

Employee Benefit Guide



October 2022

The City of St. Albert Employee Benefit Handbook

Welcome to the City of St. Albert



Welcome aboard and congratulations on your choice to work for the City of St. Albert.

We are confident that you will have a rewarding and enriching experience as a member of our team. We pride ourselves in selecting and retaining personable, capable, knowledgeable and highly professional team members. We are also proud that the City of St. Albert is considered an employer of choice within the Alberta Capital Region.

This handbook is a guide to help you understand the employment-related benefits available to you. It is important that you understand these benefits and your options related to them. In addition to this document, remember that your manager and supervisor are available and willing to help with any questions you may have. The Human Resources department is also more than willing to provide you with assistance. Human Resources can be reached at 459-1650 for payroll or employment benefits information.

Also, please remember that this book is just a guide. Great care and attention has gone into ensuring that the information it contains is accurate and amended as program regulations change. That being said, the ultimate authorities on any dispute are the contracts and policies of the underwriters and providing organizations.

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Employee Computer Purchase Plan

The City recognizes the benefits of assisting its staff with the purchase of computer equipment for their personal use so a payroll deduction program is available to all permanent employees.

Only computer-related hardware, accessories and software are eligible to be purchased under this plan. Excluded are smartphones, digital cameras, computer games, video recorders, etc.

The plan runs mid-August to October. Eligible purchases must be made during the campaign, with a minimum purchase amount of \$560 (including GST). The City will reimburse the employee 90% of the total purchase price, minimum \$500 to a maximum of \$5,000. Payroll deduction is available on a one-year term at a low interest rate.

Detailed information regarding this program will be distributed every year.

The City of St. Albert Social Club

The Social Club is a non-profit organization that has the following objectives:

- To promote fellowship and friendship among employees of the City of St. Albert.
- Maintain a fund from which recognition may be made to members who end their service with the City.
- Acknowledge circumstances within the membership such as illness, death or other special circumstances that may occur.
- Subsidize the costs of the Social Club functions and other Social Club activities for members.

The Social Club is comprised of Members, Department Representatives, and the Executive. All governing positions are elected and voluntary. Membership in the Social Club is voluntary to any City staff member on the payroll. Dues are \$3.00 per pay beginning on the first pay following the day on which you join the Social Club.

Any person who joins the Social Club immediately upon employment with the City shall be entitled to full Social Club privileges. Should a person elect to join the Social Club at some later date, they must then have three months of continuous membership before being entitled to full Social Club privileges. Alternatively, they may elect to pay for 3 months in arrears.

Some events put on by the Social Club include: Golf Tournament, Dinner Theatre, Craft Night, Wine Tasting, Christmas Party, Ski Trip and much more.

Benefit Summary

Employment Category

- **Permanent Full-time (PFT)** - work at least seventy-two (72) hours in every consecutive bi-weekly period and will have been hired with no defined end date to their employment. Full-time employees are normally included in the semi-monthly salaried payroll.
- **Permanent Part-time (PPT)** - work less than an average of seventy-two hours in every consecutive bi-weekly period and will have been hired with no defined end date to their employment. Permanent Part-time employees are normally included in the bi-weekly salaried payroll.

Benefit Plan includes:

- Group Life Insurance – Employee Only
- Optional Life Insurance – Employee or Spouse [optional]
- Dependent Life [optional]
- Accidental Death & Dismemberment (AD&D) – Employee Only
- Long-Term Disability (LTD)
- Best Doctors
- Extended Health Care (with Emergency Travel Assistance)
- Vision Care [optional]
- Dental Care
- Employee Assistance Program

Eligibility Requirements

An employee must be:

- A permanent employee scheduled to work at least a 0.5 FTE (for most positions equates to an average of 36 hours bi-weekly). A permanent employee must be scheduled to work at least 20 hours per week to be eligible for long term disability insurance, or
- A term employee who is hired to work at least 72 hours bi-weekly for a minimum term greater than 6 months. Term employees are not eligible for long-term disability insurance or pension.

Cost of Premiums

Inside Employees: The City of St. Albert pays for 80% of the cost and the employee is responsible for 20%.

CUPE Employees: The City of St. Albert pays for 80% of the cost and the employee is responsible for 20%.

SAFFU Employees: The City of St. Albert pays for 75% of the cost and the employee is responsible for 25%.

Exceptions to the above percentages are as follows:

- Optional Employee Life Insurance 100% paid by employee
- Optional Spousal Life Insurance 100% paid by employee
- Option 1 of Long-Term Disability 100% paid by employee
- Employee Assistance Plan 100% paid by the City

Definitions

Accident

An accident is a bodily injury that occurs solely as a direct result of a violent, sudden, and unexpected action from an outside source.

Actively working

An employee is actively working if the employee is performing all the usual and customary duties of the employee's job with the employer for the scheduled number of hours for that day. This includes the scheduled non-working days and any period of continuous paid vacation, limited to the last day of the month following the month in which the vacation starts for Long-Term Disability, as long as the employee was actively working on the last scheduled working day.

An employee is not considered to be actively working when receiving disability benefits.

Appropriate treatment

Appropriate treatment is defined as any treatment that is performed and prescribed by a doctor or, when Sun Life believes it is necessary, by a medical specialist. It must be the usual and reasonable treatment for the condition and must be provided as frequently as is usually required by the condition. It must not be limited solely to examinations or testing.

Basic earnings

Basic earnings are the employee's salary from the employer not including any bonus, overtime or incentive pay.

Child

A child of the employee or the employee's spouse, including any legal ward of the employee or the employee's spouse for whom the employee is entitled to claim a deduction under the Income Tax Act, who is not married or in any other formal union recognized by law, and who is:

- Under 21, unmarried and living at home, or
- Age 21 or over but under the age 26 who is unmarried and is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) and is entirely dependent on the employee for financial support.

- A child who becomes handicapped before the limiting age, continues to qualify as long as the child:
 - Is incapable of financial self-support because of a physical or mental disability,
 - Depends on the employee for financial support, and
 - Is not married nor in any other formal union recognized by the law.

The employee must provide Sun Life proof of the above within 31 days of the date the child attains the limiting age.

Dependent

A dependent is a spouse or child, who is a resident of Canada or the United States and is covered under a provincial health care plan within Canada.

Doctor

A doctor is a physician or surgeon who is licensed to practice medicine where that practice is located.

Employee

An employee is a person who is employed by the employer and who is a resident of Canada.

Employer

The employer is the City of St. Albert.

Illness

An illness is a bodily injury, disease, mental infirmity or sickness. Any surgery needed to donate a body part to another person, which causes total disability, is an illness.

Life event changes

The following are considered life event changes:

- A marriage.
- A common-law relationship that has lasted 12 months.
- Divorce, legal separation, or the end of a common-law relationship.

- The death of a spouse or a child.

- The birth or adoption of a child.
- The employee's spouse becomes eligible for, or loses, other group coverage.

Previous group contract

A previous group contract is a contract issued to the contract holder or employer by another insurance company or by Sun Life which provided benefits comparable to this contract, and which terminated and was replaced by this contract less than 31 days later.

Retirement date for totally disabled employee

A totally disabled employee's retirement date is the employee's 65th birthday, unless the employee has actually retired before.

Spouse

The employee's spouse by marriage or under any other formal union recognized by law, or a person of the opposite sex or of the same sex who is publicly represented as the employee's spouse for at least the last 12 months.

Only one person at a time can be covered as an employee's spouse under this contract.

Waiting period

The period from the date of employment to the last day of the month in which employment begins. **However**, if permanent employment begins on the first day of the month, there is no waiting period.

General Conditions of the Coverage

Eligibility for coverage

An employee is eligible for coverage under this contract if the employee:

- Is a member of a class of employees eligible for coverage,
- Has completed the applicable waiting period, and
- Meets all other eligibility required as outlined.

A dependent becomes eligible for coverage on the date the employee becomes eligible or the date the person first becomes the employee's dependent, whichever is later.

The employee must apply for employee coverage in order for the employee's dependents to be eligible.

If an employee who was previously covered under this contract is re-employed by the City of St. Albert within 6 months of terminating employment, the employer may choose to consider the waiting period as satisfied on the date of re-employment.

Enrolment

An employee may enroll for the employee and dependent coverage shown below. If the employee's enrolment request is not received by the employer within 31 days after the date the employee becomes eligible, the employee will be covered for the core coverage only.

General Conditions

Benefit	Coverage Available
Basic Employee Group Life	1, 2 or 3 x Annual Salary
Accidental Death & Dismemberment	Equal to Basic Group Life Insurance
Basic Dependent Life	Options 1 or 2
Optional Employee Life	Multiples of \$10,000
Optional Spouse Life	Multiples of \$10,000
Long-Term Disability	Options 1 or 2
Extended Health Care	Options 1 or 2
Vision Care	Option 1
Dental Care	Options 1 or 2

When coverage begins

An employee's coverage begins on the date the employee becomes eligible for coverage.

If an employee is not actively working on the date coverage would normally begin, then coverage will not begin until the employee returns to active work with the employer.

A dependent's Extended Health, Dental and Vision coverage begin on the date the employee's coverage begins or the date the employee first has a dependent, whichever is later.

If the employee has a dependent when the employee becomes eligible, the dependent's basic Life coverage begins on the date the employee's coverage begins. If the employee acquires a dependent at a later date, dependent coverage may be added as described under *Changes in options and dependent coverage*.

If the employee already has dependent coverage under this contract, any further dependents are automatically covered without written request.

For any dependent, other than a newborn child, who is hospitalized, coverage will not begin before the dependent is discharged and resumes normal activities.

An employee may refuse Extended Health, Dental, or Vision Care coverage for the employee or a dependent because comparable coverage is provided through another spousal or employee group plan under this or another group plan.

An employee's Optional Life and/or Spouse Optional Life coverage begins on the later of the following dates, as long as the employee's request is received by the employer within 31 days after the date the employee becomes eligible:

- The date the employee becomes eligible for the coverage
- The date Sun Life approves the employee or spouse's proof of good health.

Proof of good health

Sun Life requires proof of good health for the initial amount of Optional Life coverage and for any increase in coverage elected by an employee.

Changes in options and dependent coverage

An employee may change options for any benefit and may add or terminate dependent coverage on the 2-year group re-enrollment anniversary date of January of even-years (ie. 2016, 2018) or if the employee has a Life Event Change, as long as the employee has been covered under the current option or dependent status for the lock-in period. The employee's request for the change must be received by

the employer before January 1st or within 31 days after the date of the Life Event Change, whichever applies.

For Health Care and Dental Care, the employee is only allowed to terminate coverage if they have comparable coverage under this or another group contract. The employee's request for the change must be received before January 1st or within 31 days after the date of the Life Event Change, whichever applies.

