

your **group**  
benefits

**Health Sciences North**

*Non-Union Term Employees*

**Group Policy No. 101180-018  
Group Plan No. 78180-018**

**Effective June 1, 2018  
Issued May 3, 2018**

## **Health Sciences North**

Life Insurance

Underwritten by: Sun Life Assurance Company of Canada

**Group Policy No. 101180**

Extended Health and Dental Benefits

Administered by: Sun Life Assurance Company of Canada

**Group Plan No. 78180**



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# Your Group Insurance Booklet

## Keep in a safe place

This booklet is a valuable source of information for you and your family. It provides the information you need about the group benefits available through your employer's group plan with Sun Life Assurance Company of Canada (Sun Life), a member of the Sun Life Financial group of companies. Please keep it in a safe place. We also recommend that you familiarize yourself with this information and refer to it when making a claim for group benefits.

The contract holder, Health Sciences North, has entered into an Administrative Services Contract with Sun Life for the following benefits:

- Extended Health
- Dental

The contract holder has the sole legal and financial liability for these benefits and Sun Life only acts as administrator.

All other benefits are insured by Sun Life.

## Your Plan Administrator is there to help

Your plan administrator can:

- help you enrol in the plan
- provide you with the forms you need to claim group benefits
- answer any questions you may have

## Benefits and claims information at your fingertips

For more information about your group benefits or claims, please call Sun Life's Customer Care Centre toll-free number at 1-800-361-6212.

## We're on the Internet!

Learn more by surfing Sun Life's website. There's information about group benefits, and about Sun Life's products and services... and a whole lot more! Check us out!

Our address is:

*[www.sunlife.ca](http://www.sunlife.ca)*

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## Accessing your records

For insured benefits, you may obtain copies of the following documents:

- your enrolment form or application for insurance.
- any written statements or other record, not otherwise part of the application, that you provided to Sun Life as evidence of insurability.

For insured benefits, on reasonable notice, you may also request a copy of the policy.

The first copy will be provided at no cost to you but a fee may be charged for subsequent copies.

All requests for copies of documents should be directed to one of the following sources:

- our website at [www.mysunlife.ca](http://www.mysunlife.ca).
- our Sun Life Financial Customer Care centre by calling toll-free at 1-800-361-6212.

The statements in this booklet are only a summary of some of the provisions in the master policy. If you need further details on the provisions which apply to your group benefits you must refer to the master policy (available from your plan administrator).

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## General Information

### Eligibility

You are eligible, and continue to be eligible, to be a member while you meet all of the following conditions:

1. You are actively working for Health Sciences North or one of its participating affiliates.
2. You regularly work for Health Sciences North or one of its participating affiliates at least 15 hours each week.
3. You have been continuously employed by Health Sciences North or one of its participating affiliates at least as long as the waiting period.
4. You must be employed by Health Sciences North for a term of 6 months or more.
5. You are a resident of Canada.

If you are classified as an independent, owner-operator, consultant, or if you are self-employed, you are not eligible to join the plan.

**Waiting Period:** 3 months

You are eligible, and continue to be eligible, for dependant coverage while you meet all of the following conditions:

1. You are a member.
2. You have at least one dependant.
3. Your dependants are residents of Canada.

### Portability

As an eligible person, you become a member on the date you are scheduled to begin actively working if you were a member who terminated employment with your employer or with a hospital that is in the Ontario Hospital Association group of hospitals and you are employed by the employer within six months of your termination date. If, due to illness or injury, you are not actively working on that date, the insurance will not take effect until the day you have been actively working on all of the consecutive working days that fall within the immediately preceding 10 calendar days for part time employees. You must apply for reinstatement within 31 days of the date he becomes eligible, otherwise you will be required to submit evidence of insurability to Sun Life

### Definitions

#### Dependant

means your spouse or a dependent child of you or your spouse. If Sun Life does not approve evidence of insurability required for a dependant, he will not be an insured dependant.

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**Dependent child**

means an unmarried natural, adopted, or step-child (including children for whom you or your spouse have been appointed the legal guardian) who is entirely dependent on you for maintenance and support and who is

1. under 21 years of age,
2. under 25 years of age and attending a college or university full-time, or
3. physically or mentally incapable of self-support and became incapable to that extent while entirely dependent on you for maintenance and support and while eligible under 1) or 2) above.

