



THE STANDARD LIFE ASSURANCE COMPANY OF CANADA

## *Your Group Insurance Benefits*

### *Fort Vermilion School Division No. 52*

#### *Class 106 Trustees*

Policy  
14026

Effective Date  
April 1, 2005

Modification Date  
February 1, 2007

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***Summary Of Group Insurance Benefits***



***1 - Eligibility Period***

***A- Present Employees***

3 months

***B- Future Employees***

3 months

***2 - Participant's Life Insurance Benefit***

***A- Definition Of Disability***

Own occupation during the first 24 months of disability and any occupation afterwards

***B- Sum Insured***

\$25,000

***C- Reduction Of Sum Insured***

50% at age 65

***D- Termination Of Benefit***

At the earlier of the participant's retirement or attainment of age 70

***3 - Health Benefit***

(Standard Life acts as the administrator of the present benefit)

***A- Deductible, Unless Otherwise Specified***

None

***B- Reimbursement, Unless Otherwise Specified***

100%

***C- Maximum Amount For Expenses Incurred In Canada***

Unlimited maximum

The maximum reimbursed amount for all expenses incurred in Canada excludes medical and surgical expenses incurred out of province, but in Canada, in case of emergency

***D- Duration Of Stay Outside Canada, Unless Otherwise Specified***

6 months

***Summary Of Group Insurance Benefits***

***E- Hospitalization***

***1) Hospitalization In Canada***

Semi-private room without limit as to the number of days

No deductible

Reimbursed at 100 %

***2) Hospitalization Outside Canada In Case Of Emergency***

Semi-private room without limit as to the number of days

The maximum specified in article "Medical And Surgical Care Outside Canada And Out Of Province In Case Of Emergency" includes expenses for hospitalization outside Canada in case of emergency

***F- Medical And Surgical Care Outside Canada And Out Of Province In Case Of Emergency***

Maximum of \$5,000,000 per calendar year, including expenses for hospitalization outside Canada

For a participant who is on leave of absence, or a participant who is not actively at work due to a lay-off, strike or lock-out for a period exceeding three months, the maximum amount is \$50,000 per insured person, per each consecutive 5-year period

***G- Hospitalization And Medical And Surgical Care Outside Canada On Referral***

Maximum of \$100,000 per calendar year

***H- Rehabilitation Institution, Convalescent Home Or Chronic Care Institution***

Maximum of \$20 per day, up to a maximum of 90 days

***I- Nursing Services***

***1) Eligible Expenses***

Registered nurse

***2) Maximum***

Maximum of \$10,000 per calendar year

***J- Professional Services***

***1) Acupuncturist, Chiropractor and Physiotherapist***

Maximum of \$700 per calendar year per specialist and 1 combined maximum of \$1,200 per calendar year

Without prescription

Maximum of 4 x-ray examinations per calendar year, up to a maximum of \$25 per examination for chiropractor only

***Summary Of Group Insurance Benefits***

**2) *Masseur***

Maximum of \$40 per visit, maximum of \$320 per calendar year  
Without prescription

**3) *Naturopath***

Maximum of \$20 per visit, maximum of \$200 per calendar year  
Without prescription

**4) *Podiatrist And Chiropodist***

Unlimited maximum  
Without prescription

**5) *Psychologist***

Maximum of \$100 for the first hour of each visit and \$50 for each additional half hour up to a maximum of \$1,000 per person per calendar year. Maximum of 1 treatment per day per person  
Without prescription

***K- Vision Care***

**1) *Eye examination***

The maximum for eye exams is included in the maximum for eye glasses or contact lenses, as specified below per each consecutive 24-month period, for a covered person between ages 19 to 64

**2) *Eye Glasses, Contact Lenses Or Laser Eye Surgery***

Maximum of \$300 per each consecutive 24-month period, including eye examination  
No deductible  
Reimbursed at 100%

**3) *Contact Lenses Or Laser Eye Surgery For Special Conditions***

Maximum of \$300 per each consecutive 24-month period  
No deductible  
Reimbursed at 100%

***L- Home Health Care Services***

Maximum of \$5,000 per calendar year, including:

**1) *Personal Care And Services***

Maximum of \$60 per day, for 21 days per convalescence period and 90 days per calendar year

**2) *Transportation Expenses To Receive Medical Care Or Medical Follow-Up***

Maximum of \$30 per return trip, up to 3 return trips per week, up to a maximum of \$500 per calendar year

***Summary Of Group Insurance Benefits***

***M- Medical Supplies***

***1) Elastic Support Stockings, Surgical Support Stockings And Surgical Sleeves***

Combined maximum of \$300 per calendar year and a maximum of 4 pairs per calendar year

***2) Orthopaedic Shoes and Corrective Devices Added To Ordinary Shoes***

Maximum of \$1,000 per each consecutive 2-calendar year period

***3) Podiatric Orthotics***

Maximum of \$200 per calendar year

***4) Hearing Aids***

Maximum of \$3,000 per each consecutive 36-month period, for adults and dependent children over age 18

Maximum of \$3,000 per each consecutive 24-month period for dependent children aged 18 and under

Maximum of \$3,000 one time per lifetime, only if expenses are incurred as a result of an accident

***5) Capillary Prostheses***

Lifetime maximum of \$200

***6) Breast Prostheses***

Maximum of \$400 per prosthesis per calendar year

***7) Intra-Uterine Contraceptive Devices***

Maximum of \$50 per each consecutive 24-month period

***8) Blood Pressure Monitor***

Maximum of \$150 per each consecutive 3-year period

***9) Respiratory & Sleep Apnea Equipment***

Maximum of \$2,500 per each consecutive 5-year period

***10) Diabetic Supplies***

- Insulin pumps  
Maximum of \$2,500 per each consecutive 5-year period
- Glucose monitors, lancets, penlets, syringes and alcohol swabs  
Maximum of \$2,500 per calendar year

***11) Medical Brace***

Maximum of \$500 per brace and a maximum of 1 replacement every 2 years

***N- Termination Of Benefit***

At the earlier of the participant's retirement or attainment of age 70

***Summary Of Group Insurance Benefits***

***4 - Prescription Drugs Benefit,  
Emergis Plan 80G***

(Standard Life acts as the administrator of the present benefit)

***A- Deductible***

- All drugs available over the counter:  
The deductible is equal to the dispensing fee
- All other drugs:  
None

***B- Reimbursement***

- All drugs available over the counter:  
80% of the ingredients cost
- All other drugs:  
80% of the ingredients cost  
100% of the dispensing fee, up to a reimbursable maximum of \$5.50

***C- Drugs To Treat Erectile Dysfunction***

Maximum of \$1,000 per calendar year

***D- Smoking Cessation Products***

Lifetime maximum of \$500

***E- Diabetic Supplies***

Excluded

***F- Fertility Drugs***

Excluded

***G- Termination Of Benefit***

At the earlier of the participant's retirement and attainment of age 70

***5 - Travel Assistance Plus Benefit***

***A- Coverage***

This benefit provides assistance in case of emergency outside the insured person's province of residence

***B- Duration Of Stay Outside The Province Of Residence***

6 months

***C- Termination Of Benefit***

At the earlier of the participant's retirement or attainment of age 70

***Summary Of Group Insurance Benefits***

***6 - Dental Care Benefit***

(Standard Life acts as the administrator of the present benefit)

***A- Eligible Expenses***

Preventive treatments  
Basic treatments  
Major treatments (including prosthetic on implants)  
Implantology  
Orthodontic treatments

***B- Frequency Of Treatments***

Oral examination, once every 9 months  
Recall oral examination, once every 9 months  
Prophylaxis, once every 9 months  
Preventive recall packages, once every 9 months  
Replacement of prostheses, if the prosthesis is at least 5 years old and can no longer be used

***C- Treatment Plan***

A treatment plan must be submitted to the administrator when the total cost of a treatment is expected to exceed \$500

***D- Deductible***

- 1) Preventive treatments - Basic treatments - Major treatments -  
Orthodontic treatments - Implantology***

No deductible

***E- Reimbursement***

100% for preventive treatments  
100% for basic treatments  
50% for major treatments (including prosthetic on implants)  
50% for implantology  
50% for orthodontic treatments

***F- Maximum Amount Reimbursed***

- 1) Preventive treatments - Basic treatments - Major treatments (including  
prosthetic on implants)***

\$2,500 per calendar year

- 2) Implantology***

\$825 per tooth

- 3) Orthodontic treatments***

\$2,000 lifetime

***Summary Of Group Insurance Benefits***

**4) Late Application For Preventive - Basic - Major Treatments**

\$250 during the first 12 months of coverage for any person becoming covered more than 31 days following the eligibility date

**5) Late Application For Orthodontic Treatments**

\$250 during the first 36 months of coverage for any person becoming covered more than 31 days following the eligibility date

**G- Fee Schedule**

**1) Expenses Incurred In Canada**

Expenses incurred are reimbursed according to the current fee schedule for general practitioners of the province where treatment is given

**2) Expenses Incurred Outside Canada**

Expenses incurred are reimbursed according to the current fee schedule for general practitioners of the province of residence

**H- Termination Of Benefit**

At the earlier of the participant's retirement or attainment of age 70

## ***Your Group Insurance Benefits***

### **1. General Provisions — Definitions**

For the purposes of this booklet, the masculine pronoun and adjective include the feminine, unless a different meaning is plainly to be taken from the context.