Proof of good health is required for an increase in Employee Life, Dependent Life or Long-Term Disability coverage.

Any resulting change takes effect on the later of the following dates:

- 2-year group re-enrollment anniversary date
- The date the employee's request is received by the employer following a Life Event Change.
- The date Sun Life approves the proof of good health, if required.

If an employee is not actively working on the date an increase would normally take effect, then the increase will only take effect on the day the employee returns to active work with the employer.

If a dependent, other than a newborn child, is hospitalized on the date when the change occurs, any increase in the dependent's coverage cannot take effect before the dependent is discharged and resumes normal activities.

Lock-in period

The lock-in period for all options for Employee Group Life Insurance, Dependent Life Insurance, Long-Term Disability, Extended Health, Vision and Dental Care is 2 years from the group re-enrollment date. For changes in coverage which are made at a Life Event Change, the lock-in period is 2 years from the following group re-enrollment date.

Changes in the amount of coverage

Changes in the amount of coverage or benefits may occur as the result of an employment status change, the addition of a benefit or a change to a benefit. Any resulting changes take effect on the date of the change in status or benefits.

The following exceptions apply if the result of the change is an increase in coverage:

- If the employee is not actively working when the change occurs, the increase cannot take effect before the employee returns to active work.

- If a dependent, other than a newborn child, is hospitalized on the date when the change occurs, the increase in the dependent's coverage cannot take effect before the dependent is discharged and resumes normal activities.

When coverage ends

An employee's coverage ends on the earlier of the following dates:

- For Extended Health, Vision, and Dental Care benefits - the last day of the month in which employment ends, or the date the employee reaches age 70, whichever is earlier.
- For all other benefits - the date employment ends for any reason other than for retirement on pension.
- The date the employee is no longer actively working.
- The end of the period for which premiums have been paid to Sun Life for the employee's coverage.
- The date this contract ends.

A dependent's coverage ends on the earlier of the following dates:

- The date the employee's coverage ends.
- The date the dependent ceases to be an eligible dependent.
- The end of the period for which premiums have been paid for the dependent's coverage.

However, any benefit may end on an earlier date as specified within this document.

Continuation of coverage

When coverage would terminate because employment ends or the employee is no longer actively working, the employer is entitled to continue coverage in the following circumstances as long as the employer's decision is applied equally to all employees within the same classification:

- If the employee is absent from work due to illness, coverage may be continued during the period of absence.
- Also, coverage under this plan may be continued:
 - During maternity/paternity leave (or any statutory leave, as set out in applicable employment standards legislation), but not more than the period required under the relevant legislation.

- During the notice period for termination of employment as required by relevant legislation.
- During the period an employee is temporarily laid off, on strike or locked out, but only until:
 - For Long-Term Disability - the last day of the month following the month in which the lay-off, strike or lock-out starts.
 - For all other benefits - the last day of the third month following the month in which the lay-off, strike or lock-out starts.
- During the period an employee is granted a leave of absence, but only until:
 - For Long-Term Disability - the last day of the month following the month in which the leave starts.
 - For all other benefits - 12 months following the date on which the leave starts.

The leave of absence cannot be because of illness, paid vacation, maternity/paternity leave, or any statutory leave as set out in applicable employment standards legislation.

Surviving dependent coverage

A dependent's Extended Health, Vision, Dental Care and Dependent Life coverage continues after the employee's death without further premiums, until the earlier of the following dates:

- 24 months after the date of the employee's death.
- The date the person would no longer be considered the employee's dependent if the employee were still alive.
- The date the benefit provision under which the dependent is covered terminates.

When dependent coverage continues, it is subject to all other terms of this plan.

Employee Group Life Insurance

Basic Life

*SAFFU members are only eligible for Option 3 coverage

Amount	Option 1	1x annual basic earnings rounded to the next higher \$1,000
	Option 2	2x annual basic earnings rounded to the next higher \$1,000
	Option 3*	3x annual basic earnings rounded to the next higher \$1,000
Reduction	For Elected Officials – coverage is reduced to \$15,000 at age 70	
	For all other employees – at age 70 coverage is reduced to 10% of the employee's amount of coverage prior to age 70, the result rounded to the next higher \$1,000	
Minimum	\$10,000	
Maximum	\$400,000	

Retiree Life Insurance

At retirement – Coverage is reduced to 50% of pre-retirement amount

At Age 70 – Coverage is reduced to 10% of pre-retirement amount

Optional Life

Amount As elected by the employee, units of \$10,000
Maximum - \$300,000

Proof of good health Required on all optional amounts of coverage

Termination The earlier of: date the employee retires, cancels insurance, terminates, or reaches age 70

Optional Spouse Life

Amount As elected by the employee, units of \$10,000
Maximum - \$300,000

Proof of good health Required on all optional amounts of coverage

Total disability definition for Employee Life

For Life coverage, an employee will be considered totally disabled if prevented by illness from performing any occupation the employee is or may become reasonably qualified for by education, training, or experience. However, if an employee is considered totally disabled under the Long-Term Disability provision, the employee is also considered to be totally disabled under the Employee Life provision.

When coverage ends

Coverage ends on the date specified above. In addition, coverage may end on an earlier date, as specified under *General Conditions of the Coverage*.

Converting coverage

If an employee's Life coverage ends or reduces for any reason other than the request of the employee, the employee may apply, without proof of good health, for an individual life insurance policy on the employee's life, subject to the provisions described in *Converting Group Coverage to an Individual Insurance Policy*.

Accidental Death and Dismemberment

Coverage

AD&D is provided in an amount equal to Employee Life Insurance.

Eligibility

Participation in the AD&D plan is automatic provided employee is enrolled in the Basic Group Life Plan.

Description of coverage

AD&D coverage provides a benefit equal to a percentage of the amount specified in *Coverage* above if, while covered, the employee:

- Accidentally drowns
- Disappears in an accident while travelling. This only applies if the means of transportation used by the person disappears, sinks, is wrecked, forced to land or stranded and the body of the person is not found within one year. There must be no evidence that the covered person is still alive.
- Is in an accident or exposed to the elements and as a direct result, and independently of any other causes, suffers one of the losses listed in the *Table of losses* within one year of that accident or exposure.

Proof of claim

If the employee dies, proof of claim should be made as soon as possible after the death occurred.

If the employee suffers a loss other than death, proof of claim must be received by Sun Life within one year of the loss.

Level of coverage

The principal sum will be exactly the same as the Basic Group Life coverage. The AD&D benefit is paid in addition to the Basic Group Life benefit if an insured individual's death is due to an accident. In the event that the employee suffers dismemberment losses due to an accident, a percentage of the principal amount is payable. The Table of Losses is listed further in this section.

What Sun Life will pay

Sun Life will pay the percentage, shown in the following table, of the person's amount of Accidental Death and Dismemberment coverage:

TABLES OF LOSSES

	Amount Payable (% of Principal sum)
Loss of life	100%
Loss of both arms <u>or</u> both legs	100%
Loss of both hands <u>or</u> both feet	100%
Loss of one hand <u>and</u> one foot	100%
Loss of one hand <u>or</u> one foot, <u>and</u> entire sight of one eye	100%
Loss of one arm <u>or</u> one leg	75%
Loss of one hand <u>or</u> one foot	75%
Loss of four fingers on the same hand	33 ^{1/3} %
Loss of thumb and index finger on the same hand	33 ^{1/3} %
Loss of four toes on the same foot	25%
Loss of use of both arms <u>or</u> both legs	100%
Loss of use of both hands <u>or</u> both feet	100%
Loss of use of one arm <u>or</u> one leg	75%
Loss of use of one hand <u>or</u> one foot	75%
Loss of entire sight of both eyes	100%
Loss of speech <u>and</u> loss of hearing in both ears	100%
Loss of entire sight of one eye	75%
Loss of speech	75%
Loss of hearing in both ears	75%
Loss of hearing in one ear	25%
Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%

Only the largest percentage is paid for injuries to the same limb resulting from the same accident. Sun Life will not pay more than 100% of the amount of coverage if the employee suffers from more than one of the losses in the same accident. This does not include quadriplegia, paraplegia, or hemiplegia, where Sun Life will pay a maximum of 200%.

Loss of an arm means that it was severed at or above the elbow. Loss of a hand means that it was severed at or above the wrist. Loss of a leg means that it was severed at or above the knee. Loss of a foot means that it was severed at or above the ankle. Loss of a thumb, finger or toe means that it was severed at or above the first joint from the hand or the foot. Loss of sight, speech or hearing must be total and permanent.

Loss of use must be total and must have continued for at least one year. Before Sun Life pays the benefit, the employee must provide proof that the loss is permanent.

Limit on benefit amounts

If more than one person covered by this contract is eligible for benefits resulting from the same accident, Sun Life will pay up to a maximum of \$3,000,000 for all claims related to the accident. If the total amount of benefits payable for the accident is more than \$3,000,000, then Sun Life will pay for each person a percentage of the \$3,000,000 that is equal to the percentage the person would have received of the total payable.

Repatriation benefit

If an employee dies as a direct result of an accident 100 kilometers or more from home, Sun Life will pay for the preparation and transportation of the body for burial or cremation. Sun Life will pay the usual and reasonable expenses for this service. Sun Life will not pay for this service to the extent that it is reimbursed from other sources or covered under another benefit of this contract. Sun Life will pay a maximum of \$10,000.

Sun Life may pay this benefit to any person who paid for the repatriation or has a claim for repatriation expenses against the employee's estate. As long as this payment is made in good faith, Sun Life will be fully discharged to the extent of the payment.

Rehabilitation program

If an employee suffers a loss, other than a loss of life, Sun Life will pay up to \$10,000 of the employee's rehabilitation expenses. Sun Life will only pay for the usual and reasonable expenses connected with a rehabilitation program. This does not include ordinary living expenses such as room, board, travelling or clothing. Sun Life must approve the rehabilitation program and the expenses must be incurred within 3 years of the accident and while the employee is covered for this

benefit. Sun Life will not pay for this service to the extent that it is reimbursed from other sources or covered under another benefit of this plan.

Sun Life's approval of the rehabilitation program will be based on the likelihood that it will be successful. The rehabilitation will be made up of training required, because of the loss, to prepare the employee for a new occupation.

Spouse occupational training benefit

If an employee dies as a direct result of an accident, Sun Life will pay up to \$5,000 to the employee's spouse for occupational training. The training must be for a job that the employee's spouse was not previously qualified for. Sun Life will only pay for the usual and reasonable expenses connected with an occupational training program. This does not include ordinary living expenses such as room, board, travelling or clothing. Sun Life must approve the expenses and all expenses must be incurred within 3 years of the date of the accident. Sun Life will not pay for this service to the extent that it is reimbursed from other sources or covered under another benefit of this plan.