**Evidence of Insurability and Insurability**

relates only to the Provisions described in Section 1 of this booklet.

**He, his and him**

refer to both genders.

**Spouse**

means your spouse by marriage or under any other formal union recognized by law, or a person of the opposite or same sex who is living with and has been living with you in a conjugal relationship for 12 consecutive months.

**Enrolment**

To enrol, you must submit a completed enrolment form. If you have a dependant, request dependant coverage when you enrol.

If you enrol more than 31 days after you become eligible, you are considered a late entrant and you must submit evidence of insurability for Life Insurance and Extended Health to Sun Life. If you request dependant coverage more than 31 days after you become eligible, you are considered a late entrant and you must submit evidence of insurability for Extended Health for each dependant to Sun Life.

**If you have no dependant when you enrol and later acquire one, request dependant insurance, (eg. birth of first child, marriage).**

**If your new dependant is a common-law spouse, see your Plan Administrator to find out how to enrol for dependant coverage.**

**For late entrants, evidence of insurability submitted to Sun Life is at your expense.**

**Effective Date**

Your coverage is effective on the latest of

- the date that you become eligible, or
- the date that you enrol for coverage, or
- the date that Sun Life approved your evidence of insurability.

Your dependant coverage is effective on the latest of

- the date that you become eligible for dependant coverage, or
- the date that you request dependant coverage, or
- the date that Sun Life determined the insurability of all of your dependants and approved at least one dependant.

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If you are absent from work on the date your coverage or your dependant coverage would be effective, then that coverage will not be effective until the date you return to active work.

## **Changes in Coverage**

An increase in your benefits, the amount of your coverage or the amount of your dependant coverage due to change in your group benefit plan's design or a change in your classification becomes effective on the date of the change, unless you are not actively working on that day.

If Sun Life doesn't approve an increase in the amount of your coverage or the amount of your dependant coverage, any future increase in the maximum benefit amount will not be effective unless evidence of insurability is approved. An increase in the maximum benefit amount will be effective on the date Sun Life approves the evidence of insurability.

If you are not actively working on the date an increase in your benefits, the amount of your coverage or the amount of your dependant coverage would be effective, the increase becomes effective on the date you return to active work.

If so, the increase becomes effective on the date Sun Life establishes. If Sun Life doesn't approve the evidence of insurability required, the increase will not be effective.

## **Comparable Coverage**

If you are covered for comparable coverage under your spouse's plan, you may decline the Extended Health/Dental coverage offered under this plan. If this comparable coverage stops you will be covered for the similar coverage provided by this plan.

If your dependant is covered for comparable coverage under another plan, you may decline the dependant coverage for the Extended Health/Dental coverage offered under this plan. If this comparable coverage stops, you may request the similar coverage offered under this plan.

The coverage that replaces the comparable coverage is effective on the date that the comparable coverage stops.

If you request the coverage more than 31 days after the comparable coverage stops, you are considered a late entrant and you must submit evidence of insurability to Sun Life. If you request the dependant coverage more than 31 days after the comparable coverage stops, you are considered a late entrant and you must submit evidence of insurability for each dependant to Sun Life. The coverage that replaces the comparable coverage is effective on the date that Sun Life approves the evidence of insurability. If Sun Life does not approve evidence of insurability required, the coverage will not be effective.

## **Termination of Coverage**

Your coverage could terminate for a number of reasons. For example,

- you are no longer eligible, (i.e. you are no longer actively working),
- you reach the Termination Age,
- the provision or the plan terminates.

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## Section 1. Insured Provisions

### Summary of Insurance

Policy Number *101180*

#### Life Insurance

Class of Members	Benefit Formula
All Employees	The maximum benefit is \$50,000

**Termination of Insurance:** 65<sup>th</sup> birthday, or retirement if earlier.

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## Life Insurance Provision

### Benefit

If you die while insured, Sun Life will pay the full amount of your benefit to your last named beneficiary. You appoint the beneficiary when enrolling for insurance. The beneficiary designation may be changed, if permitted by law. You must submit written notice of the change. If you have not named a beneficiary, the benefit amount will be paid to your estate.

