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## INTRODUCTION

DHL Express maintains a comprehensive Benefit Program designed to provide financial protection and future security for you and your family. **My Choice** offers you the flexibility to design your benefit package to suit your personal needs.

This booklet has been developed to assist you in the **My Choice** process.

**My Choice** has four basic components:

1. ***A “Flex Dollar Allowance”. The allowance is provided as a means to purchase the benefit coverage that best reflects your lifestyle.***
2. ***Some mandatory coverage options. This is basic insurance DHL Express believes every employee should have.***
3. ***Optional Plans where you choose the benefit options that best reflect your lifestyle.***
4. ***An on-line enrollment tool to assist you in making your choices.***

<b>On-line Enrollment:</b>	Whether you are a new or current employee the enrollment process begins when you receive a letter from Human Resources containing your username and password. Through the Microsoft Internet Explorer browser go to <a href="http://webs.whitecapcanada.com/DHL">http://webs.whitecapcanada.com/DHL</a> . Enter your username and password and follow the instructions on the screen.
<b>On-line Menu Bar:</b>	When you enter the enrollment site and have logged in you will see the following menu bar; Home, About You, Plan Details, Downloads, Help and Logoff.
<b>Home:</b>	Clicking the “Home” button will return you to the beginning of the enrollment process.
<b>About You:</b>	“About You” provides information about your plan history and your personal profile.
<b>Plan Details:</b>	“Plan Details” provides a drop down menu with details about all the various benefits offered.
<b>Downloads:</b>	Any form you might require during the enrollment is available in Adobe Acrobat format from this menu.
<b>Help:</b>	Each screen has navigational page sensitive help in the top right corner. You will find specific instructions on what you should be doing on each page.
<b>Logoff:</b>	Takes you out of the enrollment site.

If you need additional information on the benefit options or the **My Choice** program in general, please call your Human Resources or Benefits Department.

## PLAN OVERVIEW

The Mandatory and Optional Plans offer you the following coverages.

<b><u>BENEFIT</u></b>	<b><u>OPTION 1</u></b>	<b><u>OPTION 2</u></b>	<b><u>OPTION 3</u></b>	<b><u>OPTION 4</u></b>
<b><u>Medical</u></b>				
<b>Hospital (semi-private)</b>	Not Covered	100%	100%	100%
<b>Hearing Aids</b>	Not Covered	Not Covered	100%	100%
<b>Drugs</b>	Not Covered	70% - generic with card (72.6% for Quebec residents) \$6 dispensing fee cap (except for residents of P.Q.)	80% - generic with card \$6 dispensing fee cap (except for residents of P.Q.)	100% - with card \$6 dispensing fee cap (except for residents of P.Q.)
<b>Professional Services</b>	Not Covered	80% - \$300 max./yr.	100% - \$300 max./yr.	100% - \$500 max./yr.
<b>Out-of-Province &amp; Country</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Medical Emergency</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Emergency Travel Assistance</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Deductible</b>	Nil	\$25E/\$50E+1, E+2 (nil on drugs)	Nil	Nil
<b><u>Dental</u></b>				
<b>Basic</b>	No Coverage	(Current Fee Schedule) 75%	(Current Fee Schedule) 100%	(Current Fee Schedule) 100%
<b>Preventative</b>		75% } Unlimited	100% } Unlimited	100% } Unlimited
<b>Diagnostic</b>		75% } Annual	100% } Annual	100% } Annual
<b>Periodontics</b>		75% } Maximum	100% } Maximum	100% } Maximum
<b>Endodontics</b>		75% } per insured	100% } per insured	100% } per insured
<b>Major Restorative</b>		Not Covered	50% \$2,000/year maximum	50%
<b>Orthodontics (dep. children)</b>		Not Covered	Not Covered	50% \$2,500/lifetime max.
<b>Vision Care</b>	No Coverage	\$150/24 months	\$200/24 months	\$300/24 months

Plan overview continued on next page.