Sun Life's approval of the training program will be based on the likelihood that it will be successful.

Child education benefit

If an employee dies as a direct result of an accident, Sun Life will pay for a dependent child's tuition fees in a post-secondary school. Sun Life will pay the child 5% of the amount of coverage up to \$5,000, each year up to a maximum of 4 years. The child must enroll as a full-time student within one year of the employee's death. Sun Life will only pay for the usual and reasonable tuition expenses. This does not include ordinary living expenses such as room, board, travelling or clothing. This also does not include education expenses incurred prior to the employee's death.

Family transportation benefit

If an employee suffers a loss as a direct result of an accident and is hospitalized at least 150 kilometers from home, Sun Life will pay up to \$5,000 for the usual and reasonable cost of hotel accommodations close to the hospital while the employee is hospitalized and for the travel expenses of an immediate family member. An immediate family member means a spouse, parent, child, brother or sister.

Sun Life will only pay for the usual and reasonable travel expenses. Sun Life will pay for car travel at a rate of \$0.20 per kilometer. Transportation must be by the most direct route to and from the hospital. Sun Life will not pay for this service to the extent that it is reimbursed from other sources or covered under another benefit of this plan.

Coverage during total disability

If an employee becomes totally disabled while covered and premiums are no longer payable for Life coverage, the employee's Accidental Death and Dismemberment coverage will continue without payment of premiums as long as the employee is totally disabled. This continued coverage is subject to the terms of the contract in effect on the date the employee became totally disabled, including reductions and terminations.

Any benefit paid under this contract will be reduced by the amount of any benefit paid under the 31-day free cover or under the Accidental Death benefit attached to any converted individual Life insurance policy, unless the Accidental Death benefit and the individual insurance policy to which it is attached are exchanged for a refund of premiums.

This coverage will continue without payment of premiums until the earlier of the following dates:

- The date the employee reaches age 65.
- The date premiums are no longer waived for Employee Life coverage.
- The date the Accidental Death and Dismemberment provision is terminated.

What is not covered

Sun Life will not pay for losses that are the result of:

- Self-inflicted injuries, by firearm or otherwise
- A drug overdose
- Carbon monoxide inhalation (this exclusion is waived for firefighters performing any act or thing pertaining to their employment with the employer)
- Attempted suicide or suicide while sane or insane
- Flying in, descending from or being exposed to any hazard related to an aircraft while:
 - Receiving flying lessons
 - Performing any duties in connection with the aircraft
 - Being flown for a parachute jump
 - A member of the armed forces if the aircraft is under the control of or

chartered by the armed forces

- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- Full-time service in the armed forces of any country.
- Participation in a criminal offence.

When coverage ends

Coverage ends when the employee retires or reaches age 70, whichever is earlier. In addition, coverage may end on an earlier date, as specified in *General Conditions of the Coverage*.

Converting Coverage

If an employee's Accidental Death and Dismemberment coverage ends or reduces for any reason other than the request of the employee, and if the employee applies to convert the employee's group Life coverage to an individual life insurance policy, the employee may also apply at that time to have an Accidental Death benefit attached to the individual Life insurance policy, which amount cannot be more than the amount of Life coverage the employee is converting.

Dependent Life Insurance

Basic Dependent Life

*SAFFU members are only eligible for Option 2 or 3

Option 1	Spouse	\$ 5,000
	Child	\$ 2,000
Option 2	Spouse	\$10,000
	Child	\$ 5,000
Option 3	No coverage	

Description of coverage

Upon receipt of proof that a dependent died while covered, Sun Life will pay a death benefit in the amount specified above.

What Sun Life will not pay

If a spouse's death is by suicide, while sane or insane, Sun Life will not pay any amount of Optional Life coverage that was in force for less than two years. However, Sun Life will refund all applicable premiums paid.

Coverage during total disability

If a totally disabled employee's Life coverage is continued without payment of premiums, then Dependent Life coverage will continue without payment of premiums. This continued coverage is subject to the terms of the contract in effect on the date the employee became totally disabled, including reductions and terminations.

If Life coverage for a spouse is converted to an individual insurance policy, any benefit paid under this contract will be reduced by the amount of any benefit paid under the 31 day free cover or under any converted individual policy, unless the individual insurance policy is exchanged for a refund of premiums.

A dependent's Life coverage will continue without payment of premiums until the earlier of the following dates:

- The date premiums are no longer waived for Employee Life coverage.
- The date the employee dies.
- The date this Dependent Life provision is terminated.

When coverage ends

The date the employee retires, cancels insurance, terminates, or reaches age 70, whichever is earlier. In addition, coverage may end on an earlier date, as specified in *General Conditions of the Coverage*.

Converting coverage

If a spouse's Life coverage ends or reduces for any reason other than at the request of the employee, the spouse may apply, without proof of good health, for an individual life insurance policy on the spouse's life, subject to the provisions described in *Converting Group Coverage to an Individual Insurance Policy*.

Long Term Disability Insurance

Amount of coverage

*SAFFU members are only eligible for Option 2 coverage

Option 1	66 ² / ₃ % of monthly basic earnings up to a maximum of \$6,000. Any benefits received are non-taxable as the employee pays 100% of the premium.
Option 2	75% of monthly basic earnings up to a maximum of \$6,000. Any benefits received are subject to income tax since the employer pays a portion of the premium.

Cost of living adjustment

After an employee has been totally disabled for one year, a cost of living adjustment will be applied each January 1st based on the increase in the Canadian Consumer Price Index (CPI), up to a maximum of 3% per year.

Elimination period

120 calendar days of uninterrupted total disability or the last day that benefits are payable under any Short-term disability, loss of income or other salary continuation plan, whichever is later.

Maximum benefit period

Period ending on the last day of the month in which the employee reaches age 65.

Termination

The date the employee reaches age 65 less the elimination period, or the date the employee retires, whichever is earlier.

Tax status

The benefit payments are not taxable as income for payments made under Option 1. Benefits received under Option 2 are subject to income tax as the employer has paid part of the premiums.

Description of coverage

An employee is entitled to payment of a Long-Term Disability benefit if the employee presents proof of claim acceptable to Sun Life that:

- The employee became totally disabled while covered,

- Total disability has continued beyond the elimination period specified above, and
- The employee has been following appropriate treatment for the disabling condition since the onset of the condition.

The employee will be entitled to benefits while the total disability continues. Benefits are paid at the end of each month. If the employee is totally disabled for part of any month, Sun Life will pay 1/30 of the monthly benefit for each day the employee is totally disabled.

The amount of the benefit is based on the coverage the employee had on the date the employee became totally disabled.

Total disability definition for Long-Term Disability

An employee will be considered totally disabled:

- While the employee is continuously unable due to an illness to do the essential duties of the employee's **own occupation**, during the elimination period and the following 24 months, and
- Afterwards while the employee is continuously unable due to an illness to do **any occupation** which will provide at least 66^{2/3}% of the employee's pre-disability basic earnings.

An employee with 35 or more years of employment with the employer is totally disabled if prevented by illness from performing the essential duties of the employee's **own occupation**.

If an employee must hold a government permit or license to perform the employee's **own occupation** and the permit or license is withdrawn or not renewed solely for medical reasons, Sun Life will consider the employee to be totally disabled for up to 12 months after the end of the elimination period. The employee cannot be working other than in a Sun Life approved rehabilitation program. After the end of the 12-month period, the employee will be considered totally disabled if the employee is continuously unable to do **any occupation** for which the employee is or may become reasonably qualified for by education, training or experience.

Proof of claim

Sun Life must receive the notice of claim as soon as reasonably possible.

Sun Life must receive proof of a claim no later than 90 days after the end of the elimination period.

Failure to provide proof within that time will not invalidate nor reduce any claim if it is shown that proof of claim was provided to Sun Life as soon as was reasonably possible, but in no event will the time for filing the proof of claim be extended for

more than 90 days plus one year after the end of the elimination period.

When Long-Term Disability payments begin

If an employee becomes totally disabled, the employee will be eligible for Long-Term Disability payments after the elimination period specified above.

If an employee becomes totally disabled during a lay-off or approved leave and the employee's coverage continues during this time, the employee will be eligible for payments on the later of:

- The end of the elimination period specified above, or
- The date the employee is recalled or scheduled to return to active full-time work with the employer unless the terms under *Maternity/Parental Leave of Absence* apply.

Interrupted periods of total disability during the elimination period

Interrupted periods of total disability occurring before the elimination period has been completed are treated as one period of disability and are accumulated to complete the elimination period as long as all of the following conditions are met:

- This Long-Term Disability benefit is still in force.
- There is only one interruption in the period of total disability.
- The interruption is not more than 30 days.
- Each period of total disability is due to the same or related causes.

If this Long-Term Disability benefit is terminated, any balance of the elimination period must subsequently be completed by uninterrupted total disability.

Interrupted periods of total disability after benefit payments begin

If an employee had a total disability for which Sun Life paid the employee Long-Term Disability benefits and total disability occurs again due to the same or related causes, Sun Life will consider it a continuation of the previous total disability if it occurs within 6 months of the end of the previous disability. The employee must be covered when the disability reoccurs.

In such cases, a new elimination period will not be applied. Benefits will be based on the coverage in force on the original date of total disability.

What Sun Life will pay

Here is how Sun Life calculates an employee's Long-Term Disability payments. All references to income in this disability provision are to the gross amounts before

any deductions.

Step 1: Sun Life takes the amount determined in the selected option.

Step 2: Sun Life subtracts any income provided to the employee:

- Under any government plan, law, or agency for the same or a related disability, excluding dependent benefits and automatic cost-of-living increases that occur after benefits begin.
- Under any Workers' Compensation Act or similar law for the same or a related disability, excluding automatic cost-of-living increases that occur after benefits begin.
- Under a motor vehicle insurance plan which provides disability benefits but only as long as the law does not prohibit such a deduction.
- Under a group plan for the same or a related disability, including any coverage resulting from the employee's membership in an association of any kind.
- Under a retirement or pension plan funded in whole or in part by the employer, as a result of a disability or medical condition.
- From any employer for the same or a related disability.
- Under any Criminal Injuries Compensation Act or similar law, where allowed by law.

If an employee is eligible for any of the income amounts above and does not apply for them, Sun Life will still consider them part of the employee's income. Sun Life can estimate those benefits and use those amounts when Sun Life calculates the employee's payments. However, an employee is not required to apply early for a retirement benefit which would result in a reduction in the employee's retirement benefit (unless such early eligibility to apply results from the same disability) and Sun life will not consider these amounts as part of the employee's income if the employee does not apply for them.