A minor cannot personally receive a death benefit under the plan until reaching the age of majority. If you reside outside Québec and are designating a minor as your beneficiary, you may wish to designate someone to receive the death benefits during the time your beneficiary is a minor. If you reside outside Québec and have not designated a trustee, current legislation may require Sun Life to pay the death benefit to the court or to a guardian or public trustee. If you reside in Québec, the death benefit will be paid to the parent(s)/legal guardian of the minor on the minor's behalf. Alternatively, you may wish to designate the estate as beneficiary and provide a trustee with directions in your will. You are encouraged to consult a legal advisor.

### Claims

From time to time, Sun Life can require that you provide proof of your total disability. If you do not provide this information to Sun Life within 90 days of the request, you will not be entitled to benefits.

Sun Life can require you to have a medical examination if you make a claim for benefits. Sun Life will pay for the cost of the examination. If you fail or refuse to have this examination, Sun Life will not pay any benefit.

Claims for Life benefits must be made as soon as reasonably possible.

Claim forms are available from your employer.

Limitation period for Ontario:

Every action or proceeding against an insurer for the recovery of insurance money payable under the policy is absolutely barred unless commenced within the time set out in the *Limitations Act, 2002*.

Limitation period for any other province:

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

### Conversion

If your Life Insurance ends or reduces for any reason other than your request, you may apply to convert the group Life Insurance to an individual Life policy with Sun Life without providing evidence of insurability.

The request must be made within 31 days of the reduction or end of the Life Insurance.

There are a number of rules and conditions in the group policy that apply to converting this insurance, including the maximum amount that can be converted. Please contact your employer for details.

### Early Payment

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Subject to the approval of Sun Life, you may elect early payment of the death benefit equal to 90% of the amount of Life Insurance applicable to you in accordance with the Summary of Insurance, subject to the following conditions:

1. a physician appointed by Sun Life determines that you are apparently certain to die within 12 months of the date of such determination;
2. you are competent to act;
3. you are under age 64 at the time you make the election.

The early payment is in exchange for all other benefits under the Life Insurance provisions.

The participating employer is responsible for the premium payments for you if you have received an advance payment, unless a Waiver of Premium has been granted.

*Value of the Early Payment* means the aggregate of the payments made under the early payment.

### **Early Payment Exclusion**

The early payment will not be payable if there has been any material misrepresentation or non-disclosure in the application, whether within two years or not. If the application or coverage is discovered to be null and void after the early payment is paid, the value of the early payment will be repaid to Sun Life by the recipient of the early payment.

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## Section 2. Administered Services for Non-Insured Benefits

### Summary of Benefits

Plan Number 78180

#### Extended Health

Part	Benefit	Deductible		Reimbursement
		per person	per family unit	
A	Drug: Pay Direct*	\$22.50**	\$35**	100%
B	Vision: \$200***	None	None	100%
C	Hospital: ward to semi-private	None	None	100%
D	Supp. Health Care	None	None	100%

\*The dispensing fee is limited to a maximum of \$9.00

\*\*The deductible applies per calendar year. The deductible applies to the eligible expenses of Part A.

\*\*\*Maximum for eyeglasses/contact lenses every 24 month period for you and for each covered dependant.

Other maximums are listed under the appropriate Provision page.

**Termination Age:** member's 65<sup>th</sup> birthday

#### Dental

Part	Benefit	Deductible per family unit	Reimbursement	Maximum
A	Basic	None	100%	--
D	Endodontic and Periodontic	None	100%	--
E	Denture Repair	None	100%	--
G	Surgical Removal	None	100%	--
H	Surgical Services and Drug	None	100%	--

**Late Entrant Maximum:** If you or your eligible dependant becomes covered more than 31 days after the date you became eligible for the Dental Provision, the maximum amount payable for the combined eligible expenses of all parts incurred during the first 12 months of coverage will be limited to \$250 for you and for each covered dependant.

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**Termination Age:** member's 65<sup>th</sup> birthday

**Dental Fee Guide:** The applicable fee guide is the fee guide in effect one year before the prevailing fee guide in the province where the expense is incurred, or, for expenses incurred outside Canada, in the province of residence of the member. For expenses incurred in Alberta, the prevailing fee guide is the 1997 Alberta Fee Guide plus an annual inflationary adjustment determined by us. The fee guide will be updated by one year on each January 1st.