## PLAN OVERVIEW

<b>BENEFIT</b>	<b>OPTION 1</b>	<b>OPTION 2</b>	<b>OPTION 3</b>	<b>OPTION 4</b>	<b>OPTION 5</b>	<b>OPTION 6</b>
<b>Long Term Disability (LTD)</b>	60% of monthly salary 105 day waiting period 5 year benefit period	60% of monthly salary 105 day waiting period To age 65 benefit period	60% of monthly salary 105 day waiting period To age 65 benefit period Indexed to the CPI (maximum 3%)			
<b>Employee Life Insurance</b>	1.25 x Annual Salary	2.25 x Annual Salary	4.25 x Annual Salary	6.25 x Annual Salary		
<b>Spousal Life Insurance</b>	No Coverage	\$10,000	\$20,000	\$50,000	\$100,000	\$150,000
<b>Child Life Insurance</b>	No Coverage	\$5,000	\$10,000	\$20,000		
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	1.25 x Annual Salary	2.25 x Annual Salary	4.25 x Annual Salary	6.25 x Annual Salary		
<b>Employee Critical Illness (CI)</b>	No Coverage	\$5,000	\$10,000	\$25,000	\$50,000	
<b>Spousal Critical Illness (CI)</b>	No Coverage	\$5,000	\$10,000	\$25,000	\$50,000	

Limits and other restrictions may apply (see Plan Details in the following pages).

# PLAN OVERVIEW

## ***Definition of Terms***

Various terms are used throughout this material. The key terms that you should be familiar with are defined below:

- **Beneficiary**
  - Individual(s) you designate to receive benefits following your death subject to any policy or legal limitations. If the beneficiary you appoint is under 18 years of age, a trustee will be required before the payment can be made.
- **Flex Dollar Allowance**
  - The amount of money that the company provides to help you purchase the benefits you want.
- **Coinsurance**
  - The amount the Plan reimburses you, after you have paid any required deductible.
- **Coordination of Benefits**
  - If you have health or dental coverage through another plan, such as your spouse's company plan, your benefits can be coordinated with benefits from the other plan. This means that your total reimbursement for expenses may be up to 100%.
- **Coverage Category**
  - The level of medical and dental coverage you require, that is, Employee (E) if you have no eligible dependents, Employee +1 if you have one dependent only (child or spouse) and Employee + 2+ if you have more than one dependent (spouse and/or dependent children).
- **Deductible**
  - The amount you have to pay each policy year before the Plan reimburses you.
- **Dependent**
  - Each child (over 14 days of age with respect to Child Life insurance). The child must be unmarried, not employed on a regular, full-time basis and under 21 years of age. A child age 21 to 24 inclusive will be considered a dependent if in full-time attendance at an accredited school, college or university. Any mentally or physically handicapped child wholly dependent upon the employee for support and maintenance shall remain insured beyond any limiting age.
  - Spouse - Means the legal spouse of the Insured Person or an individual who has been residing with the Insured Person for a period of at least one year and who has been designated as the spouse of the Insured Person in the Policyholder's records for insurance purposes.
- **Eligibility**
  - Permanent, full-time and part-time employees are eligible for coverage following 30 consecutive days of employment.
- **'Opt Out' of Benefit Coverage**
  - If you choose the 'no coverage' option for dental and/or vision then you are restricted to the lowest benefit option should you elect coverage at a later date. If enrolled in Option 2, 3 or 4 of these benefits, to 'opt out' you can only do so after moving down to the lowest benefit option first. See Standard Operating Procedures on the following page for further details.

## PLAN OVERVIEW

- **Waive Coverage**
  - If you have coverage under your spouse's plan you may waive the medical, dental and/or vision benefit. If you subsequently lose that coverage then you can come into the 'My Choice' options within 31 days and choose any option.
- **Premium**
  - The annual cost for coverage under each option. Premiums can be paid using your Flex Dollar Allowance, payroll deduction, or a combination of both.
- **Reasonable & Customary**
  - Charges that do not exceed the general level of charges made by other providers of similar standing in the locality or geographical area where the charge is incurred, when furnishing like or comparable treatment, services or supplies.
- **Salary**
  - Means the employee's normal earnings as defined by your Human Resources or Benefits Department.