If the employee receives any of the income amounts above in a lump sum, Sun Life will determine the equivalent compensation this represents on a monthly basis using generally accepted accounting principles.

Sun Life will not take into account any benefits that began before the employee's disability began. However, increases in those benefits as a result of the employee's disability will be taken into account.

Sun Life has the right to adjust the employee's benefit payments whenever the amount of income being received by the employee from the above sources

changes.

Cost of living adjustments will be made as specified above.

Maternity / Parental leave of absence

Maternity leave agreed to with the employer will begin on the date the employee and the employer have agreed will be the start of the employee's leave or the date the child is born, whichever is earlier. The leave will end on the date the employee and the employer have agreed that the employee will return to active, full-time work or the actual date the employee returns to active, full-time work, whichever is earlier. Parental leave is the period of time that the employee and the employer have agreed on.

Sun Life will determine any portions of a maternity or parental leave which are voluntary and any portions which are health related. The health-related portion of the leave is the period in which a woman can establish, through appropriate medical documentation, that she is unable to work for health reasons related to childbirth or recovery from childbirth. Long term disability benefits will only be payable for health-related portions of the leave where necessary in order to comply with requirements such as employment standards, human rights and employment insurance, provided coverage has been continued for the employee.

However, Sun Life will not pay any benefits under this plan during any period benefits are payable to the employee under the employer's Supplemental Unemployment Benefit (SUB) plan.

Rehabilitation program

An employee may be required to participate in a rehabilitation program approved by Sun Life in writing. It may include the involvement of a Sun Life rehabilitation specialist, part-time work, working in another occupation or vocational training to help the employee become capable of full-time employment.

Sun Life is under no obligation to approve or continue a rehabilitation program for the employee. The decision to approve or discontinue a rehabilitation program will be made solely by Sun Life. Sun Life will consider such factors as financial considerations and Sun Life's opinion on the merits of rehabilitation.

During the rehabilitation program, the employee will continue to be eligible for Long-Term Disability payments. However, the Long-Term Disability payments will be reduced by 50% of the income the employee receives under the rehabilitation program. During any month, the total income the employee receives from all sources cannot be more than 100% of the employee's pre-disability basic earnings (after income taxes if the benefit is non-taxable). In cases where total income exceeds this limit, the Long-Term Disability payments will be reduced by the excess.

Entering a rehabilitation program during the elimination period is not considered an

interruption of the elimination period.

Rehabilitation expenses

Any expenses associated with a rehabilitation program approved by Sun Life, other than normal employment expenses, will be paid by Sun Life as long as Sun Life approves the expenses in writing in advance. Unless otherwise approved by Sun Life, the maximum amount of expenses payable by Sun Life during any one period of disability will be \$10,000.

Expenses will not be covered if Sun Life notifies the employee in writing that the rehabilitation program is no longer approved or that it will no longer accept previously approved expenses.

Re-employment allowance

If an employee is employed with the employer as part of a rehabilitation program, Sun Life will pay a re-employment allowance. The employment allowance will be paid for 3 months or until the end of the rehabilitation program, whichever is earlier. Sun Life will pay 50% of the salary (after income tax if the benefit is non-taxable) being paid to the employee for the rehabilitation employment. Sun Life will pay this amount to the employee in addition to the employee's Long-Term Disability benefit. The employer will reduce the employee's salary for the rehabilitation employment by an equivalent amount.

Employee's responsibilities during total disability

During any period of total disability, the employee must make reasonable efforts to:

- Recover from the disability, including participating in any reasonable treatment or rehabilitation program and accepting any reasonable offer of modified duties from the employer.
- Return to the employee's own occupation during the first 24 months that benefits are payable.
- Obtain training in order to qualify for another occupation if it becomes apparent that the employee will not be able to return to his or her own occupation within the first 24 months that benefits are payable.
- Try to obtain work in another occupation after the first 24 months that benefits are payable.
- Obtain benefits that may be available from other sources.

If the employee fails to do any of these things, Sun Life may withhold or discontinue benefits.

Waiver of premium

Long-Term Disability premiums for an employee will be waived while the employee is receiving Long-Term Disability benefits.

When Long-Term Disability payments end

An employee's Long-Term Disability payments end on the earlier of the following dates:

- The date the employee is no longer totally disabled.
- The end of the maximum benefit period as specified above.
- The last day of the month in which the employee retires on pension with the employer.
- The last date of the month in which the employee dies.

Survivor Benefit

If an employee dies while receiving Long-Term Disability benefits, Sun Life will pay a survivor benefit equal to (3) three times the employee's last monthly payment. Sun Life will make this payment to the employee's spouse, if living. If the spouse is deceased, Sun Life will make this payment to dependent children, in equal shares. If there are no dependents, Sun Life will make this payment to the **employee's estate**. This benefit is only applicable to Long Term Disability benefits that commence on or after January 1, 2007.

When coverage ends

Coverage ends on the date specified above. In addition, coverage may end on an earlier date, as specified under *Termination of the contract or a benefit provision* in the Sun Life contract.

Payments after coverage ends

If this Long-Term Disability provision is terminated while an employee is totally disabled, the employee is entitled to continue receiving payments as if this provision were still in effect, as long as the employee's total disability is uninterrupted.

What is not covered

Sun Life will not pay benefits for any period:

- The employee is not receiving appropriate treatment.

- The employee does any work for wage or profit except as approved by Sun Life.
- The employee is not participating in an approved rehabilitation program, if required by Sun Life.
- The employee is on a leave of absence, strike or lay-off, except as stated under *Maternity / Parental Leave of Absence* or except where specifically agreed to by Sun Life.
- The employee is absent from Canada longer than 4 months due to any reason, unless Sun Life agrees in writing in advance to pay benefits during the period.
- The employee is serving a prison sentence or is confined in a similar institution.
- Sun Life will not pay benefits if an employee's disability results directly or indirectly from a condition for which the employee received medical treatment or attention during the 90-day period before the date the employee's coverage began. However, this limitation will not apply to the employee if the employee becomes totally disabled more than 12 months after the employee's coverage begins.

If the employee's coverage ends but the employee is covered again under this contract, Sun Life will use the latest date the employee's coverage began when applying the above limitation.

After the employee's **own occupation** period, which is specified in the definition of total disability, Sun Life will not consider the employee totally disabled if the employee's disability results from drug or alcohol abuse. However, this limitation will not apply while the employee is participating in a Sun Life approved treatment program, or the employee has an organic disease which would cause total disability even if drug and alcohol abuse ended.

Sun Life will not pay benefits for total disability resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion, except for firepersons and ambulance attendants who are engaged in the performance of their duties.
- Intentionally self-inflicted injuries or attempted suicide, while sane or insane.
- Participating in a criminal offence.

Converting Group Coverage to an Individual Insurance Policy

When a benefit provision indicates that a person may apply for an individual insurance policy, the following conditions apply:

- Written application must be made to Sun Life, accompanied by the first premium no later than 31 days after coverage ends or is reduced. This is called the 31-day conversion period.
- The person may choose an individual plan with equivalent coverage to the coverage which terminated or reduced under this contract, but without disability benefits. If equivalent coverage is not provided under an individual plan issued by Sun Life, then Sun Life will offer a plan of equal value. The person may instead choose any other individual policy which Sun Life is willing to offer, but without disability benefits.
- The amount of individual life insurance will be limited by the following:
 - If coverage is terminated or reduced because the group contract is terminated or amended, the amount of a person's individual life insurance policy may not exceed the amount of coverage that is terminated or reduced less any amount of insurance available under another group contract within 31 days.
 - If coverage is terminated or reduced for any other reason, the amount may not exceed the amount of coverage that was terminated or reduced.
 - If a person is entitled to convert coverage under more than one benefit provision or more than one contract issued by Sun Life to the contract holder, then the sum of the amounts available for conversion under all such benefit provisions cannot exceed \$200,000, or the amount stipulated in any applicable legislation, if greater.
 - If a person does not convert the entire amount available for conversion, the individual life insurance cannot be less than the minimum amount which Sun Life issues for the plan selected.
- The premium rate for the individual policy will be based on Sun Life's rate for the gender, plan, and age of the person on the effective date of the individual policy. If requested, and the person applying for the insurance is under age 66, the premium rate for the first year will be that of a one-year term policy, but the premium rates after the first year will be based on the original age plus one. If an extra premium has been applied to the group premium, then a comparable extra premium may be applied to the individual contract issued as a result of conversion.

- The effective date of the individual policy will be the day following the end of the 31-day conversion period.
- If, after the conversion, a person is insured within 6 months under any Sun Life group contract with the contract holder, the amount of coverage under the group contract will be limited to the amount of the person's coverage under the group contract minus any amount still in effect under the individual life insurance policy.

31 Day Free Cover: When Sun Life receives proof of claim that a person has died during the 31-day conversion period, Sun Life will pay the amount of coverage eligible for conversion, or the amount stipulated in any applicable legislation, if greater.

Best Doctors

Best Doctors® is a program that is offered to all employees who qualify for Short or Long Term Disability.

If you or one of your covered dependents becomes seriously ill or injured, you can contact Best Doctors. They will connect you and your treating physicians with world renowned specialists who will confirm the right diagnosis and the right treatment options without you ever having to leave your home.

Best Doctors provides medical information and expert advice to help you answer your medical questions. You'll be empowered with knowledge, guidance and support while dealing with your illness or injury.

From finding a medical specialist to providing health coaching, wellness and health assessment tools, access to clinical trials, nutritional information, comprehensive medical information and more, Best Doctors offers a full spectrum of services that will help you get – and stay – as healthy as possible.

For more information about Best Doctors, please call **1-877-419-BEST (2378)**, visit www.bestdoctors.com/canada, or view an interactive presentation at www.bestdoctors.com/canada/for-individuals.

Extended Health Care

Benefit Year	January 1 – December 31
Deductible	None
Coverage	
In-Canada hospital	Up to the difference between the cost of a ward and a private hospital room
Auxiliary hospital	Up to \$360 per person per benefit year
Private duty nursing	Up to \$25,000 per person during any 3 consecutive benefit years
Paramedical services	Up to a maximum of \$750 per person per benefit year per specialty
Maximum benefit	Unlimited
Termination	<p>For employees who retire or terminate before reaching age 65 - the last day of the month in which the employee retires or terminates.</p> <p>For all other employees – the last day of the month in which the employee retires or reaches age 70, whichever is earlier.</p> <p>SAFFU Retirees – refer to Collective Agreement</p>

Reimbursement level

(SAFFU members are only eligible for Option 2 coverage)

	Option 1	Option 2
<i>Prescription drug products to help a person quit smoking and drugs for the treatment of erectile dysfunction</i>	100%	100%
<i>All other prescription drug products</i>	75%	100%
<i>All other expenses</i>	100%	100%

Description of coverage

Extended Health Care coverage pays for eligible services or supplies, for a covered person, that are medically necessary for the treatment of an illness. However, there are additional eligibility requirements that apply to drugs (see *Prior authorization program* for details).