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## Extended Health Provision

### Benefit

You will be reimbursed when you submit proof to Sun Life that you or your covered dependant has incurred any of the eligible expenses for medically necessary services required for the treatment of disease or bodily injury. To determine the amount payable, the total amount of eligible expenses you claim will be adjusted as follows:

1. the deductible, which is an amount that you must pay each calendar year, is subtracted,
2. the reimbursement percentage, which is the percentage of the eligible expense submitted that Sun Life will pay, is applied, and
3. the maximum is applied.

The intentional omission, misrepresentation or falsification of information relating to any claim constitutes fraud.

### Co-ordination of Benefits

If you or your dependants are covered under this plan and another plan, Sun Life will co-ordinate benefits under this plan with the other plan following insurance industry standards. These standards determine which plan you should claim from first.

The plan that does not contain a co-ordination of benefits clause is considered to be the first payer and therefore pays benefits before a plan which includes a co-ordination of benefits clause.

For dental accidents, health plans with dental accident coverage pay benefits before dental plans.

Following payment under another plan, the amount of benefit payable under this plan will not exceed the total amount of eligible expenses incurred less the amount paid by the other plan.

Where both plans contain a co-ordination of benefits clause, claims must be submitted in the order described below.

#### Claims for you and your spouse should be submitted in the following order:

1. the plan where the person is covered as an employee. If the person is an employee under two plans, the following order applies:
  - the plan where the person is covered as an active full-time employee,
  - the plan where the person is covered as an active part-time employee,
  - the plan where the person is covered as a retiree.
2. the plan where the person is covered as a dependant.

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**Claims for a dependent child should be submitted in the following order:**

1. the plan where the dependent child is covered as an employee,
2. the plan where the dependent child is covered under a student health or dental plan provided through an educational institution,
3. the plan of the parent with the earlier birth date (month and day) in the calendar year,
4. the plan of the parent whose first name begins with the earlier letter in the alphabet, if the parents have the same birth date.

The above order applies in all situations except when parents are separated/divorced and there is no joint custody of the dependent child, in which case the following order applies:

1. the plan of the parent with custody of the dependent child,
2. the plan of the spouse of the parent with custody of the dependent child,
3. the plan of the parent not having custody of the dependent child,
4. the plan of the spouse of the parent not having custody of the dependent child.

When you submit a claim, you have an obligation to disclose to Sun Life all other equivalent coverage that you or your dependants have.

## **Claims**

A claim must be received by Sun Life within 18 months of the date that the expense is incurred. However, if your coverage terminates, any claim must be received by Sun Life no later than 90 days following the end of the coverage.

For the assessment of a claim, itemized bills, attending physician statements or other necessary information are required.

If your physician is recommending medical treatment that is expected to cost more than \$1,000, you should request pre-authorization to ensure that the expenses are covered.

Where the applicable legislation of your province or territory permits the use of a different limitation period, every action or proceeding for the recovery of money payable under the plan is absolutely barred unless it is commenced within one year of the date that Sun Life must receive your claim forms or within one year of the date Sun Life stops paying disability benefits. Otherwise, every action or proceeding for the recovery of money payable under the plan must be commenced within the time set out in the applicable legislation of your province or territory.

## **Exclusions**

No benefit is payable for

- expenses for which benefits are payable under a Workers' Compensation Act, Workplace Safety and Insurance Act or a similar statute,
- expenses incurred due to civil disorder or war, whether or not war was declared,
- expenses for services and products, rendered or prescribed by a person who is ordinarily a resident in the patient's home or who is related to the patient by blood or marriage,

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- expenses for services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, except as described below under *Integration with Government Programs*,
  - expenses for benefits which are legally prohibited by the government from coverage,
  - out-of-province expenses for elective (non-emergency) medical treatment or surgery.

### **Integration with Government Programs**

This plan will integrate with benefits payable or available under the government-sponsored plan or program (the *government program*).

The covered expense under this plan is that portion of the expense that is not payable or available under the government program, regardless of:

- whether you or your dependant have made an application to the government program,
- whether coverage under this plan affects your or your dependant's eligibility or entitlement to any benefits under the government program, or
- any waiting lists.