All words have their usual meaning, unless a special meaning is indicated.

#### **1.1. Accidental Injury**

Any bodily lesion, sustained while your insurance is in force, directly and solely due to an external, sudden, violent and unintentional cause, independent of any illness and requiring within 30 days of the event the care of a physician or an appropriate specialist.

#### **1.2. Actively At Work**

The status of a participant who is physically and mentally capable of doing each and every personal job-related work function and who is actually working full-time and in a permanent manner on the basis of a minimum twenty hour workweek at the policyholder's place of business or at any other place designated for the performance of a specific job-related task.

#### **1.3. Dependents**

Your spouse or your children or your spouse's children, whether taken individually or collectively. If dependents are insured under this policy, the words spouse and child have the following meanings.

##### **1.3.1. Spouse**

1. Your legal spouse.
2. A person whom you publicly acknowledge as your spouse, with whom you have been living in a permanent manner for over 1 year.

However, when the person is the biological or adoptive father or mother of at least one of your children, the spouse will be recognized as of the date of birth or adoption, if it precedes the end of the 1 year of cohabitation.

The person you have designated in writing to the insurer as your spouse is recognized as your dependent, until such time as you advise otherwise.

Any dissolution of a marriage through divorce or annulment or, in the case of common-law marriage, actual separation for over 3 months, results in the loss of status as spouse.

***Your Group Insurance Benefits*****1.3.2. Child**

Your or your spouse's single, legitimate, natural or adopted child who depends on you for livelihood and who meets at least one of the following conditions:

1. He is under 21 years of age.
2. He is under 25 years of age and attending an educational institution on a full-time basis.
3. He became totally and permanently disabled while still considered to be a dependent under 1. or 2. above.

**1.4. Employee**

A person actively working in a permanent manner on full-time basis for the employer and receiving regular income for services rendered.

**1.5. Illness, Disease, Sickness**

Any pathological condition resulting from a deviation of health requiring both regular and continuous medical care actually given by a physician or an appropriate specialist and an appropriate therapy, considered satisfactory by the insurer.

**1.6. Income**

Your remuneration as declared by your employer to the insurer.

**1.7. Physician**

A person duly authorized by a provincial law to practice medicine and who is a member in good standing of a professional medical body.

**1.8. Specialist**

A physician practicing a specialty of medicine for which he is certified by the Royal College of Physicians and Surgeons of Canada or by the Corporation professionnelle des médecins du Québec, or both.

***Your Group Insurance Benefits*****2. General Provisions — Insurance****2.1. Employee Eligibility**

You must complete an application form supplied by your employer for yourself and your dependents, if any.

You become eligible for insurance on the date that you have satisfied the eligibility period specified in the Summary of Benefits.

**2.2. Dependents Eligibility**

Your dependents become eligible for insurance at the later of the following dates:

1. The day on which you become eligible.
2. The day on which you have a dependent for the first time.

If your application is received by your employer more than 31 days after your eligibility date, you must provide evidence of your insurability, at no expense to the insurer.

**2.3. Effective Date Of Insurance**

Your insurance and your dependents' insurance, if any, become effective on one of the following dates:

1. Your eligibility date, if your application card is received by your employer on or prior to that date.
2. Your eligibility date, if your application card is received by your employer within 31 days after such date.
3. The date on which the insurer accepts your required evidence of insurability, in all other cases. Such evidence must be provided at no expense to the insurer.

If you were not actively at work on the date your insurance would have otherwise become effective, the insurance takes effect on the date you return to active work.

If your dependents are already insured, any person who subsequently becomes a dependent is immediately insured.

***Your Group Insurance Benefits*****2.4. Change in Coverage**

Your employer must immediately notify the insurer in writing, of any event likely to change your insurance coverage, on forms provided for that purpose. Such change takes effect on the actual date of the event. However, in the case of increased coverage, the change takes effect at the later of the following dates:

1. The actual date of the event, if your employer receives notice prior to that date, provided you are then actively at work.
2. The date on which your employer receives the written notice, if such receipt follows the date of the event, provided you are then actively at work.

However, if you were not actively at work on the date the change would have otherwise become effective, the change takes effect on the day you return to active work.

**2.5. Termination of Insurance**

Your insurance or your dependents' insurance terminates at the earliest of the following dates:

1. On the date you cease to qualify as an eligible employee.
2. On the date the benefit or contract is terminated.
3. On the last day of the period for which the premium has been paid by your employer.

The termination date for each benefit and the reduction formula for the insurance amounts are specified in the Summary of Benefits.

**2.6. Claims**

If you submit a claim you must provide satisfactory proof within the time limit specified hereafter. Claims must be submitted either through accepted electronic network or on the appropriate forms, which must be completed in full, dated and signed. Claims must be submitted to Standard Life's Head Office or to a designated regional office at no expense to Standard Life. Claim forms and information necessary to submit a claim are available from your Plan Administrator or from our VIP Room Web site at [www.standardlife.ca](http://www.standardlife.ca).

***Health Benefit***

Claims must be received by Standard Life not later than 15 months from the date that the expense is incurred. However, if coverage for a participant is terminated, including termination of the benefit or contract, all claims must be received by Standard Life not later than 3 months following the termination date. All claims received by Standard Life following these time periods will be declined.

***Your Group Insurance Benefits******Expenses incurred out-of-Canada under Health Benefit***

Claims for hospitalization and physician services incurred out-of-Canada should be received by Standard Life within 90 days following treatment or hospital discharge.

***Travel Assistance (Plus)***

The insured person must submit to GESA Assistance, within 5 days of an emergency, a declaration of the circumstances of the accident or sudden illness and its known or presumed causes.

***Dental Care***

Claims must be received by Standard Life not later than 15 months from the date that the expense is incurred. However, if coverage for a participant is terminated, including termination of the benefit or contract, claims must be received by Standard Life not later than 3 months following the termination date. All claims received by Standard Life following these time periods will be declined.

***Life Insurance***

A life insurance claim must be submitted within the time limit prescribed by law. Standard Life reserves the right to require an autopsy, unless prohibited by law.

**2.7. Beneficiary**

You may designate one or several beneficiaries. You must, however, advise your employer in writing of any beneficiary designation or change of beneficiary, on forms supplied for that purpose by your employer.

If you have not designated a beneficiary, or if your beneficiary should predecease you, the benefit will be paid to your estate.

***Your Group Insurance Benefits***

### ***3. Participant's Life Insurance Benefit***

#### **3.1. Sum Insured**

Upon death, the sum insured specified in the Summary Of Benefits will be paid to your beneficiary.

#### **3.2. Conversion Privilege**

If your life insurance coverage under this benefit is cancelled, on or prior to your 65<sup>th</sup> birthday, you may convert all or part of your insurance coverage, with the exception of the waiver of premiums provision, into an individual life insurance contract, within 31 days of such cancellation without having to provide evidence of insurability. Such a contract may be a convertible one year term insurance contract, term insurance coverage to age 65 or any individual contract which Standard Life has designated under the conversion privilege at the time the application for conversion is submitted.

The amount of insurance converted will be limited by the following:

1. If coverage is cancelled because this benefit or group contract is cancelled, the amount of the individual life insurance contract may not exceed the amount of insurance that is terminated less any amount of insurance for which you would be eligible under any other group policy within 31 days after your insurance terminates.
2. If coverage is cancelled because of termination of employment or upon retirement, the amount of the individual life insurance contract may not exceed the amount of insurance that is terminated.
3. If you do not apply for the entire amount of insurance available under the conversion privilege, the individual life insurance amount cannot be less than the minimum amount which Standard Life issues for the plan selected.
4. In all cases the amount of the individual life insurance contract cannot exceed \$200,000.

The individual life insurance contract becomes effective at the end of the 31 day conversion period. The premium for the individual contract is that which is then required by the insurer for the type of contract selected, taking into account the amount of insurance and the age and sex of the insured person.

#### **3.3. Extension Of Life Insurance Without Premium Payment**

If you terminate your employment on or prior to your 65<sup>th</sup> birthday, your life insurance is extended, without premium payment, for 31 days after the termination date.