### ***Standard Operating Procedures (S.O.P.s/Rules)***

- Benefit enrollment occurs one time per year.
- Evidence of Insurability will be required to increase Optional Life or LTD coverage upon subsequent re-enrollments. Evidence is required on all amounts of Spousal Life Insurance in excess of \$20,000.
- Re-enrollment between anniversary dates can occur if there is a life event change (i.e. single to employee +1 or +2+ or vice versa) because of marriage, divorce, birth or death. You must apply within 31 days or medical evidence will be required for Health, Vision and/or Dental coverage. Medical evidence is required for increases in all other benefits.
- Re-enrollment between anniversary dates can occur if Medical and/or Dental coverage had been waived because of spousal coverage, but the employee's spouse loses that coverage. Vision Care can also be taken if the spouse loses Health coverage which included Vision Care. You must apply within 31 days after your spouse loses coverage or medical evidence will be required for Health, Vision and/or Dental coverage. Medical evidence is required for increases in all other benefits.
- Salary changes will not cause a re-enrollment.
- Dental and Vision Care - you may only move up or down one option per year. Once enrolled in an Option you can only opt out by moving down to Option 2 first and then out (i.e. if in Option 4 you must change to Option 3 for a year; then to Option 2 for a year; and then out the following year).

If you elect to opt out of Dental or Vision coverage you will only be able to come into the plan at the lowest benefit Option (Option 2).
- This booklet outlines the benefits of your group insurance plan but does not create or confer any contractual rights. In case of dispute, the group insurance policy issued to your employer remains the only binding document, in accordance with the provisions prescribed by law.

## BEFORE MAKING YOUR CHOICES

It is important that you think about your total financial picture and consider the long-term impact of your decision. For example, you should consider your family's typical health care expenditures in a year.

In order to gain the maximum tax advantage you can choose the way you pay for your benefits. Premiums can be paid using your Flex Dollar Allowance, payroll deductions, or a combination of both. These instructions will tell you which payment method offers the greatest tax advantage.

### ***Completing The On-line Enrollment***

To begin the process Human Resources will assign you a username and password and an enrollment period. The enrollment period will consist of a start date and an end date. During that time you will be able to make changes or selections in your plan. Outside of that period you will be able to view your information only.

#### **The First Step ...**

Through the Microsoft Internet Explorer browser go to <http://webs.whitecapcanada.com/DHL> and enter your username and password.

#### **The Second Step ...**

Follow the instructions on each screen until you come to the end. You can cancel the procedure at any time and begin again anytime during your enrollment period. Your selections will not be registered until your benefits effective date.

#### **The Third Step ...**

Complete any Evidence of Insurability forms that were requested during the enrollment and submit directly to Maritime Life.

### ***Choosing Your Benefits***

Now it is time to select your benefits. The following pages provide information about the coverage available.

A detailed description of each benefit can be reviewed by selecting 'Plan Details' at the top of the screen and clicking the appropriate benefit. A brief benefit description can also be reviewed by clicking the information under the 'coverage' heading in the enrollment screen.

## MEDICAL PLANS - MANDATORY

Your Provincial Health Care Plan provides limited coverage for many medical expenses. Details of coverage and benefits can be obtained directly from your Provincial Health Care Office. To supplement this coverage, **My Choice** offers the following plans.

	<b>BENEFITS</b>	<b>Co-INSURANCE</b>	<b>DEDUCTIBLE</b>	<b>MAXIMUM BENEFIT</b>
<b>Option 1</b>	Out-of-Province (Country) Medical Emergency	100%	Nil	Unlimited
	Emergency Travel Assistance*	100%	Nil	Unlimited
<b>Option 2</b>	Out-of-Province (Country) Medical Emergency	100%	Nil	Unlimited
	Emergency Travel Assistance*	100%	Nil	Unlimited
	Semi-Private Hospital	100%	\$25E \$50E+1, E+2 per policy year, nil on drugs	unlimited/lifetime
	Hearing Aids	Not Covered	\$6 dispensing fee cap (per prescription) (except for residents of P.Q.)	unlimited
	Prescription Drugs (with drug card)	70% generic (72.6% for Quebec residents)		
Professional Services*	80%		\$300/policy year	
<b>Option 3</b>	Out-of-Province (Country) Medical Emergency	100%	Nil	Unlimited
	Emergency Travel Assistance*	100%	Nil	Unlimited
	Semi-Private Hospital	100%		unlimited/lifetime
	Hearing Aids	100%	Nil	"
	Prescription Drugs (with drug card)	80% generic	\$6 dispensing fee cap (per prescription) (except for residents of P.Q.)	"
	Professional Services*	100%		\$300/policy year
<b>Option 4</b>	Out-of-Province (Country) Medical Emergency	100%	Nil	Unlimited
	Emergency Travel Assistance*	100%	Nil	Unlimited
	Semi-Private Hospital	100%		unlimited/lifetime
	Hearing Aids	100%	Nil	"
	Prescription Drugs (with drug card)	100%	\$6 dispensing fee cap (per prescription) (except for residents of P.Q.)	"
	Professional Services*	100%		\$500/policy year

\*Dollar limits and other restrictions apply per eligible person insured (see the Medical Plan Details in the following pages).