### **My Health CHOICE Coverage**

If your coverage under this plan terminates because your employment has ended, you may purchase Sun Life's My Health CHOICE coverage. This coverage is different from your group plan.

To be eligible for My Health CHOICE coverage, you must:

- apply for My Health CHOICE coverage within 60 days after the termination of your coverage,
- be under age 75 on the date you apply, and
- be a resident of Canada and be covered under the provincial health plan.

My Health CHOICE coverage may also include Dental coverage if you were covered for both Extended Health Care and Dental Care benefits under this group plan, and both benefits terminated.

You may cover your spouse and dependents if those family members were covered under your group plan. Your spouse must be under age 75 on the date you apply for this coverage.

From time to time, Sun Life may review the eligibility requirements and, on the date you apply for My Health CHOICE coverage, they may be different from those listed in this booklet.

To apply for My Health CHOICE or if you have any questions, please call our Customer Solutions Centre at 1-877-893-9893.

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## Extended Health – Pay Direct Drug Benefit

### Eligible Expenses

Eligible expenses are the reasonable and customary charges for the following items of expense, provided they are medically necessary for the treatment of disease or injury, prescribed by a physician or dentist and dispensed by a registered pharmacist or physician. Drugs covered under this benefit must have a Drug Identification Number (DIN) and be approved under *Drug evaluation*. There are additional eligibility requirements that apply, see *Prior authorization program* for details.

1. drugs which legally require a prescription.
2. life-sustaining drugs which may not legally require a prescription.
3. injectible drugs.
4. compounded preparations, provided that the principal active ingredient is an eligible expense and has a DIN.
5. needles, syringes, and chemical diagnostic aids for the treatment of diabetes.

### *Drug evaluation*

The following drugs will be evaluated and must be approved by Sun Life to be eligible for coverage:

1. drugs that receive Health Canada Notice of Compliance for an initial or a new indication on or after November 1, 2017.
2. drugs covered under this plan and subject to a significant increase in cost.

Drug expenses are eligible for reimbursement only if incurred on or after the date of Sun Life's approval.

Sun Life will assess the eligibility of the drug based on factors such as:

- comparative analysis of the drug cost and its clinical effectiveness.
- recommendations by health technology assessment organizations and provinces.
- availability of other drugs treating the same or similar condition(s).
- plan sustainability.

### *Drug Substitution Limit*

Charges in excess of the lowest priced equivalent drug are not covered unless specifically approved by Sun Life. To assess the medical necessity of a higher priced drug, Sun Life will require the covered person and the attending physician to complete and submit an exception form.

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### ***Prior Authorization Program***

The prior authorization (PA) program applies to a limited number of drugs and, as its name suggests, prior approval is required for coverage under the program. If the covered person submits a claim for a drug included in the PA program and has not been pre-approved, the claim will be declined.

In order for drugs in the PA program to be covered, the covered person needs to provide medical information using Sun Life's PA form. Both the covered person and the attending physician need to complete parts of the form.

The covered person will be eligible for coverage for these drugs if the information provided by the covered person and the attending physician meets Sun Life's clinical criteria based on factors such as:

- Health Canada Product Monograph.
- recognized clinical guidelines.
- comparative analysis of the drug cost and its clinical effectiveness.
- recommendations by health technology assessment organizations and provinces.
- the covered person's response to preferred drug therapy.

If not, the claim will be declined.

The prior authorization forms are available from the following sources:

1. Sun Life's website at [www.mysunlife.ca/priorauthorization](http://www.mysunlife.ca/priorauthorization)
2. Sun Life's Customer Care centre by calling toll-free 1-800-361-6212

### ***Other Health Professionals Allowed to Prescribe Drugs***

Certain drugs prescribed by other qualified health professionals will be reimbursed the same way as if the drugs were prescribed by a physician or a dentist if the applicable provincial legislation permits them to prescribe those drugs.