How benefits are paid

Sun Life will pay for eligible expenses taking into account all limitations and the *Coordination of benefits* provision.

An eligible expense is allocated to the benefit year in which it is incurred. An eligible expense is incurred on the date the services are received or on the date supplies are purchased or rented.

After receiving satisfactory proof of claim, Sun Life will multiply the eligible expense by the appropriate reimbursement percentage indicated under *Reimbursement level* to determine the amount payable.

Sun Life will not pay more than the maximum amounts indicated in this section of the contract.

An expense must be claimed for the benefit year in which the expense was incurred. A person may not carry an expense over to a subsequent benefit year.

Proof of claim

Sun Life must receive proof of claim no later than:

- 180 days after the end of the benefit year during which a person incurs the expenses. Claims must be stamped received by Sun Life on or before expiration of the 180th day (June 29th or, in the case of a leap year, June 28th), or
- 90 days after the end of the employee's Extended Health Care coverage, whichever is earlier.

What is covered

All the following services and supplies are considered eligible expenses.

Hospital expenses in Canada

Sun Life will cover the cost of the following hospital expenses up to the limit specified above.

- Room and board in a hospital.

- Outpatient services in a hospital outside the province where the person lives.

A *hospital* is a facility licensed to provide care and treatment for sick or injured patients, primarily while they are acutely ill. Nursing care must be available 24 hours a day. It does not include a nursing home, rest home, home for the aged or chronically ill, sanatorium, convalescent hospital, or a facility for treating alcohol or drug abuse or beds set aside for any of these purposes in a hospital.

Sun Life will also cover the cost of room and board in an auxiliary hospital, up to the limit specified above. An *auxiliary hospital* is a facility licensed to provide treatment of patients for long term or chronic illnesses.

Expenses outside Canada

Sun Life will cover emergency medical services while a person is outside Canada.

Sun Life will cover the cost of the following, up to the reimbursement level specified:

- Room and board in a hospital and other hospital services up to \$250 per day per person.
- Other hospital services provided outside of Canada
- Outpatient services in a hospital
- The services of a doctor up to the amount stated in the Alberta College of Physicians and Surgeons Schedule.

Expenses for all other services or supplies eligible under this plan are also covered when they are incurred outside the province where the person lives, subject to the reimbursement level and all conditions applicable to those expenses.

Emergency services

Sun Life will only cover services obtained within 60 days of the date the person leaves the province where the person lives. If hospitalization occurs within this period, in-patient services are covered until the date a person is discharged.

Emergency services mean any reasonable medical services or supplies, including advice, treatment, medical procedures, or surgery, required as a result of an emergency. When a person has a chronic condition, emergency services do not include treatment provided as part of an established management program that existed prior to the person leaving the province where the person lives.

Emergency means an acute illness or accidental injury that requires immediate, medically necessary treatment prescribed by a doctor. At the time of an emergency, the covered person or someone with the covered person must contact

Sun Life's Emergency Travel Assistance provider, AZGA Service Canada Inc. (*Allianz Global Assistance*). All invasive and investigative procedures (including any surgery, angiogram, MRI, PET scan, CAT scan) must be pre-authorized by Allianz Global Assistance prior to being performed, except in extreme circumstances where surgery is performed on an emergency basis immediately following admission to a hospital.

If contact with Allianz Global Assistance cannot be made before services are provided, contact with Allianz Global Assistance must be made as soon as possible afterwards. If contact is not made and emergency services are provided in circumstances where contact could reasonably have been made, then Sun Life has the right to deny or limit payments for all expenses related to that emergency.

An emergency ends when the covered person is medically stable to return to the province where the person lives.

Emergency services excluded from coverage

Any expenses related to the following emergency services are not covered:

- Services that are not immediately required or which could reasonably be delayed until the person returns to the province where the person lives, unless their medical condition reasonably prevents the person from returning to that province prior to receiving the medical services.
- Services relating to an illness or injury which caused the emergency, after such emergency ends.
- Continuing services arising directly or indirectly out of the original emergency or any recurrence of it, after the date that Sun Life or Allianz Global Assistance, based on available medical evidence, determines that the person can be returned to the province where the person lives, and the person refuses to return.
- Services which are required for the same illness or injury for which the person received emergency services, including any complications arising out of that illness or injury, if the person had unreasonably refused or neglected to receive the recommended medical services.
- Where the trip was taken to obtain medical services for an illness or injury, services related to that illness or injury, including any complications or any emergency arising directly or indirectly out of that illness or injury.

Prescription drugs

Drugs covered under this plan must have a Drug Identification Number (DIN) and be approved under *Drug Evaluation*.

- Sun Life will cover the cost of the following drugs and supplies that are

prescribed by a doctor or dentist and are obtained from a pharmacist. Drugs, including over-the-counter drugs.

- Injectable drugs and vitamins.
- Compounded preparations, provided that the principal active ingredient is an eligible expense and has a DIN.
- Diabetic supplies.
- Drugs for the treatment of infertility, up to a lifetime maximum of \$2,400 for each person.
- Products to help a person quit smoking that legally require a prescription, up to a lifetime maximum of \$500 for each person.
- Drugs for the treatment of sexual dysfunction, up to a maximum of \$500 per person in a benefit year.
- Vaccines.
- Intrauterine devices (IUDs) and diaphragms.
- Varicose vein injections.

Payments for any single purchase are limited to the cost of a supply that can reasonably be used in a 100-day period.

Other health professionals allowed to prescribe drugs – Sun Life will reimburse certain drugs prescribed by other qualified health professionals the same way as if the drugs were prescribed by a doctor or a dentist if the applicable provincial legislation permits them to prescribe those drugs.

Sun Life will not pay for the following, even when prescribed:

- Infant formulas (milk and milk substitutes), minerals, proteins, vitamins, and collagen treatments
- The cost of giving injections, serums and vaccines.
- Treatments for weight loss, including drugs, proteins and food or dietary supplements.
- Hair growth stimulants.
- Drugs that are used for cosmetic purposes.
- Natural health products, whether or not they have a Natural Product Number (NPN).

- 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.

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

- Drugs that receive Health Canada Notice of Compliance for an initial review or a new indication on or after November 1, 2017.
- Drugs covered under this plan and subject to a significant increase in cost.
- Drugs 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 conditions(s).
 - Plan sustainability.

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 denied.

If a drug that is included in the PA program is prescribed, both the covered person and the attending doctor must complete a prior authorization form.

The covered person will be eligible for coverage for these drugs if the information provided by the covered person and the attending doctor 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.

Medical services and equipment

Sun Life will cover the costs for the medical services listed below:

- Out-of-hospital private duty nurse services, when medically necessary and ordered by a doctor, up to the limit specified above. Services must be for nursing care, and not for custodial care. The private duty nurse must be a nurse or nursing assistant who is licensed, certified, or registered in the province where the person lives and who does not normally live with the person. The services of a registered nurse are eligible only when someone with lesser qualifications cannot perform the duties.
- Transportation in a licensed ambulance, if medically necessary, to and from the nearest hospital that is able to provide the necessary medical services. Response fees are not covered.
- The following diagnostic services rendered outside of a hospital, except if the covered person's provincial plan prohibits payment of these expenses:
 - Laboratory tests
 - Ultrasounds
- Dental services required because an accidental blow to the mouth that occurs while a person is covered. The replacement of natural teeth or braces and splints needed to repair damage to natural teeth are included. These services must be received within 12 months after the date of the accident. Sun Life will not cover more than the fee stated in the Dental Association Fee Guide for a general practitioner in the province where the employee lives. The guide must be the current guide at the time that the treatment is received. The maximum amount payable is \$1,000 per person per accident.
- Contact lenses or intraocular lenses following a cataract surgery, limited to a lifetime maximum of one lens per eye.
- Wigs following chemotherapy, up to a maximum of \$300 per person in a benefit year. Wigs do not require a doctor's order.
- Medically necessary equipment rented, or purchased at Sun Life's request, when ordered by a doctor and that meets the person's basic medical needs. If alternate equipment is available, eligible expenses are limited to the cost of the least expensive equipment that meets the person's basic medical needs. For expenses incurred for a wheelchair, coverage is limited to the use of a manual wheelchair, except if the person's medical condition warrants the use of an electric wheelchair.

- Casts, splints, trusses, braces, or crutches.
- Cervical collars or traction kits when ordered by a doctor.
- Breast prostheses required as a result of surgery, when ordered by a doctor, up to a maximum of \$200 per person in a benefit year.
- Surgical brassieres required as a result of surgery, up to a maximum of 2 brassieres per person in a benefit year.
- Artificial limbs and eyes when ordered by a doctor. Repairs and replacements are also covered as long as they are ordered by a doctor.
- Stump socks, when ordered by a doctor, up to a maximum of 6 pairs per person in a benefit year.
- Elastic support stockings when ordered by a doctor, including pressure gradient hose, up to a maximum of 2 pairs per person in a benefit year. Maximum reimbursable amount is \$160 per pair for compression values from 20 to 40 mmHg.
- Arch supports, when prescribed by a doctor, podiatrist, or chiropodist, up to a maximum 1 pair per person in a benefit year.
- Custom-made orthotic inserts for shoes, when prescribed by a doctor, podiatrist, or chiropodist, up to a maximum of \$400 per person in a benefit year.
- Custom-made orthopaedic shoes or modifications to orthopaedic shoes when prescribed by a doctor, podiatrist, or chiropodist, up to a maximum of 1 pair per person in a benefit year.
- Hearing aids prescribed by a doctor, up to a maximum of \$1,000 per person over a period of 6 benefit years. Repairs are included in this maximum.
- Radiotherapy.
- Coagulotherapy when ordered by a doctor.
- Oxygen, plasma, and blood transfusions.
- Diabetic and colostomy supplies.
- Glucometers, once in any 4 consecutive calendar years for each person.
- Insulin pumps and continuous glucose monitors, including sensors and transmitters, up to a combined maximum of \$4,000 per person over a period

of 5 benefit years.