***Your Group Insurance Benefits*****3.4. Waiver Of Premiums****3.4.1. Definition Of Disability "Own Occupation"**

A state of complete and continuous incapacity, resulting from illness or accidental injury, which wholly prevents you from performing:

1. Each and every function of your regular employment during the period specified in the Summary Of Benefits, without regard to the availability of such occupation.

and

2. Afterwards, any remunerated function or work for which you are or may become reasonably fitted by training, education or experience.

Disability will only be recognized under 1. above if you are not receiving remuneration arising either directly or indirectly from any employment.

For disability to be acknowledged, your condition must require both regular and continuous medical care actually given by an appropriate specialist and appropriate therapy, considered satisfactory by the insurer.

**3.4.2. Eligibility**

If you are acknowledged disabled, you are entitled to waiver of premiums under the present benefit during your disability, provided that each of the following conditions is satisfied:

1. You are less than 65 years of age at the onset of your disability.
2. You became disabled prior to termination of your employment while insured under this benefit.
3. You have been disabled for at least 6 months at the time you submit proof of disability. Such proof, satisfactory to the insurer, must be submitted at no expense to the insurer 9 months from the onset of disability.

**3.4.3. Amount Of Insurance**

The amount of insurance for which waiver of premiums is granted will not be greater than that which was in force at the onset of your disability and will be subject to the same reduction and termination as if you would have been actively at work.

**3.4.4. Proof Of Continuance Of Disability**

You must provide the insurer with a proof of continuance of disability, as often as the insurer may reasonably require. Such proof is to be provided at no expense to the insurer.

## ***Your Group Insurance Benefits***

### **3.4.5. Beginning Date**

The waiver of premiums will begin at the date which marks the 6<sup>th</sup> month following the onset of disability.

### **3.4.6. Termination Date**

The waiver of premiums ceases at the earliest of the following dates.

1. The date on which you cease to be disabled.
2. The date on which you reach the age of 65.
3. The date on which you reach the normal retirement age under your employer's pension plan.
4. The date on which you fail to submit to an examination by the physician designated by the insurer.
5. The date on which you fail to provide any evidence of disability required by the insurer.

## **3.5. Living Benefit**

Should you become terminally ill, an advanced death benefit, hereinafter-called Living Benefit, may be payable, subject to the terms and conditions defined below.

### **3.5.1. Definition Of Terminally Ill**

To be considered terminally ill:

1. You must be suffering from an illness from which death is expected within 12 months of the date the insurer receives the Living Benefit claim.
- and
2. The life insurance benefit premiums must be waived in accordance with the Waiver Of Premiums clause.

### **3.5.2. Physician's Statement**

The claim for a Living Benefit payment must be supported by a statement from your physician that clearly and fully states the nature of the illness and that the life expectancy is less than 12 months.

The insurer reserves the right to request further medical statements and a medical examination by a physician designated by the insurer.

The insurer reserves the right to decline the claim for a Living Benefit payment if, in the opinion of its medical advisors, the evidence submitted is not conclusive.

***Your Group Insurance Benefits*****3.5.3. Benefit**

The amount payable will be equal to 50% of the sum insured on the date the insurer receives the Living Benefit claim, subject to a maximum of \$50,000.

If the insurer receives the request within the 12 months preceding the date on which the sum insured is reduced, the amount payable will be reduced by the percentage specified in the Summary Of Benefits.

The final death benefit payable to the beneficiary will be equal to the sum insured on the date of death less the Living Benefit paid, less the interest accrued. The interest on the Living Benefit payment will be calculated from the date of payment to the date of death, at a rate determined by Standard Life on the date of the Living Benefit payment.

**3.5.4. Exclusions**

No Living Benefit payment will be made:

1. If the insurer receives the request within the 12 months preceding the date on which the participant's life insurance terminates, such as specified in the Summary Of Benefits.
2. As a result of an accidental injury.
3. Following the termination of this benefit or policy.

**3.5.5. Beneficiary**

The beneficiary designation must be irrevocable. Furthermore, the irrevocable beneficiary must sign a statement whereby he accepts that the Living Benefit payment plus any interest, will be deducted from the sum insured on the date of death. The irrevocable beneficiary designation may be submitted with the Living Benefit request.

**3.5.6. Other Considerations**

The Living Benefit payment is not taxable because it is considered by Canada Customs and Revenue Agency to be part of the death benefit. Notwithstanding this, you should examine all the possible ramifications of obtaining this payment. Examples are the possible elimination or ineligibility to social programs; furthermore the amount paid becomes part of your assets and therefore your creditors could seize the amount whether you have declared bankruptcy or not.

***Your Group Insurance Benefits***

## **4. Health Benefit**

(Standard Life acts as the administrator of the present benefit)

### **4.1. Covering Agreement**

If as a result of accidental injury, illness or pregnancy, you or one of your dependents incur expenses for medically required services, care, treatment and equipment, the administrator will reimburse the eligible expenses, subject to the terms and conditions hereinafter specified.

### **4.2. Reimbursement**

The administrator reimburses these expenses subject to the deductible and the maximum amount specified in the Summary Of Benefits.

#### **4.2.1. Deductible**

The deductible is that portion of eligible expenses which must be paid by the covered person before any benefits are payable. The maximum deductible required per calendar year is specified in the Summary Of Benefits.

#### **4.2.2. Carry Over Provision**

If the deductible has been satisfied in whole or in part by the payment of expenses incurred in the last three months of a calendar year, the deductible for the following year will be reduced by the amount of expenses thus applied to the deductible.

#### **4.2.3. Maximum Amount**

1. **Maximum Eligible Amount Per Covered Person**

Maximum eligible expenses incurred by the covered person before applying the reimbursement percentage.

2. **Maximum Reimbursable Amount Per Covered Person**

Maximum amount reimbursed by the administrator after applying the reimbursement percentage to the eligible expenses incurred by the covered person.

The maximums specified in the Summary Of Benefits are eligible amounts, unless otherwise specified.

***Your Group Insurance Benefits*****4.2.4. Participant's Coordination And Limitation Of Benefits**

If you are covered under other group policies or government programs or where coverage is required by statute, the benefits payable from all sources cannot exceed 100% of expenses incurred; that is, benefits will not be payable with respect to that portion of any eligible expense for which benefits are payable by another plan.

**4.2.5. Dependents' Coordination And Limitation Of Benefits**

Benefits for eligible expenses incurred by your dependents who are covered under this plan as well as another plan will be determined on the following basis:

**1. Spouse**

Where your spouse is covered under the present plan and covered as a participant under another plan, that portion of an expense which is eligible for reimbursement under such plan will not be payable under the present benefit. Your spouse must first file a claim with his insurer.

Thereafter, you may submit to Standard Life a reimbursement request for the portion of the expenses not reimbursed by your spouse's insurer but eligible under the present benefit.

You must provide copies of the other insurer claim settlement and of the receipts.

**2. Child**

Where your child is covered as a dependent under the present plan and also under your spouse's plan, benefits will first be payable under the present plan if your birthdate occurs earlier in the calendar year in relation to that of your spouse.

As an example, when your birthdate precedes your spouse's birthdate, you must first submit your request to Standard Life.

Afterwards, your spouse may submit to his insurer a reimbursement request for the portion of the expenses not reimbursed under the present benefit but eligible under his plan. Copies of the settlement issued by Standard Life and receipts must be provided.

Should the spouses have the same birthdate, the claims for children must then be filed in the alphabetical order of the spouses' first names.

## ***Your Group Insurance Benefits***

### **4.3. Eligible Expenses Incurred In Canada**

The following expenses for services, care, treatment and supplies are eligible, provided they are medically required, have been incurred in Canada and are not payable or reimbursable under a provincial medical and hospitalization plan, even if the covered person is not eligible or covered under the provincial plan. The maximum amount reimbursed by the administrator is specified in the Summary Of Benefits.

#### **4.3.1. Hospitalization**

The administrator will reimburse that part of hospital expenses which exceeds the amount reimbursed by government plans, in accordance with the conditions specified in the Summary Of Benefits.

#### **4.3.2. Room and Board in a Rehabilitation Institution, Convalescent Home or Chronic Care Institution**

Room and board in a rehabilitation institution, convalescent home or chronic care institution designated for such treatment by an appropriate government body, while the covered person is under the care of a physician or registered nurse, provided the stay commences less than fourteen days following a period of hospitalization and has previously been prescribed by a physician, in accordance with the conditions specified in the Summary Of Benefits.

#### **4.3.3. Nursing Care Services Rendered At The Covered Person's Home**

Private duty nursing services rendered at the covered person's home by a professional practitioner specified in the Summary Of Benefits, for medical services strictly rendered in his professional capacity, in accordance with the conditions specified in the Summary Of Benefits.