### **Exclusions**

No benefit is payable for

1. the portion of expenses for which reimbursement is provided by a government plan,
2. expenses for drugs which do not legally require a prescription, except those specified under Eligible Expenses,
3. expenses for drugs which, in Sun Life's opinion, are experimental,
4. expenses for dietary supplements, vitamins and infant foods,
5. expenses for contraceptives (other than oral),
6. expenses for drugs which are used for cosmetic purposes,

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7. expenses for drugs used for the treatment of sexual dysfunction,
  8. expenses for smoking cessation aids,
  9. expenses for drugs used for the treatment of obesity,
  10. expenses for natural health products, whether or not they have a Natural Product Number (NPN),
  11. expenses for drugs and treatments, and any services and supplies relating to the administration of the drug and treatment, administered in a hospital, on an in-patient or out-patient basis, or in a government-funded clinic or treatment facility, and
  12. expenses incurred under any of the conditions listed on the Extended Health Provision page as an Exclusion.

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## Extended Health – Vision Benefit

### Definitions

#### Ophthalmologist

means a person licensed to practise ophthalmology.

#### Optometrist

means a member of the Canadian Association of Optometrists or of a provincial association associated with it.

#### Reasonable and customary charges

mean those which are usually made to a person without coverage for the items of expense listed under Eligible Expenses and which do not exceed the general level of charges in the area where the expense is incurred.

### Eligible Expenses

Eligible expenses mean reasonable and customary charges for the following items of expense:

1. eyeglasses and contact lenses and repairs to them that are necessary for the correction of vision and are prescribed by an ophthalmologist or optometrist, limited to the maximum specified in the Summary of Benefits for eligible expenses incurred during a 24 month period for you and for each covered dependant.
2. eye examinations by an ophthalmologist or optometrist, limited to one examination in a 24 month period to a maximum of \$50 for you and for each covered dependant.

### Exclusions

No benefit is payable for

1. non-prescription sunglasses.
2. safety glasses.
3. expenses incurred under any of the conditions listed on the Extended Health Provision page as an Exclusion.

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## Extended Health – Hospital Benefit

### Definitions

#### Hospital

means a legally licensed hospital which provides facilities for diagnosis, major surgery and the care and treatment of a person suffering from disease or injury, on an in-patient basis, with 24 hour services by registered nurses and physicians. This includes legally licensed hospitals providing specialized treatment for mental illness, drug and alcohol addiction, cancer, arthritis and convalescing or chronically ill persons when approved by Sun Life. This does not include nursing homes, homes for the aged, rest homes or other places providing similar care.

#### Reasonable and customary charges

mean those which are usually made to a person without coverage for the items of expense listed under Eligible Expenses and which do not exceed the general level of charges in the area where the expense is incurred.

### Eligible Expenses

Eligible expenses mean reasonable and customary charges for accommodation in a hospital, limited to the difference between the charges for public ward and semi-private room for each day of hospitalization.

### Exclusions

No benefit is payable for

1. expenses incurred under any of the conditions listed on the Extended Health Provision page as an Exclusion.

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## Extended Health – Supplementary Health Care Benefit

### Definitions

#### **Chiropodist, Podiatrist**

means a person licensed by the appropriate provincial licensing authority.

#### **Chiropractor**

means a member of the Canadian Chiropractic Association or of a provincial association affiliated with it.

#### **Naturopath**

means a member of the Canadian Naturopathic Association or any provincial association affiliated with it.

#### **Osteopath**

means a person who holds the degree of doctor of osteopathic medicine from a college of osteopathic medicine approved by the Canadian Osteopathic Association or a person who holds a Diploma in Osteopathic Manual Practice (DOMP).

#### **Physiotherapist**

means a member of the Canadian Physiotherapy Association or of a provincial association affiliated with it.

#### **Psychologist**

means a permanently certified psychologist who is listed on the appropriate provincial registry in the province in which the service is rendered.

#### **Reasonable and customary charges**

mean those which are usually made to a person without coverage for the items of expense listed under Eligible Expenses and which do not exceed the general level of charges in the area where the expense is incurred.

#### **Registered Massage Therapist**

means a person licensed by the appropriate provincial licensing body or in the absence of a provincial licensing body, a person whose qualifications we determine to be comparable with those required by a licensing body.

#### **Registered Nurse, Registered Nursing Assistant, Certified Nursing Assistant, Licensed Practical Nurse, Registered Practical Nurse**

means a nurse, nursing assistant or practical nurse or certified nursing assistant who is listed on the appropriate provincial registry.

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**Speech Language Pathologist**

means a person who holds a master's degree in Speech Language Pathology and is a member or is qualified to be a member of the Canadian Speech and Hearing Association or any provincial association affiliated with it.