Paramedical services

Sun Life will cover, up to the limit specified above, the costs for each category of paramedical specialists listed below:

- licensed Speech Therapists
- licensed Social Workers
- licensed Psychologists
- licensed Physiotherapists
- licensed Acupuncturists
- licensed Massage Therapists
- licensed Naturopaths
- licensed Audiologists
- licensed Dieticians
- licensed Occupational Therapists
- **licensed Osteopaths (also includes Osteopathic practitioners)
- **licensed Chiropractors
- **licensed Podiatrists
- **licensed Chiropodists

** includes a maximum of one x-ray examination per specialty each benefit year.

When coverage ends

Coverage ends on the date specified above. In addition, coverage may end on an earlier date, as specified under *Termination or Modification of the Plan or a Benefit Provision* in the Sun Life contract

What is not covered

Sun Life will not pay for the costs of:

- 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*.
- Services or supplies to the extent that their costs exceed the reasonable and usual rates in the locality where the services or supplies are provided.
- Equipment that Sun Life considers ineligible (examples of this equipment are orthopaedic mattresses, exercise equipment, air-conditioning or air- purifying equipment, whirlpools, humidifiers, and equipment used to treat seasonal affective disorders).
- Any services or supplies that are not usually provided to treat an illness, including experimental treatments.

- Services or supplies that are not approved by Health Canada or other government regulatory body for the general public.
- Services or supplies that are not generally recognized by the Canadian medical profession as effective, appropriate, and required in the treatment of an illness in accordance with Canadian medical standards.
- Services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada).
- Services or supplies for which no charge would have been made in the absence of this coverage.
- Admission to a hospital primarily for bed rest, rest cures, custodial care or domestic care.

Sun Life will not pay benefits when the claim is for an illness resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion, except for fire-persons and ambulance attendants who are engaged in the performance of their duties.
- Any work for which a covered person was compensated that was not done for the employer who is providing this plan.
- Participation in a criminal offence, except when operating a motor vehicle with a blood alcohol content over the permissible level stipulated in the Criminal Code.

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 the person has made an application to the government program,
- Whether coverage under this plan affects the person's eligibility or entitlement to any benefits under the government program, or
- Any waiting lists.

Vision Care

Benefit year January 1 – December 31

Deductible None

Reimbursement level

Option 1 100% without a deductible

Up to a maximum of \$350 in any 12-month period for a person under age 18, or in any 24-month period for any other person.

Eye examinations performed by an ophthalmologist, or a licensed optometrist are also covered, up to a maximum of one visit per person over any period of 24 months.

Option 2 No Coverage

Termination of coverage

For employees who retire before reaching age 65 - the Coverage ends on the last day of the month following the month in which the employee retires. For all other employees - the last day of the month in which the employee retires, terminates or reaches age 70, whichever is earlier.

SAFFU Retirees – refer to Collective Agreement

Description of coverage

Vision Care coverage pays for eligible expenses for contact lenses, eyeglasses, and laser eye correction surgery.

How benefits are paid

Sun Life will pay for eligible expenses taking into account all limitations and the *Coordination of benefits* provision.

An eligible expense is allocated to the benefit year in which it is incurred. The benefit year is specified in *Benefit Details*. An eligible expense is incurred on the date the supplies are purchased.

After receiving satisfactory proof of claim, Sun Life will multiply the eligible expense by the appropriate reimbursement percentage indicated under *Reimbursement level* to determine the amount payable. The reimbursement levels are specified in *Benefit Details*.

Sun Life will not pay more than the maximum amounts indicated in *Benefit Details*.

An expense must be claimed for the benefit year in which the expense was incurred. A person may not carry an expense over to a subsequent benefit year.

Proof of claim

Sun Life must receive proof of claim no later than:

- 180 days after the end of the year during which the person incurs the expense, or
- 90 days after the end of the employee's Vision Care coverage, whichever is earlier.

An expense must be claimed for the benefit year in which the expense was incurred.

What is covered

Sun Life will cover, up to the limit specified above, the cost of contact lenses, eyeglasses, or laser eye correction surgery. Contact lenses or eyeglasses must be prescribed by an ophthalmologist or licensed optometrist and obtained from an ophthalmologist, licensed optometrist or optician. Laser eye correction surgery must be performed by an ophthalmologist.

Sun Life will also cover, up to the limit specified in *Benefit Details*, the cost of eye examinations performed by an ophthalmologist or a licensed optometrist.

Sun Life will not pay for sunglasses, magnifying glasses, or safety glasses of any kind, unless they are prescription glasses needed for the correction of vision.

When coverage ends

Coverage ends on the date specified above. In addition, coverage may end on an earlier date, as specified under *Termination or Modification of the Plan or a Benefit Provision* in the Sun Life contract.

What is not covered

Sun Life will not pay for the costs of:

- Services or supplies payable or available (regardless of any waiting list) under any government- sponsored plan or program, unless explicitly listed as covered under this benefit.
- Services or supplies to the extent that their costs exceed the reasonable and usual rates in the locality where the services and supplies are provided.

- Any services or supplies that are not usually provided to treat an illness, including experimental treatments.
- Services or supplies that are not approved by Health Canada or other government regulatory body for the general public.
- Services or supplies that are not generally recognized by the Canadian medical profession as effective, appropriate and required in the treatment of an illness in accordance with Canadian medical standards.
- Services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada).
- Services or supplies for which no charge would have been made in the absence of this coverage.

Sun Life will not pay benefits when the claim is for an illness resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion, except for fire-persons and ambulance attendants who are engaged in the performance of their duties.
- Any work for which a covered person was compensated that was not done for the employer who is providing this plan.
- Participating in a criminal offence, except when operating a motor vehicle with a blood alcohol content over the permissible level stipulated in the Criminal Code.

Alberta Health Care

All eligible residents of Alberta must register themselves and their dependants with the Alberta Health Care Insurance Plan (AHCIP). If you are a new or returning Alberta resident, you must register for AHCIP coverage to receive insured hospital and physician services.

For the most current information on this topic, please access the Alberta Health Care website at <http://www.health.alberta.ca/health-care-insurance-plan.html>.

Since **January 1, 2009**, there are no longer any employee or employer payroll deductions for Alberta Health Care.

Emergency Travel Assistance

(Medi-Passport)

Description of coverage

Emergency travel assistance, called Medi-Passport, supplements the emergency portion of a person's Extended Health Care coverage. It only covers services that a covered person obtains within 60 days of leaving the province where the person lives. If hospitalization occurs within this time period, in-patient services are covered until a covered person is discharged.

An *emergency* is an acute, unexpected illness that requires immediate attention.

Arrangements have been made with AZGA Service Canada Inc. (*Allianz Global Assistance*) to alleviate some of the difficulties a covered person may meet when travelling outside of the person's province of residence.

The following services are covered:

On the spot medical assistance

Allianz Global Assistance will provide referrals to physicians, pharmacists, and medical facilities. As soon as Allianz Global Assistance is notified that a covered person has a medical emergency, its staff, or a physician designated by Allianz Global Assistance, will, when necessary, attempt to establish communications with the attending medical personnel to obtain an understanding of the situation and to monitor the person's condition. If necessary, Allianz Global Assistance will also guarantee, or advance payment of the expenses incurred to the provider of the medical service.

Allianz Global Assistance will provide translation services in any major language that may be needed to communicate with local medical personnel.

Allianz Global Assistance will transmit an urgent message to the person's home, business, or other location. Allianz Global Assistance will keep messages to be picked up in its offices for up to 15 days.

Transportation home or to a different medical facility

Allianz Global Assistance may determine, in consultation with an attending physician, that it is necessary for a covered person to be transported under medical supervision to a different hospital or treatment facility, or to be sent home. In these cases, Allianz Global Assistance will arrange, guarantee, and if necessary, advance the payment for the person's transportation.

Based on medical factors, a physician designated by Allianz Global Assistance will make the final decision whether the person should be moved, when, how and to where the person should be moved and what medical equipment, supplies and personnel are needed. Meals and accommodations expenses

Meals and accommodations expenses

If a covered person's return trip is delayed or interrupted due to a medical emergency or the death of anyone the person is travelling with who is also covered by this benefit, Allianz Global Assistance will arrange the person's meals and accommodations at a commercial establishment. Sun Life will pay a maximum of \$150 a day for each person for up to 7 days.

Allianz Global Assistance will arrange for meals and accommodations at a commercial establishment, if a covered person has been hospitalized due to a medical emergency while away from the province where the person lives and has been released, but, in the opinion of Allianz Global Assistance, is not yet able to travel. Sun Life will pay a maximum of \$150 a day for up to 5 days.

Travel expenses home if stranded

Allianz Global Assistance will arrange and, if necessary, advance funds for transportation of a covered person to the province where the person lives:

- if due to a medical emergency, the person has lost the use of a ticket home because the person or a covered dependent travelling with the person had to be hospitalized as an in-patient, transported to a medical facility, or repatriated due to a medical emergency.
- if the person is a child under the age of 16, or mentally or physically handicapped, and is left unattended while travelling with a covered person when that person is hospitalized outside the province where that person lives, due to a medical emergency. If necessary, in the case of the child, Allianz Global Assistance will also make arrangements and advance funds for a qualified attendant to accompany them home. The attendant is subject to the approval of a covered person or a member of the person's family.

Sun Life will pay a maximum of the cost of the transportation minus any redeemable portion of the original ticket.

Travel expenses of family members

Allianz Global Assistance will arrange and if necessary, advance funds for one round-trip economy class ticket for a member of a covered person's immediate family to travel from their home to the place where the person is hospitalized if the hospitalization is for more than 7 consecutive days, and:

- the person is travelling alone, or

- the person is travelling only with a covered child who is under the age of 16 or mentally or physically handicapped.

Sun Life will pay a maximum of \$150 a day for the family member's meals and accommodations at a commercial establishment up to a maximum of 7 days.

Repatriation

If a covered person dies while out of the province where the person lives, Allianz Global Assistance will arrange for all necessary government authorizations and for the return of the person's remains to the province where the person lives in a container approved for transportation. Sun Life will pay a maximum of \$5,000 per return.

Vehicle return

Allianz Global Assistance will arrange and, if necessary, advance funds up to \$500 for the return of a private vehicle to the province where a covered person lives or a rental vehicle to the nearest appropriate rental agency if death or a medical emergency prevents the person from returning the vehicle.

Lost luggage or documents

If a covered person's luggage or travel documents become lost or stolen while the person is travelling outside of the province where the person lives, Allianz Global Assistance will attempt to assist the person by contacting the appropriate authorities and by providing directions for the replacement of the luggage or documents.

Coordination of coverage

If a person is also covered under certain other plans, Sun Life will coordinate payments with the other plans in accordance with guidelines adopted by the Canadian Life and Health Insurance Association.

The plan from which a person makes the first claim will be responsible for managing and assessing the claim. It has the right to recover from the other plans the expenses that exceed its share.

Limits on advances

Advances will not be made for requests of less than \$200. Requests in excess of \$200 will be made in full up to a maximum of \$10,000. The maximum amount advanced will not exceed \$10,000 per person per trip unless this limit will compromise a covered person's medical care.