The practitioner must be unrelated to the covered person and must not ordinarily reside in the covered person's home. The services rendered must have been previously prescribed by a physician.

#### **4.3.4. Home Health Care Services**

Services rendered in the home of the covered person to assist him in carrying out basic day-to-day activities, during a convalescence period not exceeding 35 days and immediately following discharge from the hospital.

These services include:

1. Personal care provided by a nursing orderly or a nursing assistant, housekeeping and meal preparation services, and escort to medical appointments, in accordance with the conditions specified in the Summary Of Benefits.

## ***Your Group Insurance Benefits***

2. Transportation expenses of the covered person to receive medical care or medical follow-up during the period of convalescence, in accordance with the conditions specified in the Summary Of Benefits.

These services must be provided by an individual working for an incorporated or registered agency specialized in home care and services.

Services must be prescribed by a physician and previously approved by the administrator. During the period of convalescence, the covered person must be unable to carry out without assistance at least 2 basic day-to-day activities: feeding, dressing, moving around, and providing for own elementary hygiene.

Services must be required during a period of convalescence rendered necessary following hospitalization or surgery. Hospitalization following childbirth or miscarriage is not recognized except in cases of complications requiring medical care.

### **4.3.5. Professional Services**

1. Services given by a professional practitioner specified in the Summary Of Benefits, in accordance with the conditions specified therein.
  - a) The practitioner must be legally authorized by the appropriate provincial or federal body to practice his profession within the scope of his specialty.
  - b) The services rendered must have been previously prescribed by a physician unless specified otherwise in the Summary Of Benefits.
  - c) The maximums apply for each specialist, unless specified otherwise in the Summary Of Benefits.
  - d) X-ray examinations provided by a professional practitioner are eligible, in accordance with the conditions specified in the Summary Of Benefits.
  - e) Eligible expenses are limited to one professional visit per day for each type of specialist.

### **4.3.6. Laboratory Analysis And X-Rays**

Laboratory analysis and x-ray examinations for diagnostic purposes, when prescribed by a physician, obtained in an establishment or a specialized laboratory, duly authorized under provincial regulations, if applicable.

***Your Group Insurance Benefits*****4.3.7. Medical Supplies**

The following supplies, provided they have been previously prescribed by a physician:

1. Rental or initial purchase, as previously approved by the administrator, of a non-motorized wheelchair, crutches, manual hospital bed, respiratory equipment and any other durable medical equipment, excluding batteries and repairs, required on a temporary basis for therapeutic use.
2. Purchase of dressings, casts, oxygen and rental of equipment necessary for its administration, obtained in a specialized establishment or laboratory, duly authorized under provincial regulations, if applicable.
3. Purchase of prostheses and orthotics such as artificial limb or eye, braces, corsets, hernial supports or other orthopaedic devices, obtained in a specialized establishment or laboratory, provincially licensed where such regulations exist.

Auditive, breast, capillary, dental or oral prostheses, orthopaedic shoes, podiatric orthotics, podiatric supports, arch supports and corrective devices added to ordinary shoes are not covered herein.

4. Purchase of orthopaedic shoes specially made for the covered person, corrective devices added to ordinary shoes, and podiatric orthotics in accordance with the conditions specified in the Summary Of Benefits. Any such appliances must be obtained from a specialized establishment or laboratory, duly authorized under provincial regulations, if applicable, to provide, manufacture and/or fit such orthopaedic devices and podiatric orthotics. These appliances must be manufactured, dispensed or fitted in conjunction with professionals dealing exclusively with foot or ankle disorders. Such expenses are reimbursed according to the same terms and conditions if the prescription is given by a podiatrist or a chiropodist.
5. Purchase of hearing aids or any related devices, including repairs, with the exception of batteries, and professional services provided by a hearing aid acoustician, following the purchase, are reimbursed provided they have been prescribed by an audiologist, speech therapist or physician, in accordance with the conditions specified in the Summary of Benefits.

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6. Purchase of elastic support stockings specially designed for the treatment of varicose veins, and surgical or other support stockings and surgical sleeves for chronic conditions, in accordance with the conditions specified in the Summary Of Benefits. These must be obtained from a specialized establishment or laboratory duly authorized under provincial regulations, if applicable. Both compression-type elastic support stockings and surgical stockings are deemed to be elastic support stockings for this purpose. Compression sleeves are included.
7. Purchase of breast prosthesis required as a result of a mastectomy, in accordance with the conditions specified in the Summary Of Benefits. Surgical brassieres and repairs to prostheses are excluded expenses.
8. Purchase of wigs required as a result of a chemotherapy treatment, in accordance with the conditions specified in the Summary Of Benefits.
9. Purchase of intra-uterine contraceptive devices (IUDs), in accordance with the conditions specified in the Summary Of Benefits.
10. Purchase of required supplies following an ileostomy or colostomy.
11. Purchase of all Diabetic Supplies, when insulin must be taken to control diabetes, in accordance with the conditions specified in the Summary Of Benefits.
12. Lights and devices for the use of Seasonal Affective Disorders (SAD).
13. Purchase of blood pressure monitor, in accordance with the conditions specified in the Summary Of Benefits.
14. Purchase of respiratory and Sleep Apnea equipment, in accordance with the conditions specified in the Summary Of Benefits.
15. Purchase of medical braces, supporting devices or appliances, including repairs, in accordance with the conditions specified in the Summary Of Benefits.

**4.3.8. Ambulance Service**

Licensed ambulance service for transportation to the nearest hospital equipped to provide the required treatment, or therefrom, when the physical condition of the covered person precludes the use of any other means of transportation.

## ***Your Group Insurance Benefits***

### **4.3.9. Dental Care Required As A Result Of Accidental Injury**

Dental care required as a result of injury to natural teeth provided by a dentist or specialist, in accordance with the normal suggested fee for a general practitioner.

Only care received within twelve months of the injury is covered. All other dental expenses are excluded.

### **4.3.10. Eye examination**

Services of an optometrist or ophthalmologist for eye examinations in accordance with the conditions specified in the Summary Of Benefits.

### **4.3.11. Eye Glasses, Contact Lenses Or Laser Eye Surgery**

Purchase of prescription eye glasses or contact lenses provided they have been prescribed by an ophthalmologist or an optometrist, or laser eye surgery (laser refractive surgery) performed by an ophthalmologist, in accordance with the conditions specified in the Summary Of Benefits.

### **4.3.12. Contact Lenses Or Laser Eye Surgery, Special Conditions**

Purchase of contact lenses provided they have been prescribed by an ophthalmologist or an optometrist, or laser eye surgery (laser refractive surgery) performed by an ophthalmologist, in accordance with the conditions specified in the Summary Of Benefits, provided each of the following conditions is satisfied:

1. For contact lenses
  - a) The contact lenses have been prescribed as a result of a severe corneal astigmatism, a severe corneal scar, a keratocornus (conical cornea) or an aphakia.
  - b) The visual acuity is improved to at least a 20/40 level with the contact lenses.
  - c) The visual acuity cannot reach the 20/40 level with prescription eye glasses.
2. For Laser Refractive Surgery
  - a) The visual acuity is improved to at least a 20/40 level with the laser refractive surgery.
  - b) The visual acuity cannot reach the 20/40 level with prescription eye glasses.

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However, if during the period specified in the Summary Of Benefits, expenses were reimbursed in accordance with the article "Eye Glasses, Contact Lenses Or Laser Eye Surgery", the amount reimbursed will be included in the calculation of the amount reimbursable for expenses incurred under the present article.

**4.4. Eligible Expenses Incurred Outside Canada In Case Of Emergency**

Expenses must have been incurred due to an emergency, following an accident that occurred or a sudden and unexpected illness that started during a stay abroad that was not expected to last for more than the length of time specified in the Summary Of Benefits. Should the person covered come back to Canada for a period of less than 45 consecutive days and then leave Canada for another stay abroad, this stay shall be deemed to be a continuation of the previous stay.

**4.4.1. Hospitalization**

That part of hospital expenses for room and board accommodation, supplies and ancillary hospital services, in excess of the amount reimbursed by government plans will be reimbursed by the administrator, in accordance with the conditions specified in the Summary Of Benefits.

**4.4.2. Medical And Surgical Services**

Medical and surgical expenses incurred outside Canada, in excess of the amount payable under the government health insurance plan of the covered person's province of residence will be reimbursed by the administrator, in accordance with the conditions specified in the Summary Of Benefits.

**4.4.3. Other Care And Services**

Expenses incurred for the following care and services that are eligible in Canada under this benefit, are deemed eligible as if they had been incurred in Canada, including the calculation of the amounts to be reimbursed.

