefit Maximums	Unlimited for Basic and Major Services \$2,000 per lifetime per child for Orthodontic Services
Termination Age	The date you cease to be eligible for coverage, or the last day of the month following the month in which you retire. Except, if you apply for health and welfare benefits coverage under the College Pension Plan, then coverage for you and your family will continue under this benefit for 90 days following your date of retirement or until your coverage begins under the College Pension Plan, whichever occurs first.

Dental Fee Guide

The fee guide established for the B.C. Colleges/University Colleges in effect on the date the charge is incurred. If no Specialist's Guide exists, fees will be based on the General Practitioner's Guide plus 10%.

Submission of Treatment Plan

As a service to you, Manulife Financial will advise you in advance of the amount of its liability when a proposed course of treatment includes major restorative dentistry or orthodontics. To use this service, simply have your dentist complete a treatment plan on forms available from your employer, including pretreatment x-rays if the proposed treatment involves crowns, dentures or bridgework.

Extension of Benefits

Procedures for endodontic treatment (root canal therapy), dentures or crowns and bridgework which commenced prior to the cancellation date of coverage, will be considered work in progress and will be reviewed for payment if the work is completed within 30 days of the date your coverage terminated.

Survivor Benefits

Dental Expense coverage for your dependents shall continue without premium payment until the end of the month in which you die.

DENTAL EXPENSE BENEFIT

Eligible Expenses

Plan A - Basic Services

Diagnosics: Procedures required to assist the dentist in evaluating existing conditions and determining any further dental care which may be required subject to the following limitations:

- Standard oral examinations: one every 9 months (two per calendar year for dependent children under 19 years).
- Specific oral examinations.
- Complete oral examinations and diagnosis: two per lifetime.
- X-rays/Radiographs, limited to the dollar equivalent of a complete mouth series each calendar year, and \$75 maximum benefit per person per calendar year. Includes:
 - diagnostic x-rays, and
 - complete mouth series, included in the yearly maximum and limited to once in a three year period, and
 - panoramic x-ray, included in the yearly maximum and limited to once in a five year period.
- Consultations (as a separate appointment): two per calendar year.
- Case presentation: two units of time per calendar year.
- Histological tests: once per person in any period of 6 consecutive months.
- Pulp Vitality tests: one unit of time per person in any period of 6 consecutive months.
- Study Casts/Diagnostic Models: once per calendar year.

Preventive Services: Procedures intended to eliminate or reduce the need for future dental treatment subject to the following limitations:

- Fluoride treatment: once every 9 months (twice per calendar year for dependent children under 19 years).
- One unit of time for polishing every 9 months (two units of time per calendar year for dependent children under 19 years)
- Scaling/Root Planing: 16 units of time in any calendar year.
- Fixed space maintainers.
- Splinting and Ligation: 4 units of time per person per calendar year.
- Disking of permanent teeth: 2 units of time per person per calendar year.
- Sealants: once every two calendar years per tooth.

One unit of time = 15 minutes

Restorative Services: Necessary services to restore tooth surfaces broken down as a result of decay.

- Fillings: limited to five surfaces or the dollar equivalent per tooth in a two year period:
 - amalgam fillings, and
 - composite fillings on anterior or bicuspid teeth only
- Stainless steel crowns: once per tooth in a five year period.

Gold foil will be covered only when used to repair existing gold restorations.

Surgical Services:

- Extractions.
- Other routine oral surgical procedures (surgical removal of impacted teeth, residual roots and associated post-operative care).

DENTAL EXPENSE BENEFIT

Endodontics:

- Treatment of diseases of the pulp chamber and pulp canal (root canal): once per tooth per lifetime of patient.
- Root amputation.

Pulp capping is not an eligible expense if performed on the same day as a pulpotomy.

Periodontics: Treatment of diseases of the soft tissue (gum) and bones surrounding and supporting the teeth, but not bone or tissue grafts.

- Acute infections, occlusal adjustment.
- Gingival curettage, gingivoplasty, gingivectomy or osseous surgery.
- Special periodontal appliances.

Prosthetic Repairs:

- Repair, rebasing and relining of removable appliances by dentist or denturist.
- Removal and recementation of fixed appliances.

Note: Dental procedures for recementation/rebonding of crowns, inlays, onlays and veneers are covered under Basic Services.

Plan B - Major Services

Those services required for major reconstruction of teeth that have deteriorated and for replacement of teeth that are missing.

Note: Only one Major Service on the same tooth will be covered in any five year period.

Major Restorative: Veneers and crowns for major reconstruction of decayed teeth where basic restorative methods cannot be used satisfactorily.

Staining of porcelain crowns is also covered.

Gold onlays: once per tooth in a five year period, only when three surfaces (mesial, occlusal and distal) of the tooth are to be restored and one or more cusps are missing. When an onlay or series of onlays is planned, mounted x-rays and diagnostic models must be submitted for approval before treatment starts. Where other material would suffice, you will be responsible for the difference between the cost of gold and the cost of alternative material.

Removable and Fixed Prosthetic Devices

- Initial provision of full or partial removable dentures and fixed bridgework (including the addition of teeth to bridgework).
- Replacement of an existing appliance is not covered except if:
 - (a) replacement is required because of extraction, loss or fracture of one or more sound natural teeth; or
 - (b) the existing appliance is at least 5 years old and no longer serviceable.

Replacement of lost or stolen dentures, the duplication of dentures and personalization or characterization of dentures is not covered.

Implants: Dental implants, including tooth implantation or transplantation and surgical implantation of fabricated implants, limited to the maximum amount and the Fee Guide amount that would be allowed if a denture had been provided instead of an implant

DENTAL EXPENSE BENEFIT

Plan C - Orthodontics *(coverage for dependent children only)*

The diagnosis or correction of teeth irregularities and malocclusion of jaws, by wire appliances, braces or other mechanical aids, commonly known as "straightening of the teeth". These include active space retainers, or orthodontic appliances, for the purpose of repositioning or moving of the teeth and orthodontic appliances for the control of oral habits.

Exclusions

No benefit is payable for the following:

- Miscellaneous charges such as for counselling, travel, broken appointments, completion of forms, written reports or communication costs.
- Services or supplies that are primarily for cosmetic dentistry.
- Services or supplies resulting from self-inflicted injuries.
- Services or supplies resulting from war (whether declared or undeclared), riot, insurrection or civil commotion.
- Services or supplies resulting from committing or attempting to commit an assault or criminal offence.
- Hospital charges for room and board and related services and supplies.
- Services which are payable by any provincial government plan.
- Services or supplies for which no charge would normally be made in the absence of group benefit coverage.
- Any dental examination required by a third party.
- Services or supplies which are not medically necessary to the care and treatment of any existing or suspected injury or disease.
- Services or supplies in connection with any procedures not listed as an eligible expense.