Reimbursement of expenses

If a covered person obtains confirmation from Allianz Global Assistance that a medical emergency exists and pays for services or supplies that were eligible for advances, Sun Life will reimburse the person. To receive reimbursement, the person must provide Sun Life with proof of the expenses within 30 days of returning to the province where the person lives.

A covered person's responsibility for advances

Any person who receives benefits under this plan will have to reimburse Sun Life for any of the following amounts advanced by Allianz Global Assistance:

- any amounts which are reimbursed or are reimbursable to the person under a provincial medicare plan.
- that portion of any amount which exceeds the maximum amount of the person's coverage under this plan.
- amounts paid for services or supplies not covered by this plan.
- amounts which are the person's responsibility, such as deductibles and the percentage of expenses payable by a covered person.

Sun Life will bill the person for any outstanding amounts. Payment will be due when the bill is received. The person can choose to repay Sun Life over a 6-month period, with interest at an interest rate established by Sun Life from time to time. Interest rates may change over the 6-month period.

Limits on emergency travel assistance coverage

Allianz Global Assistance reserves the right to suspend, curtail or limit its services in any area, without prior notice, because of:

- a rebellion, riot, military up-rising, war, labour disturbance, strike, nuclear accident, or an act of God.
- the refusal of authorities to permit Allianz Global Assistance to fully provide service to the best of its ability during any such occurrence.

Allianz Global Assistance will not provide services in the province where a covered person lives, or during any trip taken for the purpose of seeking medical attention.

Liability of Sun Life or Allianz Global Assistance

Any physician or other health care professional who provides direct services to a covered person will be acting on the person's behalf only and will not be

considered acting on behalf of Sun Life or Allianz Global Assistance.

Neither Sun Life nor Allianz Global Assistance assume any responsibility or liability for:

- any medical advice given by any physician or other health care professional.
- the negligence or other wrongful acts or omissions of any physician or other health care professional providing direct services under this group plan.

No person will have any recourse against Allianz Global Assistance or Sun Life because Allianz Global Assistance suggested, or planned with, a physician or other health care professional.

Decisions by a physician or other health care professional as to the medical need for providing any of the services covered by this benefit are medical decisions based on medical factors and, as such, will be conclusive in determining the need for these services.

Termination of Medi-Passport

The plan sponsor can terminate coverage under Medi-Passport at any time without notice to the persons covered by the plan.

Emergency travel assistance benefits will continue for any covered person who is travelling outside the province where the person lives on the date coverage is terminated and who, in the 10 days prior to their departure, obtained confirmation from the plan sponsor, or Sun Life that, as of the scheduled date of departure, this coverage was still in force. However, the person will not continue to be covered under another benefit under this plan if that other benefit has been terminated.

Dental Care

Benefit Year January 1 to December 31

Deductible None

Reimbursement level

*SAFFU members are only eligible for Option 2

	Option 1	Option 2*
Basic dental procedures	100%	100%
Dentures	N/A	50%
Major dental procedures	N/A	50%
Orthodontic procedures (only for children under the age 21)	N/A	50%

Fee guide The current fee guide for general practitioners approved by the Alberta Dental Association, regardless of where the treatment is received.

If services are provided by a board qualified specialist in endodontics, prosthodontics, oral surgery, periodontics, paedodontics or orthodontics whose dental practice is limited to that speciality, then the fee guide approved by the provincial Dental Association for that specialist will be used.

Benefit year maximum Option 1: Basic - \$3,000 per person

Option 2: Basic, Dentures and Major dental procedures combined - \$3,000 per person

Lifetime maximum Orthodontic procedures - \$3,000 per person

Termination For employees who retire before reaching age 65, the last day of the month following the month in which the employee retires.

For all other employees, coverage terminates the last day of the month in which the employee terminates, retires, or reaches age 70, whichever is earlier.

SAFFU retirees – refer to Collective Agreement

Description of coverage

Dental Care coverage pays for eligible expenses that a covered person incurs for dental procedures performed by a licensed dentist, denturist, dental hygienist or anaesthetist.

For each dental procedure, only reasonable expenses will be covered, up to the usual charge for the most economical alternate procedure, service or treatment consistent with accepted dental practice. In no case will the eligible expense be more than the fee stated in the appropriate Dental Association Fee Guide specified above.

For an implant related crown or prosthesis, Sun Life will pay the benefit that would have been payable under this plan for a tooth supported crown or a non-implant related prosthesis, respectively. Sun Life will take into account any limitations that would have applied if there had been no implant. All other expenses related to implants, including surgery charges, are not covered.

When a fee guide is not published for a given year, the term *fee guide* may also mean an adjusted fee guide established by Sun Life.

How benefits are paid

Sun Life will pay for eligible expenses taking into account all limitations and the *Coordination of benefits* provision.

An eligible expense is allocated to the calendar year in which it is incurred.

An expense is incurred on the date the dentist performs a single appointment procedure. For procedures, other than orthodontic procedures, which take more than one appointment, a person incurs an expense once the entire procedure is complete.

For orthodontic procedures that occur while a person remains continuously covered, a person incurs an expense on the date of each appointment. For orthodontic procedures that are completed after the date a person's coverage ends, a person incurs the expense once the entire procedure is complete.

If a person receives any temporary dental service, Sun Life will consider it to be part of the final dental procedure used to correct the problem and not as a separate procedure. The fee for the permanent service will be used to determine the usual and reasonable charge for the final dental service.

After receiving satisfactory proof of claim, Sun Life will multiply the eligible expense by the appropriate reimbursement percentage indicated under *Reimbursement level* to determine the amount payable. The reimbursement levels are noted

above.

For claims for orthodontic procedures, a treatment plan must be prepared before the treatment begins and must be submitted to Sun Life. The eligible expenses for the entire course of the treatment and its estimated duration will be determined based on the treatment plan.

If the estimated duration of the treatment is less than 12 months, payment will be made monthly based on the actual expenses incurred for the month.

If the estimated duration of the treatment is 12 months or more, payment will be based on the average expenses for 3 months and will be paid in quarterly installments.

Proof of claim

Sun Life must receive a claim no later than:

- 180 days after the end of the calendar year during which a person incurs the expenses. Claims must be stamped received by Sun Life on or before expiration of the 180th day (June 29th or, in the case of a leap year, June 28th)., or
- 90 days after the end of the employee's Dental Care coverage, whichever is earlier.

A person can be required to submit to Sun Life the dentist's statement of the treatment received, pre-treatment x-rays and any additional information that Sun Life considers necessary.

Maximum benefit

Maximums are specified above.

If a person's coverage starts in the second half of a calendar year, the maximum for that year will be reduced by 50%.

What is covered

All the following dental procedures are considered eligible expenses.

Basic dental procedures

***These expenses are included in Options 1 and 2**

- Oral examinations:
 - 1 complete examination every 24 months.

- 1 recall examination every 6 months.
- Emergency or specific examinations.
- X-rays:
 - 1 complete series of x-rays or 1 panorex every 24 months.
 - 1 set of bitewing x-rays every 6 months.
 - X-rays to diagnose a symptom or examine progress of a particular course of treatment.
- Required consultations with another dentist.
- Polishing (cleaning of teeth), light scaling and topical fluoride treatment once every 6 months.
- Emergency or palliative services.
- Diagnostic tests and laboratory examinations.
- Provision of space maintainers for missing primary teeth for children under age 21.
- Pit and fissure sealants for children under age 21.
- Habit breaking appliances for children under age 21.
- Oral hygiene instruction, up to a lifetime maximum of 1 session per person.
- Fillings - amalgam, composite, acrylic, or equivalent.
- Removal of teeth, including impacted teeth, and related anaesthesia.
- Soft tissue incision and drainage and related anaesthesia.
- Prefabricated metal restorations and repairs to prefabricated metal restorations for children under age 21, other than in conjunction with the placement of permanent crowns.
- Endodontics - root canal therapy and root canal fillings, and treatment of disease of the pulp tissue.
- Periodontics - treatment of disease of the gum and other supporting tissue. Occlusal adjustments, scaling and root planing are each limited to 8 units

per person per benefit year.

- Surgery and related anesthesia. Charges for the services of a dentist who is assisting a doctor in fracture reduction are included up to a maximum of \$100 per person per occurrence.
- Repair and adjustment of dentures, limited to one repair and one adjustment per calendar year.
- Rebase or reline of an existing partial or complete denture, limited to once per calendar year.

Dentures

***These expenses are only included in Option 2.**

- Construction and insertion of standard dentures which are required because one or more natural teeth have been extracted while the person is covered for this benefit.
- Replacement of, or addition to, existing dentures as long as:
 - The existing denture is at least 5 years old and cannot be made serviceable,
 - The existing denture is temporary and is replaced by a permanent denture within 12 months after the date it was inserted, or
 - The replacement of, or the addition to, the existing dentures is required because one or more natural teeth have been extracted while the person is covered for this benefit.
- Stress breaker attachment.

Major dental procedures

***These expenses are only included in Option 2.**

- Inlays, up to the amount that would be paid for a regular filling.
- Onlays. Replacement onlays are only covered if the existing onlay is at least 5 years old and cannot be made serviceable.
- Crowns and repairs to crowns, other than prefabricated metal restorations (*Basic dental procedures*). Replacement crowns are only covered if the existing crown is at least 5 years old and cannot be made serviceable.
- Construction and insertion of bridges which are required because one or more natural teeth have been extracted while the person is covered for this benefit.

- Replacement of existing bridges as long as:
 - The existing bridge is at least 5 years old and cannot be made serviceable,
 - The existing bridge is temporary and is replaced by a permanent bridge within 12 months after the date it was inserted, or
 - The replacement of the existing bridge is required because one or more natural teeth have been extracted while the person is covered for this benefit.

- Repair of bridges.

- Veneers.

Orthodontic procedures

***These expenses are only included in Option 2.**

Only available for children under age 21.

- Interceptive, interventive or preventative orthodontic services, other than space maintainers and habit breaking appliances (*Basic dental procedures*).

- Comprehensive orthodontic treatment, using a removable or fixed appliance, or combination of both. This includes diagnostic procedures, formal treatment and retention. Charges for repairs, adjustments and recementation are included up to a maximum of \$30 plus laboratory charges per occurrence.

When coverage ends

Coverage ends on the date specified above. In addition, coverage may end on an earlier date, as specified under *Termination or Modification of the Plan or a Benefit Provision* in the Sun Life contract.

Payments after coverage ends

If a person's coverage ends without replacement coverage because the employee is no longer eligible under this provision, the person will continue to be covered for the following services for 31 days after the date coverage would have otherwise ended, as long as the services start as indicated below and this provision remains in force.

- Dentures, if an impression is taken before the date coverage would have otherwise ended.