1. Drugs.
2. Professional service.
3. Medical supplies.
4. Ambulance services.
5. Dental care as a result of injury.
6. Eye care.

## ***Your Group Insurance Benefits***

### **4.5. Eligible Expenses Incurred Out-Of-Province, But In Canada, In Case Of Emergency**

Expenses must have been incurred due to an emergency following an accident that occurred or a sudden and unexpected illness that started during a stay in another province or territory of Canada.

#### **4.5.1. Medical And Surgical Services**

Medical and surgical expenses incurred which are in excess of the amount payable under the government health insurance plan of the covered person's province of residence will be reimbursed by the administrator, in accordance with the conditions specified in the Summary Of Benefits.

However, the administrator will not reimburse extra-billing fees that are in excess of the schedule of fees established by the provincial health insurance plan where the services were provided.

### **4.6. Eligible Expenses Incurred Outside Canada On Referral Of A Physician**

Hospitalization, medical and surgical services outside Canada on referral of a physician will be reimbursed by the insurer, in accordance with the conditions specified in the Summary Of Benefits, provided each of the following conditions is satisfied:

1. Hospitalization, medical and surgical services are not available in Canada.
2. Hospitalization, medical and surgical services are recognized by the insured person's governmental health insurance plan.
3. The insured person's government health insurance plan participates in the reimbursement of such expenses.

### **4.7. Extension Of Coverage Without Premium Payment Upon Your Death**

Upon your death, the present benefit is extended without premium payment to the earliest of the following dates:

1. 24 months following your death.
2. The date on which this benefit would have terminated had you then been living.
3. The termination date of the benefit or group benefits plan.

### **4.8. Waiver Of Premiums**

If your premiums are waived under your Life Insurance Benefit you are also entitled to waiver of premiums under the present benefit.

***Your Group Insurance Benefits***

This waiver of premiums will end at the termination date of the benefit or group benefits plan.

**4.9. Exclusions**

This group benefits plan does not cover:

1. Expenses which are or would normally be payable or reimbursable under a private or public insurance plan.
2. Self-inflicted injury, while sane or insane.
3. Injury or illness resulting from civil unrest, insurrection or war, whether war has been declared or not, or participation in a riot.
4. Any treatment or device related directly or indirectly to the full reconstruction of the mouth, to correct vertical dimensions or temporomandibular joint dysfunction.
5. Any treatment, surgery, care, service examination or device which: is not medically necessary; is provided or required for cosmetic purposes; is provided or required in connection with an operation or a treatment conducted as an experiment; is provided or required for non-curative reasons; exceeds what is ordinarily provided or required by current therapeutic practice.
6. Any portion of the charge for services, care treatment and supplies in excess of the reasonable and customary charge for an illness of the same nature and severity in the area where the services are provided.
7. Care or services rendered free of charge or which would be free of charge were it not for coverage or which are not chargeable to the covered person.
8. Rest cure or travel for health reasons.
9. Eye examinations, unless otherwise indicated in the Summary Of Benefits.
10. Prescription, initial purchase, adjustment or replacement of eye glasses or contact lenses, unless otherwise indicated in the Summary Of Benefits.
11. Drugs, unless otherwise indicated in the Summary Of Benefits.

***Your Group Insurance Benefits***

## ***5. Prescribed Drug Plan, Emergis Plan 80G***

(Standard Life acts as the administrator of the present benefit)

### **5.1. Insuring Agreement**

If you and your dependents are insured under the Health Insurance Benefit of the present policy, you and your dependents are covered as well for prescription drugs or medications necessitated by accidental injury, illness or pregnancy, provided the present benefit and contract are in force, and subject to the terms and conditions hereinafter specified.

### **5.2. Special Definitions**

#### **5.2.1. *Dentist***

A person licensed by the provincial licensing authority to practice dentistry.

#### **5.2.2. *Participating Pharmacy***

A pharmacy having a contractual agreement with Emergis Inc. and participating in the direct payment prescription drug program.

#### **5.2.3. *Pharmacist***

A person legally authorized by the appropriate provincial or federal body to practice within the scope of his specialty.

#### **5.2.4. *Prescription Drugs Or Medications***

Prescription drugs or medications, ingredient costs and dispensing fees.

#### **5.2.5. *Prescription Unit***

A prescription number signifies a prescription unit.

#### **5.2.6. *Emergis Inc.***

Provider of the electronic network Assure Card services.

### **5.3. Calculation Of The Amount Payable**

#### **5.3.1. *Payment Schedule***

Ingredient cost plus dispensing fee.

## ***Your Group Insurance Benefits***

Ingredient cost for the lowest priced interchangeable product, regardless of the product actually dispensed, plus the dispensing fee. Prescriptions written and directed by the prescriber to not be interchanged must be dispensed as indicated. Prescriptions must bear the notation "Do Not Product Select", "No Sub", or "No Substitution" on the actual script in the prescriber's own handwriting in order to be eligible for payment above the cost for the lowest priced interchangeable product.

### **5.3.2. *Deductible***

The deductible is that portion of an eligible expense which is paid by the insured person. Such deductible is specified in the Summary of Benefits.

### **5.3.3. *Reimbursement***

Emergis Inc. reimburses a percentage of eligible expenses incurred after applying the deductible. Such percentage is specified in the Summary of Benefits.

## **5.4. Eligible Expenses**

Expenses incurred by the insured person for prescription drugs or medications are eligible, provided they are incurred in Canada or incurred due to an emergency during a stay abroad that was not expected to last for more than the length of time specified in the section "Health Benefit" in the Summary Of Benefits. Should the insured person come back to Canada for a period of less than 45 consecutive days and then leave Canada for another stay abroad, this stay shall be deemed to be a continuation of the previous stay.

## **5.5. Eligible Drugs And Medications**

### **5.5.1. *Prescription Requiring Drugs***

Prescribed drugs and medications bearing a Drug Identification Number (DIN) and listed as prescription requiring in Federal or Provincial Drug Schedules.

### **5.5.2. *Injectable Drugs***

Selected injectable drugs, injectable vitamins, insulin, and non patient specific allergy extracts bearing a Drug Identification Number.

### **5.5.3. *Extemporaneous Preparations***

Extemporaneous preparations or compounds where one of the ingredients is an eligible benefit.

### **5.5.4. *Over-The-Counter Drugs***

Selected products within the following classes of over-the-counter drugs are eligible on presentation of a prescription.

***Your Group Insurance Benefits***

1. Acne preparations.
2. Analgesics.
3. Antacids.
4. Antifungals.
5. Antihistamines.
6. Antimalerials.
7. Antinauseants.
8. Antipsoritics.
9. Antiseptics.
10. Cough and cold preparations.
11. Diarrhea preparations.
12. Fibrinolytics.
13. Laxatives.
14. Mucolytic agents.
15. Muscle relaxants.
16. Pediculocides.
17. Potassium supplements.
18. Scabicides.
19. Single entity calcium salts.
20. Single entity fluorides.
21. Single entity iron salts.
22. Thyroid agents.
23. Topical emollients.
24. Topical enzymatic debriding agents.
25. Nitroglycerin.

**5.5.5. *Dispensing Limitations***

The quantity of a prescription drug dispensed is the lesser of the quantity prescribed or a 100 day supply.

***Your Group Insurance Benefits*****5.6. Exclusions****5.6.1. *Fertility Enhancer***

Medications and compounded preparations deemed to be fertility drugs.

**5.6.2. *Disposable Needles***

Disposable needles, disposable syringes, lancets and chemical reagent testing materials used for insulin administration and monitoring in diabetes.

**5.6.3. *Cosmetic Items***

Items deemed cosmetic, such as topical Minoxidil or sunscreens, even if a prescription is legally required, whether or not such a prescription is given for medical reasons.

**5.6.4. *Appliances And Devices***

Atomizers, appliances, prosthetic devices, colostomy supplies, first aid kits or equipment, electronic diagnostic monitoring or testing equipment (such as "Glucometer®") non-disposable insulin delivery devices (such as "Novolin Pen®") delivery or extension devices for inhaled medications (such as "Rotohaler®", "Diskhaler®", "Aerochamber®") spring loaded devices used to hold lancets, alcohol, alcohol swabs, disinfectants, cotton, bandages, or supplies and accessories for the aforementioned.

**5.6.5. *Dietary Supplements***

Oral vitamins, minerals, dietary supplements, infant formulas or injectable total parenteral nutrition (TPN) solutions, whether or not such a prescription is given for a medical reason, except where Federal or Provincial law requires a prescription for their sale.