**Eligible Expenses**

Eligible expenses are the reasonable and customary charges for the items of expense listed below.

1. the services of a registered nurse (R.N.), registered nursing assistant (R.N.A.), certified nursing assistant (C.N.A.), licensed practical nurse (L.P.N.) or a registered practical nurse (R.P.N.) when provided in the patient's home limited to \$5,000 in a calendar year less the amount paid in the previous 2 calendar years, and \$50 per day thereafter. To qualify as an eligible expense, the patient's treatment must require the level of expertise of an R.N., R.N.A., C.N.A., L.P.N. or a R.P.N.
2. the services of the following practitioners, limited to a calendar year maximum of \$300 for all practitioners combined.
  - a physiotherapist,
  - a registered massage therapist\*\*,
  - a speech language pathologist,
  - a psychologist,
  - a chiropractor\*, including one x-ray examination per calendar year,
  - an osteopath\*, including one x-ray examination per calendar year,
  - a naturopath\*, and
  - a podiatrist or chiropodist\*, including one x-ray examination per calendar year.

\*physician's prescription not required.

\*\* physician or nurse practitioner's prescription required.

**Exclusions and Limitations**

No benefit is payable for

1. expenses incurred under any of the conditions listed on the Extended Health Provision page as an Exclusion.
2. expenses for the services of a homemaker.

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## Dental Provision

### Benefit

You will be reimbursed when you submit proof to Sun Life that you or your covered dependant has incurred any of the eligible expenses for necessary dental services performed by a dentist, a dental hygienist or a denturist. To determine the amount payable, the total eligible expenses claimed are adjusted as follows:

1. the deductible, which must be satisfied each calendar year, is subtracted,
2. the reimbursement percentage is applied, and
3. the maximums specified in the Summary of Benefits are applied.

The intentional omission, misrepresentation or falsification of information relating to any claim constitutes fraud.

Sun Life reserves the right to refuse any assignment of benefits under this provision.

### Co-ordination of Benefits

If you or your dependants are covered under this plan and another plan, Sun Life will co-ordinate benefits under this plan with the other plan following insurance industry standards. These standards determine which plan you should claim from first.

The plan that does not contain a co-ordination of benefits clause is considered to be the first payer and therefore pays benefits before a plan which includes a co-ordination of benefits clause.

For dental accidents, health plans with dental accident coverage pay benefits before dental plans.

Following payment under another plan, the amount of benefit payable under this plan will not exceed the total amount of eligible expenses incurred less the amount paid by the other plan.

Where both plans contain a co-ordination of benefits clause, claims must be submitted in the order described below.

#### Claims for you and your spouse should be submitted in the following order:

1. the plan where the person is covered as an employee. If the person is an employee under two plans, the following order applies:
  - the plan where the person is covered as an active full-time employee,
  - the plan where the person is covered as an active part-time employee,
  - the plan where the person is covered as a retiree.
2. the plan where the person is covered as a dependant.

#### Claims for a dependent child should be submitted in the following order:

1. the plan where the dependent child is covered as an employee,
2. the plan where the dependent child is covered under a student health or dental plan provided through an educational institution,
3. the plan of the parent with the earlier birth date (month and day) in the calendar year,
4. the plan of the parent whose first name begins with the earlier letter in the alphabet, if the parents have the same birth date.

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The above order applies in all situations except when parents are separated/divorced and there is no joint custody of the dependent child, in which case the following order applies:

1. the plan of the parent with custody of the dependent child,
2. the plan of the spouse of the parent with custody of the dependent child,
3. the plan of the parent not having custody of the dependent child,
4. the plan of the spouse of the parent not having custody of the dependent child.

When you submit a claim, you have an obligation to disclose to Sun Life all other equivalent coverage that you or your dependants have.

## **Claims**

A claim must be received by Sun Life within 18 months of the date the expense is incurred. However, if your coverage terminates, any claim must be received by Sun Life no later than 90 days following the end of the coverage.

For the assessment of a claim, itemized bills, commercial laboratory receipts, reports, records, pre-treatment x-rays, study models, independent treatment verification or other necessary information may be required.

If your dentist has recommended dental treatment that is expected to cost more than \$500, you must have your dentist prepare a pre-treatment plan.