- Crowns and bridges if a tooth is prepared before the date coverage would have otherwise ended.
- Root canal therapy, if the pulp chamber is opened before the date coverage would have otherwise ended.

What is not covered

Sun Life will not pay for services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, unless explicitly listed as covered under this benefit.

Sun Life will not pay for services or supplies that are not usually provided to treat a dental problem, including experimental treatments.

Sun Life will not pay for:

- Procedures performed primarily to improve appearance.
- The replacement of dental appliances that are lost, misplaced or stolen.
- Charges for appointments that a person does not keep.
- Charges for completing claim forms.
- Services or supplies for which no charge would have been made in the absence of this coverage.
- Charges for recent duplication of services, whether by the same or a different dentist.
- Supplies usually intended for sport or home use, for example, mouth guards.
- Procedures or supplies used in full mouth reconstruction (capping all of the teeth in the mouth), vertical dimension corrections (changing the way the teeth meet) including attrition (worn down teeth), alteration or restoration of occlusion (building up and restoring the bite), for the purpose of prosthetic splinting (capping teeth and joining teeth together to provide additional support) or for the correction of temporomandibular joint dysfunction (the temporomandibular joint is the hinge joint of the jaw).
- Transplants, and repositioning of the jaw.
- Tooth desensitization.

Sun Life will also not pay for dental work resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot

or civil commotion, except for firepersons and ambulance attendants who are engaged in the performance of their duties.

- Dental services required due to congenital malformation.
- Participation in a criminal offence, except when operating a motor vehicle with a blood alcohol content over the permissible level stipulated in the Criminal Code.
- Intentionally self-inflicted injuries or attempted suicide, while sane or insane.

Claiming Benefits

Proof of claim

Sun Life must receive written proof of claim within the time limits shown under each benefit.

For the assessment of a claim, Sun Life may require medical records or reports, proof of payment, itemized bills, or other information Sun Life considers necessary.

From time-to-time Sun Life may request additional information to support a proof of claim. If the information is not provided within 90 days of the request, the employee may not be entitled to some or all benefit payments.

The employee is responsible for all costs associated with any proof of claim.

Medical examinations

Sun Life can require medical examinations of any person for whom a claim is made. Sun Life will pay for these examinations. Sun Life can refuse to pay benefits if the person fails to take an examination.

Proof of age

Sun Life may require that any covered person provide proof of age. Sun Life may refuse to pay benefits until the proof is given.

If an incorrect age is given, Sun Life can adjust benefits and premiums based on the true age.

Paying benefits

Benefits payable during the lifetime of an employee are payable to the employee.

However, Optional Life benefits payable as a result of the spouse's death are payable to the last nominated beneficiary filed with the employer. If there is no beneficiary, payment is made to the employee if living, otherwise to the employee's estate.

Unless stated otherwise in the contract, benefits payable as a result of the death of an employee are paid to the last nominated beneficiary filed with the employer. Otherwise, payment is made to the employee's estate. Beneficiaries are revocable unless otherwise specified by the employee or provided by law.

If an employee dies before the employee's spouse, Dependent Life coverage payable on the death of the spouse will be paid to the spouse's estate. If an

employee dies before a dependent child, Dependent Life coverage which becomes payable on the death of the child is paid to the spouse, if living. If the spouse has died, it will be paid to the child's estate.

A minor cannot personally receive a death benefit under the plan until reaching the age of majority. If the employee is designating a minor as the beneficiary, the employee may wish to designate someone to receive the death benefits during the time the beneficiary is a minor. If the employee has 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. Alternatively, the employee may wish to designate the estate as beneficiary and provide a trustee with directions in the employee's will.

If the person, to whom a benefit is payable is not able to give a valid discharge, Sun Life may pay up to \$10,000 to any person Sun Life considers appropriate. As long as this payment is made in good faith, Sun Life will be fully discharged to the extent of the payment.

Recovering damages from a third party

This provision applies to every employee who claims disability benefits under the contract.

Sun Life may require that the employee provide a written statement of the circumstances that caused the employee's disability, including any facts that may give the employee a legal claim against another person, organization or company that caused the disability (a "Third Party").

If the employee has a legal claim against a Third Party for loss of income which could have been earned while disability benefits are paid or payable under the contract, then the employee must give the following to Sun Life, free of charge:

- Prompt notice of the commencement of any legal proceedings against a Third Party.
- Reports on the status of the legal proceedings or settlement negotiations that Sun Life asks for.
- Copies of any documents in the employee's possession or control relating to the employee's claim against the Third Party.
- Prompt notice of any settlement or judicial disposition of the legal proceedings.

The employee must pay Sun Life 75% of the employee's net recovery from the Third Party to a maximum of the disability benefits paid to the employee under the contract. This percentage of the net recovery is to be held in trust by the employee

for Sun Life until it is paid to Sun Life.

The employee's net recovery is the total of all amounts, including general damages, damages for loss of income, interest, and legal costs, recovered from the Third Party, either through settlement or trial, less the employee's legal costs for the recovery.

Sun Life may require the employee to sign an acknowledgement that the employee is bound by this provision. Sun Life has the right to withhold or discontinue disability benefits if the employee refuses or fails to comply with any of these terms.

Coordination of benefits

If a person incurs an expense covered under Extended Health Care, Vision Care or Dental Care coverage under this plan, that is also covered under any other plan providing similar benefits, Sun Life will coordinate its benefit payments with the other plans.

A plan is defined as group insurance or any other arrangement of coverage for individuals in a group, whether on an insured or an uninsured basis.

Coordination of benefits will be done in accordance with the guidelines of the Canadian Life and Health Insurance Association so that the total payments under all plans do not exceed the person's total eligible expenses.

Legal actions

- Where the applicable legislation of the 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 we must receive proof of claim. 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 the employee's province or territory.

Employee and Family Assistance Program (EFAP)

What is it?

The Employee and Family Assistance Program (EFAP) is a voluntary, confidential counseling and referral service available to you and your immediate family members 7-days a week, 24-hours a day.

The program is designed to help with personal or work-related problems, pressures, and stress BEFORE they lead to more serious difficulties.

Types of problems the EFAP covers

Your EFAP covers a broad range of concerns that you or your family members may be experiencing including:

- Family & Parenting
- Childcare & Eldercare
- Marital or other relationships
- Personal and Emotional
- Stress (including, but not limited to job-related)
- Anxiety and Depression
- Alcohol and Drugs
- Gambling
- Career and Vocational
- Grief
- Health
- Stress associated with financial concerns
- Stress associated with legal concerns

For more information about your Employee and Family Assistance Program, please contact **Lifeworks** at **1-844-880-9142**, or visit www.login.lifeworks.com and enter the City's username and password (provided to you by Human Resources).

For additional information on this program, contact Human Resources at 780.459.1650.

LAPP - Local Authorities Pension Plan

Who is eligible to join the plan?

If you are a full-time permanent employee, you automatically become a member of the plan as soon as you start your employment.

If you are employed on a part-time permanent basis, you may participate depending on your terms of employment (must work a minimum 0.5 FTE, which for most positions equates to 36 hours bi-weekly).

Compulsory contributions

Once an employee is registered, contributions continue to be paid until employment ends or until the employee:

- Becomes ineligible to contribute
- Attains the maximum of 35 years' pensionable service
- Reaches the end of the year in which age 71 is reached, or
- Chooses not to continue contributions while on a leave without salary.

Contribution rates

Contribution rates are set periodically by the Board. Rates are reviewed every year after an actuarial valuation of the Plan.

Contributions are tax deductible and are made through payroll deduction. Both the employee and employer contributions go directly to the Local Authorities Pension Plan Fund.

LAPP membership

LAPP membership is based on the number of calendar days between the day you start contributing to LAPP and the day contributions end. The length of time you are a member will determine the type of benefits you can receive.

Pensionable service

Pensionable service refers to the years of employment credited to you by the City of St. Albert and for which you contribute to the pension plan. Your future pension payments will be based on your number of years of pensionable service and your salary.

Pensionable salary is an employee's gross basic pay for performing the regular duties of employment.

The maximum pensionable service you can accumulate is 35 years. The minimum length of LAPP membership you need to qualify for pension is 2 years.

How can you increase your benefit?

You may be able to increase your future benefits by increasing your pensionable service through the following methods:

Optional Service

You may increase your future benefits by buying optional service. Your previous employment with an organization in Canada may count as optional service. Examples include:

- Previous employment with the City of St. Albert
- Another employer who participates in LAPP, or
- Contributory service under another pension plan as long as you will not receive or are not receiving a pension plan for that service.

Your contributions for optional service are tax deductible within the maximum limits set under the *Income Tax Act*.

Transferring between Pension Plans

Reciprocal agreements exist with some other pension plans that allow you to transfer your pension credits from a previous employer to LAPP. The request to transfer must be made within a year of becoming a member of LAPP.

Visit the LAPP website at www.lapp.ca for a list of pension plans with which LAPP has reciprocal agreements.

Leave of Absence

If you take a leave without salary or with partial salary, you may add that period of leave to your pensionable service. Your employer may offer you the option of either making pension contributions while on leave without salary, or waiting until you return to purchase that leave.

Other periods of leave may be eligible for purchase as pensionable service (providing your employer allows for such leaves).

Date of birth

Alberta Pensions Administration requires the date of birth be verified and reported for all members. The verified date of birth is used for pension-related calculations such as commuted value benefits and the actuarial reserve cost of buying optional service.

Who can be named a beneficiary

A beneficiary can be a person(s), a trust, an estate or any other legal entity such as a charitable organization.

If you have a pension partner, the surviving pension partner is automatically your beneficiary and is paid death benefits.

Pension partner

A pension partner is a person who, at the relevant time, is:

- Someone to whom you are married and from whom you have not been living separate and apart for three or more consecutive years, or
- If no such person exists, someone with whom you have been living in a common-law type relationship:
 - For a continuous period of no less than three years, or
 - Of some permanence, if there is a child of the relationship by birth or adoption.

Matrimonial property order

Upon marriage breakdown, courts will treat the pension asset as one of the items to be considered when matrimonial property is divided. Generally, a matrimonial property order (MPO) is a court order that provides for the division of matrimonial property. For the purposes of LAPP, an MPO is an order within the meaning of the *Matrimonial Property Act (Alberta)*, or a similar order enforceable in Alberta of a court outside Alberta, affecting the payment or distribution of a member's pension benefits.

An MPO can affect a member's benefit in many ways. For example, an MPO may result in a pension partner or former pension partner being paid part of any benefits payable under LAPP.

For more detailed information regarding the MPO regulations, please see the Pension Division Upon Marital Breakdown section of the APS website (www.apsc.ca) or contact the Member Services Centre at 1-877-649-LAPP (5277).