**5.6.6. *Contraceptive Devices***

Diaphragms, condoms, contraceptive jellies, foams, sponges, suppositories, non-medical intrauterine devices (IUDs) such as Gyne-T, contraceptive implants or appliances normally used for contraception whether or not such a prescription is given for a medical reason.

**5.6.7. *Herbal And Homeopathic Preparations***

Herbal and homeopathic preparations, even if combined with a prescription requiring medicine or with a product considered to be eligible.

## ***Your Group Insurance Benefits***

### **5.6.8. Prescriptions Dispensed Other Than By A Pharmacist**

Prescriptions dispensed by a physician, clinic, dentist or in any non-accredited hospital pharmacy, or for treatment as an inpatient or outpatient in a hospital, including investigational status drugs and emergency status drugs, unless otherwise approved by Emergis Inc.

### **5.6.9. Vaccines**

All preventative immunization vaccines and toxoids.

### **5.6.10. Allergy Extracts**

All patient specific allergy extracts, compounded in a laboratory, and not bearing a Drug Identification Number.

### **5.6.11. Provincial Drug Benefit Plans And Federal Programs**

Any medications or drugs that are reimbursed by either the applicable Provincial Drug Benefit Plan or a Federal Program.

### **5.6.12. Drugs To Treat Erectile Dysfunction**

Oral erectile dysfunction drugs, unless otherwise specified in the Summary of Benefits.

### **5.6.13. Non-Bearing Valid DIN Products**

Products not bearing a valid Health Canada issued Drug Identification Number.

### **5.6.14. Consultation Charges And Professional Fees**

Consultation charges and/or professional fees rendered by a licensed physician, pharmacist, other than dispensing fees, or registered nurse.

### **5.6.15. Injections Administered In An Hospital**

Injections normally administered to patients admitted to hospital for treatment.

## **5.7. Extension Of Insurance Without Premium Payment Upon Your Death**

Upon your death, the present benefit is extended without premium payment to the earliest of the following dates:

1. 24 months following your death.
2. The date on which this benefit would have terminated had you then been living.
3. The termination date of the benefit or contract.

***Your Group Insurance Benefits*****5.8. Waiver Of Premiums**

If your premiums are waived under your Life Insurance Benefit you are also entitled to waiver of premiums under the present benefit.

This waiver of premiums will end at the termination date of the benefit or group benefits plan.

**5.9. Claims — Pay-Direct Drug Card**

For eligible prescription drugs, you may use the Assure Card every time you have a prescription filled in a participating pharmacy that accepts the Assure Card.

With the Pay-Direct Drug Card, your prescription drug claims are settled in the pharmacy. When you or one of your insured dependents incur an eligible expense at a participating pharmacy, the pharmacist will submit the claim electronically to Emergis Inc. for adjudication. The pharmacist will then immediately inform the insured person of the reimbursement amount to which he is entitled and of the amount he must disburse, if any.

However, when you or one of your insured dependents incur an eligible expense at a non-participating pharmacy or outside Canada, you must submit a completed claim form provided for that purpose along with original receipts directly to Emergis Inc., within the time prescribed by law.

***Your Group Insurance Benefits*****6. Travel Assistance Plus Benefit****6.1. Coverage**

Through GESA Assistance this benefit provides you and your insured dependents medical assistance in case of emergency, while on a business or personal trip of less than the duration specified in the Summary Of Benefits, for an accident or illness occurring outside the province of residence, subject to the conditions hereafter specified.

**6.2. Special Definitions****6.2.1. Accident**

Any sudden, violent, and unforeseeable event resulting directly from an external cause beyond the control of the insured person and causing bodily injury which prevents the normal continuation of the trip, while this benefit is in force.

**6.2.2. Claims**

Any event, accident or illness which may give rise to GESA Assistance's intervention.

**6.2.3. General Practitioner Or Specialist**

Any person with a medical or surgical specialty who is legally licensed and authorized to practice medicine in the country where the insured person is located.

**6.2.4. Hospital**

Hospital shall mean an institution providing short term health care.

1. Legally recognized as such in the country in which the institution is located.
2. Designated for the care of bed patients.
3. Equipped with laboratory and operating room facilities.
4. Providing at all times the services of licensed physicians and registered nurses on a twenty-four hour basis.

However, rehabilitation institutions, chronic care institutions, convalescent or rest homes, as well as hospital units serving these purposes, are excluded.

## ***Your Group Insurance Benefits***

### **6.2.5. Illness**

Any sudden and unforeseeable change in health that has been diagnosed by a competent medical authority and prevents the normal continuation of the trip, while this benefit is in force.

### **6.3. Travel Assistance**

#### **6.3.1. Services Provided By GESA Assistance In Case Of Accident Or Illness**

1. Arranging consultations with general practitioners or specialists in order to obtain the best medical care available in the area, at the insured person's request.
2. Arranging admission to the hospital nearest the site of the illness or accident.
3. Arranging for the return of the insured person to his home or to a hospital near his home after initial treatment, as soon as his condition permits, by any appropriate means of transportation, if the insured person can no longer use the means of transportation originally planned for his return to his province of residence.
4. Making the necessary arrangements for the payment of medical and hospitalization expenses eligible under the Health Benefit of the group insurance policy issued by Standard Life, for hospitalization and medical and surgical treatment outside Canada in case of emergency.

If necessary, and subject to prior agreement with Standard Life, GESA Assistance will advance the funds, in the lawful currency of Canada, for you and your insured dependents, for the medical and hospitalization expenses specified in the preceding paragraph.

5. Making the necessary arrangements for the payment of expenses required in exceptional situations other than expenses for medical and hospitalization expenses specified in the preceding article.

If necessary, and subject to prior agreement with Standard Life, GESA Assistance will advance up to a maximum of five thousand dollars in the lawful currency of Canada, for you or for you and your insured dependents.

All such advances are payable by you in one lump sum within thirty days of receipt of a notice to this effect, to Standard Life. In the event of non-payment within the specified delay, Standard Life will send a notice to the policyholder, and the latter shall immediately pay the specified amount.

6. Upon request, confirming insurance coverage to physicians and hospitals.

## ***Your Group Insurance Benefits***

### **6.3.2. Expenses Assumed By GESA Assistance In Case Of Accident Or Illness**

1. The transportation or transfer, if necessary, by appropriate means, land or air, recommended by the attending physician in agreement with GESA Assistance to a hospital, near the site of the accident or illness best equipped to provide treatment, given the nature and/or severity of the accident or illness.
2. The return of the insured person to his home or to a hospital near his home, if recommended by the attending physician and in agreement with GESA Assistance, after initial treatment and provided his state of health permits and necessitates it.

GESA Assistance will assume up to the cost of a first class ticket on a regular airline for the return of an insured person if his original return ticket cannot be used for this purpose.

Furthermore, GESA Assistance will assume expenses for local ambulance service to the airport and upon return, to the insured person's home or the nearest hospital.

### **6.3.3. Services Provided And Expenses Assumed By GESA Assistance In Case Of Accident, Illness, Death Or Other Emergency**

1. Arranging and paying for the return, to the province of residence, of family members who can no longer use the means of transportation originally planned for their return because of the accident, illness or death of the insured person.
2. Arranging and paying a person to escort any dependent child under sixteen years of age, traveling with the insured person if, following the accident, illness or death of the insured person, no accompanying adult is able to do so.
3. Arranging and paying for the return trip of a family member to enable such a member to visit the insured person whose state of health is such that his return is not possible and requires hospitalization for a period exceeding seven days.
4. Arranging and paying for meals and accommodation of an insured person whose trip is interrupted due to the death or hospitalization of another family member traveling with him, up to one hundred and fifty dollars in the lawful currency of Canada per day for seven days.
5. Arranging and paying for all expenses related to the hiring of a driver to return the vehicle to the insured person's residence or to the nearest rental office if, following the accident, illness or death of the insured person, no other passenger traveling with the insured person can drive the said vehicle.

## ***Your Group Insurance Benefits***

6. Arranging and paying for all expenses for the communication of emergency messages to the family or to the employer whenever the insured person is unable to do so.
7. Providing legal assistance following legal action taken against the insured person.

Advancing funds for the payment of legal fees, up to a total combined maximum of five thousand dollars, in the lawful currency of Canada, for you and your insured dependents, subject to prior agreement with Standard Life.

Advancing funds for the payment of bail, up to a total combined maximum of five thousand dollars in the lawful currency of Canada, for you and your insured dependents, subject to prior agreement with Standard Life, to cover instances such as ensuring the release and personal appearance of the insured person having been the driver of a vehicle involved in an accident.

All such advances are payable by you in one lump sum within thirty days of receipt of a notice to this effect, to Standard Life.

In the event of non-payment by the participant within the specified delay, Standard Life will send a notice to the policyholder, and the latter shall immediately pay the specified amount.