Where the applicable legislation of your province or territory permits the use of a different limitation period, every action or proceeding for the recovery of money payable under the plan is absolutely barred unless it is commenced within one year of the date that Sun Life must receive your claim forms or within one year of the date Sun Life stops paying disability benefits. Otherwise, every action or proceeding for the recovery of money payable under the plan must be commenced within the time set out in the applicable legislation of your province or territory.

## **Exclusions and Limitations**

No benefit is payable for

- expenses for which benefits are payable under a Workers' Compensation Act, Workplace Safety and Insurance Act or other similar legislation,
- expenses incurred due to civil disorder or war, whether or not war was declared,
- expenses for which benefits are payable under a government plan.

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## Dental Provision – Basic Benefit

### Eligible Expenses

Eligible expenses mean reasonable and customary charges for the following items of expense -

- a. examination and diagnosis
  - oral examination (once every 3 years),
  - recall oral examination (once every 6 months for under age 19 and once every 9 months for age 19 and over),
  - special oral examination,
  - treatment planning,
  - consultation (maximum 2 units every 12 months),
  - house call, institutional call and office visit
- b. tests and laboratory examinations
  - microbiological test,
  - caries susceptibility test,
  - biopsy of oral tissue,
  - cytologic smear from oral cavity,
  - pulp vitality tests
- c. radiographs
  - complete series (once every 3 years),
  - periapical,
  - occlusal,
  - bitewing (once every 6 months for under age 19 and once every 9 months for age 19 and over),
  - extraoral,
  - sialography,
  - radiopaque dyes to demonstrate lesions,
  - temporomandibular joint,
  - panoramic (once every 3 years),
  - cephalometric film,
  - interpretation of radiographs received from another source,
  - tomography,
  - hand and wrist (as diagnostic aid for dental treatment)

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- d. preventive services
    - dental polishing (once every 6 months for under age 19 and once every 9 months for age 19 and over),
    - topical application of fluoride,
    - oral hygiene instruction (once every 6 months for under age 19 and once every 9 months for age 19 and over),
    - caries control,
    - interproximal discing of teeth,
    - recontouring to teeth for functional reasons,
    - occlusal adjustment/equilibration (8 units of time every 12 months)
  - e. restorations
    - amalgam,
    - retentive pins,
    - acrylic or composite resin,
    - prefabricated restorations
  - f. anaesthesia
  - g. laboratory procedures

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## Dental Provision – Endodontic and Periodontic Benefit

### Eligible Expenses

Eligible expenses mean reasonable and customary charges for the following items of expense -

- a. periodontics
  - non surgical services,
  - surgical services,
  - post-surgical treatment,
  - scaling and root planing,
  - adjunctive procedures,
  - alveoloplasty,
  - vestibuloplasty
- b. endodontics
  - pulpotomy,
  - root canal therapy,
  - periapical services,
  - other endodontic procedures,
  - emergency procedures
- c. laboratory procedures

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## Dental Provision – Denture Repair Benefit

### Eligible Expenses

Eligible expenses mean reasonable and customary charges for the following items of expense -

- a. repairs and adjustments
  - adjustment to dentures,
  - repairs/additions to dentures,
  - denture rebasing and relining
- b. laboratory procedures

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## Dental Provision – Surgical Removal Benefit

### Eligible Expenses

Eligible expenses mean reasonable and customary charges for the following items of expense -

- a. surgical services
  - uncomplicated removals,
  - surgical removals
- b. laboratory procedures

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## Dental Provision – Surgical Services and Drug Benefit

### Eligible Expenses

Eligible expenses mean reasonable and customary charges for the following items of expense -

- a. surgical services
  - surgical exposure, transplantation and repositioning,
  - surgical excision,
  - surgical incision,
  - fractures,
  - frenectomy,
  - miscellaneous surgical services
- b. adjunctive general services
  - drugs (injections)
- c. laboratory procedures

## **Respecting your privacy**

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit [www.sunlife.ca/privacy](http://www.sunlife.ca/privacy).

## **You have a choice**

We will occasionally inform you of other financial products and services that we believe meet your changing needs. If you do not wish to receive these offers, let us know by calling 1-877-SUN-LIFE (1-877-786-5433).