8. Providing information in case of a problem such as loss of passport, luggage, money, credit cards, travel tickets, etc., which could interrupt the insured person's trip.

### **6.3.4. Services Provided And Expenses Assumed By GESA Assistance Following The Death Of The Insured Person Due To An Illness Or Accident**

GESA Assistance will handle all necessary local formalities and will assume the payment of expenses for postmortem, coffin and the transfer of the deceased to the burial site in the insured person's province of residence. Funeral expenses are not assumed by GESA Assistance nor Standard Life. However, should the family of the insured person decide that the local burial or cremation be a preferable option, the reasonable expenses for the burial or cremation will be assumed by GESA Assistance. However, such expenses may not exceed the other expenses that would have been assumed by GESA Assistance.

### **6.4. Deductible**

The services provided and the expenses assumed under this benefit are subject to the deductible specified under the Health Benefit, unless a specific deductible is indicated in the Summary Of Benefits.

***Your Group Insurance Benefits*****6.5. Maximum**

The services provided and the expenses assumed under this benefit are subject to the maximums specified under the Health Benefit.

**6.6. Extension Of Insurance Without Premium Payment Upon Your Death**

Upon your death, the present benefit is extended without premium payment to the earliest of the following dates:

1. 24 months following your death.
2. The date on which this benefit would have terminated had you then been living.
3. The termination date of the benefit or contract.

**6.7. Waiver Of Premiums**

If your premiums are waived under your Life Insurance Benefit you are also entitled to waiver of premiums under the present benefit.

This waiver of premiums will end at the termination date of the benefit or contract.

**6.8. Exclusions**

The services provided do not cover:

1. Any expenses payable or reimbursable under a private or government insurance plan or which would normally have been reimbursable or payable.
2. Attempted suicide or self-inflicted injury, while sane or insane.
3. Injury or illness resulting from civil unrest, insurrection or war, whether war be declared or not, or participation in a riot.
4. Surgery or treatment which is not medically required, and which is given for cosmetic purposes or for any reason other than curative, or which exceeds ordinary surgery or treatment given in accordance with current therapeutic practice, and surgery or treatment which is given in relation to an operation or treatment of experimental nature.
5. Any portion of expenses for services in excess of the reasonable and customary charge for an illness of the same nature and severity in the locality where the service is provided.
6. Care or services rendered free of charge or which would be free of charge were it not for insurance coverage or which are not chargeable to the insured person.

## ***Your Group Insurance Benefits***

7. Rest cure or travel for reasons of health.

### **6.9. Procedures**

#### **6.9.1. Reporting Of Accident Or Illness**

As soon as an insured person has an accident or learns of his illness, he must use all possible means to limit the extent of such accident or illness. The insured person must submit to GESA Assistance, within the following five days, a declaration of the circumstances of such accident or illness and its known or presumed causes. Furthermore, at the request of GESA Assistance, the insured person must provide a certificate from the attending physician outlining the probable consequences of the illness or the injuries sustained in the accident.

#### **6.9.2. Prescription**

Every claim in respect of a covered event shall be time barred within one year from the date of occurrence of such event.

#### **6.9.3. Refund Of Return Portion Of Ticket**

When GESA Assistance pays for the return of the insured person, the insured person is obliged to surrender the return portion of his own original ticket, or any refund thereof, to GESA Assistance. In case of non-compliance and in consideration of the present contract, GESA Assistance subrogates Standard Life of all their rights and recourse necessary to recover such sum from the insured person.

### **6.10. Liability Of GESA Assistance**

GESA Assistance shall not be held responsible for delays or impediments in providing assistance in the following events.

1. Strike.
2. War.
3. Invasion.
4. Act of foreign enemies.
5. Hostilities, whether war be declared or not.
6. Civil war.
7. Rebellion.
8. Insurrection
9. Terrorism or military or usurped power.
10. Riot and civil disturbance.

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11. Radioactivity.
12. Any other Act of God.

It is understood that the physicians, hospitals, clinics, lawyers or any professionals or professional institutions to whom the insured person is referred by GESA Assistance are for the most part independent contractors responsible for their own acts and not employees, agents or in the service of GESA Assistance.

Furthermore, GESA Assistance and Standard Life shall not be responsible for any act or failure to act on the part of professionals or professional institutions such as, but not limited to, physicians, hospitals, clinics and lawyers.

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## **7. Dental Care Benefit**

(Standard Life acts as the administrator of the present benefit)

### **7.1. Covering Agreement**

The administrator undertakes to reimburse dental care expenses, incurred by you or one of your covered dependents, subject to the terms and conditions hereinafter specified.

### **7.2. Expenses**

#### **7.2.1. Eligible Expenses**

Eligible expenses incurred by a covered person for services, care and treatment provided by a general practitioner, a specialist or a denturologist must be incurred on or after the date the coverage comes into effect but before the coverage for the covered person expires.

The expenses are considered to be incurred only when the treatment is given during the period the coverage is in effect.

For prostheses, expenses are considered to be incurred only on the date such prosthesis is installed.

If an orthodontist sets a global fee at the beginning of a treatment expected to extend beyond a year, the administrator reserves the right to spread such fee over the entire treatment period and to reimburse expenses periodically throughout the treatment.

#### **7.2.2. Fees**

Expenses incurred in Canada may not exceed the reimbursement basis in accordance with the Suggested Fee Guide for Dental Services provided for general practitioners, approved and published by the Dental Surgeon Association of the province where treatment is given, and for the year of reference of publication specified in the Summary of Benefits.

Expenses incurred outside Canada may not exceed the reimbursement basis in accordance with the Suggested Fee Guide for Dental Services provided for general practitioners, approved and published by the Dental Surgeon Association of the covered person's province of residence, and according to the reference year of publication specified in the Summary of Benefits.

***Your Group Insurance Benefits*****7.3. Payment Of Benefits****7.3.1. Required Proof**

Before paying benefits, the administrator may require, as proof and at no expense to the administrator, a complete diagram showing the covered person's state of dentition prior to the beginning of the treatment for which a claim is submitted. The administrator may also, if deemed necessary, require laboratory or hospital reports, X-rays, casts, molds or models used for examination purposes, or any other similar evidence.

**7.3.2. Alternate Treatment Plan**

If more than one type of treatment exists for the dental condition of the covered person, the administrator reimburses the lesser fee, provided however that the treatment given is normal and appropriate.

**7.4. Treatment Plan**

If the total cost of a treatment is expected to exceed the amount specified in the Summary Of Benefits, a treatment plan must be submitted to the administrator, who will determine, before commencement of treatment, the amount of expenses to be covered.

"Treatment plan" means a written description of the treatment which, in the opinion of the dentist, will be required, including X-rays in support of such opinion, the probable date of treatment and the expected cost.

Even if a treatment plan has been submitted to, and approved by, the administrator, expenses are considered to be incurred only when treatment has actually been given during the period the coverage is in effect.

**7.5. Calculation Of The Amount Reimbursable**

The administrator reimburses the eligible expenses subject to the deductible, the percentage of reimbursement and the maximum amount specified in the Summary of Benefits.

**7.5.1. Deductible**

The deductible is that portion of eligible expenses which must be paid by the covered person before any benefits are payable. The maximum deductible required per calendar year is specified in the Summary of Benefits.

**7.5.2. Carry-Over Provision**

If the deductible has been satisfied in whole or in part by the payment of expenses incurred in the last three months of a calendar year, the deductible of the following year will be reduced by the amount of expenses thus applied to the deductible.

***Your Group Insurance Benefits*****7.5.3. Reimbursement Percentage**

The administrator reimburses a percentage of eligible expenses after applying the deductible. Such percentage is specified in the Summary of Benefits.

**7.5.4. Maximum Benefit**

The maximum amount reimbursed by the administrator after calculation of the deductible and percentage of reimbursement is specified in the Summary of Benefits.

In the case of any person becoming covered more than 31 days following the eligibility date, the reimbursement is subject to the conditions specified in the Summary Of Benefits.

**7.5.5. Coordination And Limitation Of Benefits**

If you are covered under other group policies or government programs or where coverage is required by statute, the benefits payable from all sources cannot exceed 100% of expenses incurred, that is, benefits will not be payable with respect to that portion of any eligible expense for which benefits are payable by another plan.

**7.5.6. Dependents' Coordination And Limitation Of Benefits**

Benefits for eligible expenses incurred by your dependents who are covered under this plan as well as another plan will be determined on the following basis:

**1. Spouse**

Where your spouse is covered under the present plan and covered as a participant under another plan, that portion of an expense which is eligible for reimbursement under such plan will not be payable under the present benefit. Your spouse must first file a claim with his insurer.

Thereafter, you may submit to Standard Life a reimbursement request for the portion of the expenses not reimbursed by your spouse's insurer but eligible under the present benefit.

You must provide copies of the other insurer claim settlement and of the receipts.

**2. Child**

Where your child is covered as a dependent under the present plan and also under your spouse's plan, benefits will first be payable under the present plan if your birthdate occurs earlier in the calendar year in relation to that of your spouse.

As an example, when your birthdate precedes your spouse's birthdate, you must first submit your request to Standard Life.

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Afterwards, your spouse may submit to his insurer a reimbursement request for the portion of the expenses not reimbursed under the present benefit but eligible under his plan. Copies of the settlement issued by Standard Life and receipts must be provided.

Should the spouses have the same birthdate, the claims for children must then be filed in the alphabetical order of the spouses' first names.

### **7.6. Expenses For Preventive Treatments**

Expenses for the following preventive treatments are eligible:

#### **7.6.1. Examination And Diagnosis**

1. Oral examination, as specified in the Summary Of Benefits
2. Recall oral examination, as specified in the Summary Of Benefits
3. Emergency oral examination
4. Specific oral examination

#### **7.6.2. Radiographs**

1. Intraoral — Periapical, one complete series every two years
2. Intraoral — Occlusal
3. Intraoral — Bitewing
4. Extraoral
5. Sialography
6. Panoramic, once every two years
7. Radiopaque dyes
8. Cephalometric film

#### **7.6.3. Tests And Laboratory Examinations**

1. Microbiologic culture
2. Caries susceptibility tests
3. Biopsy of oral tissue — Soft
4. Biopsy of oral tissue — Hard
5. Cytologic smear
6. Pulp vitality tests

#### **7.6.4. Preventive Services**

1. Prophylaxis, as specified in the Summary Of Benefits
2. Preventive recall packages, as specified in the Summary Of Benefits

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3. Fluoride treatments, for covered persons under age 18
4. Initial oral hygiene instruction

### **7.7. Expenses For Basic Treatments**

Expenses for the following basic treatments are eligible:

#### **7.7.1. Other Basic Treatments**

1. Finishing restorations
2. Pit and fissure sealant
3. Caries, trauma and pain control
4. Interproximal discing

#### **7.7.2. Space Maintainers**

Space maintainers for loss of primary teeth, for covered persons under age 18

#### **7.7.3. Control Of Harmful Habits**

Appliances to control harmful habits for children

#### **7.7.4. Restorative**

1. Amalgam restorations
2. Acrylic or composite resin restorations

#### **7.7.5. Other Restorative Services**

1. Restorations prefabricated, metal or plastic
2. Recement inlay or crown
3. Removal of inlay or crown

#### **7.7.6. Endodontics**

1. Pulpotomy
2. Pulpectomy
3. Root canal therapy
4. Periapical services
5. Other endodontic procedures

#### **7.7.7. Periodontics**

1. Non surgical services
2. Surgical services
3. Periodontal splinting
4. Adjunctive periodontal procedures
5. Scaling/root planing, combined limit of twelve units per calendar year

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### **7.7.8. Prosthodontics —Removable**

1. Adjustments, repairs, additions
2. Relining and rebasing

### **7.7.9. Prosthodontics — Fixed**

Repairs

### **7.7.10. Oral Surgery**

1. Uncomplicated removals
2. Surgical removals
3. Alveoplasty
4. Surgical excision
5. Surgical incision and drainage
6. Frenectomy
7. Hemorrhage, control of

### **7.7.11. Adjunctive General Services**

Anaesthesia, only in relation to surgery

## **7.8. Expenses for Major Treatments**

Expenses for the following major treatments are eligible:

### **7.8.1. Prosthetics — Initial**

The initial, complete or partial, fixed or removable prostheses.

### **7.8.2. Prosthetics — Replacement**

Replacement of, complete or partial, fixed or removable prostheses, in the case of:

1. Replacement following the extraction of natural teeth.
2. Replacement of a prosthesis that is at least the age specified in the Summary Of Benefits and can no longer be used.
3. Initial replacement of a temporary prosthesis fitted less than twelve months before.

In no event will the coverage cover lost or stolen prostheses.

Whenever laboratory fees are incurred, they shall be limited to 60% of the fixed fee determined for the procedure, unless justified by a receipt furnished by a commercial laboratory.

***Your Group Insurance Benefits*****7.8.3. Restorative**

1. Diagnostic casts
2. Gold foil restorations, if other substances are inappropriate
3. Metal inlay restorations
4. Porcelain inlay restorations, if other substances are inappropriate
5. Onlay restorations
6. Pins for inlays, onlays or crowns
7. Post and cast metal cores
8. Crowns
9. Crowns on Implants
10. Restorative procedure on Implants
11. Veneers, laboratory processed
12. Overdentures

**7.8.4. Prosthetics — Removable**

1. Complete dentures
2. Complete dentures on Implants
3. Partial dentures

**7.8.5. Prosthetics — Fixed**

1. Bridge pontics
2. Retainers and abutments
3. Other prosthetic services

**7.8.6. Oral Surgery**

1. Oral surgery
2. Treatment of fractures
3. Other oral surgery

***Your Group Insurance Benefits*****7.9. Expenses for Implantology**

Implants

Charges for a replacement implant is not considered an eligible expense during the 12-year period following the insertion of a previous implant.

**7.10. Expenses for Orthodontic Treatments**

Expenses for the following orthodontic treatments are eligible:

Reasonable expenses incurred for orthodontic treatment given by an orthodontist or a general practitioner to correct the dental irregularities, subject to the age limitation specified in the Summary Of Benefits, if applicable.

**7.10.1. Orthodontic Treatments**

1. Oral examination
2. Skull and facial bone survey
3. Radiographs hand and wrist
4. Diagnostic casts, unmounted
5. Surgical exposures
6. Removable active appliances for tooth guidance
7. Fixed or cemented appliances
8. Retention appliances
9. Comprehensive treatment
10. Miscellaneous services

**7.11. Extension Of Coverage Without Premium Payment Upon Your Death**

Upon your death, the present benefit is extended without premium payment to the earliest of the following dates:

1. 24 months following your death.
2. The date on which this benefit would have terminated had you then been living.
3. The termination date of the benefit or group benefits plan.

**7.12. Exclusions**

This benefit does not cover:

1. Treatment or appliance, related directly or indirectly to full mouth reconstruction, to correct vertical dimension and temporomandibular joint dysfunction.

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2. Services rendered by a dental hygienist and not administered under supervision of a dentist.
3. Dental services covered under the health benefit, if such benefit is part of this group benefits plan, or under any other group insurance contract.
4. Services and supplies relating to any appliance worn in the practice of a sport.
5. Expenses which are or would normally be payable or reimbursable under a private or public insurance plan.
6. Self-inflicted injury, while sane or insane.
7. Injury or illness resulting from civil unrest, insurrection or war, whether war be declared or not, or participation in a riot.
8. Services which are not medically required, which are given for cosmetic purposes or which exceed ordinary services given in accordance with current therapeutic practice.
9. Care or services rendered free of charge or which would be free of charge were it not for insurance coverage or which are not chargeable to the covered person.

***Your Group Insurance Benefits*****8. Notice**

At Standard Life, we are committed to maintaining the highest standards of integrity in our business. In the course of our business, it is necessary to collect personal information about you. We will ask for your consent to collect, use and disclose personal information. We will limit collection, use and disclosure of personal information strictly for the purposes of your group coverage.

We will safeguard your personal information. Access to personal information is restricted to Standard Life employees and employees of authorized service providers who need it to determine eligibility, to administer your group coverage, to assess claims and conduct any required investigations. While Standard Life endeavors to protect all your personal information, your medical information will receive the highest level of protection.

You can be assured that not only do we respect applicable laws and regulations, but we also apply generally accepted privacy ethics and standard business practices for the handling of your personal information.

***How can you access your personal information and submit a complaint?***

You have the right to be informed of the nature and source of personal information that Standard Life has on record concerning you. Personal medical information will be made available only through a physician designated by you.

You also have the right to request the correction of inaccurate, incomplete or obsolete information in your file. If demonstrated to our satisfaction that the information held in our record is inaccurate or incomplete, we will make the necessary changes.

If you are not satisfied as to how we have handled your personal information, you may submit a complaint.

Any request to access or correct information held in our records or to submit a complaint should be made in writing to:

The Manager, Customer Relations and Ombudsman  
The Standard Life Assurance Company of Canada  
1245 Sherbrooke West  
Suite 1000  
Montreal, Qc  
H3G 1G3

Additional information about Standard Life's privacy protection practices can be obtained on our public Web site and in the VIP Room Web site for Plan Members.

*References to "you" and "your" in this Notice include yourself and your dependents.*