<b>Making Choices:</b>	Choose the Medical coverage you want. <b><u>You must choose one of the four options.</u></b> Residents of Quebec must choose Option 2, 3 or 4 if under age 65 unless covered by a spousal plan.
<b>Tax Facts:</b>	Medical coverage is a non-taxable benefit (Except in Quebec).
<b>Coverage Level Choices:</b>	Choose the coverage level from the drop down box by selecting Option 1, 2, 3 or 4. Waiver: If you do not want coverage because you have coverage through your spouse, click the waiver button and provide the requested information. Payment Method: Flex Dollars, payroll deduction or combination.

MEDICAL PLANS - MANDATORY

## MEDICAL PLAN DETAILS

The following is a further description of some of the specific elements of your medical plan. If you have further questions about the coverages offered under each option contact your Human Resources or Benefits Department.

- **Ambulance**
  - Other than airline, to and from the nearest hospital qualified to provide the necessary treatment.
  - Emergency transportation within the insured's province of residence by airline to and from the nearest hospital, subject to a maximum benefit equal to the economy airfare for the insured, and, if medically required, a medical attendant who is neither a resident in your home nor a relative of your family.
- **Deductible**
  - The amount paid out-of-pocket before becoming payable by Maritime Life. There is a deductible per policy year for Option 2 which does not apply to prescription drugs.
- **Prescription Drugs**
  - There is a \$6 dispensing fee cap on drugs for all Options (except for residents of Quebec). Any amount charged over \$6 will be the responsibility of the insured.
  - Drugs which require a prescription by law; or drugs, medicines, injectable preparations, insulin preparations and supplies, and allergy serums, specified as covered expenses by the Insurer; includes oral contraceptives, fertility drugs (\$6,000 lifetime maximum), smoking cessation aids (\$125 lifetime maximum) and Viagra (\$1,000 per policy year) per insured.
  - No benefit will be payable for any single purchase of drugs which would not reasonably be used within 90 days from the date of purchase.
  - *Generic drug* is a term for products that contain the same medicinal ingredient(s) as the original brand name drug.
- **Preferred Accommodation in Canadian Hospitals**
  - The difference between the charges made for ward and semi-private room and board in a licensed Canadian hospital.
- **Convalescent Hospital**
  - Limited to semi-private accommodation, in a licensed Convalescent Care Facility, for 120 days.
- **Out-of-Province and Country Medical & Emergency Travel Assistance**
  - Duration of stay outside Canada - 60 days.
  - Travel Assistance Services - provides on the spot help in case of emergency for covered employees and family members travelling outside province of residence. Full details can be downloaded. This benefit terminates at age 65 or earlier retirement.

## MEDICAL PLAN DETAILS

### ■ **Outside Canada Referral**

- If under age 65 and referred by a physician for non-emergency treatment outside your province of residence, or for non-emergency treatment outside Canada, when treatment is unavailable in Canada and for which there is no medically sufficient alternate treatment available in Canada, the following are covered, in excess of any provincial government plan allowance, provided they are eligible for reimbursement in whole or in part by any provincial government plan.
- Semi-private accommodation in hospital (reasonable & customary charges).
- Services of a physician (reasonable & customary).
- Hospital services and supplies furnished during hospitalization, and for x-ray examinations and laboratory tests related to medical treatment rendered without hospitalization.
- Outside Canada referral expenses are subject to a lifetime maximum benefit of \$50,000.

### ■ **Private Duty Nursing**

- If recommended by a physician and only if medically necessary charges for services of a Registered Nurse, licensed practical nurse, Certified Nursing Assistant or member of Victorian Order of Nurses, while not confined to a hospital, provided such nurse is not a resident in your home or a relative of your family.
- Limited to an overall maximum benefit of \$10,000/3 policy years for active employees under age 65.

### ■ **Hearing Aids**

- Charges for the purchase of hearing aids (excluding batteries).

### ■ **Orthopaedic Shoes, Orthotics and Arch Supports**

- Orthopaedic shoes are limited to a maximum benefit of \$250 per policy year.
- Orthotics, including arch supports and molds, are limited to \$200 in any two policy years (per year for dependent children under age 18).

### ■ **Professional Services**

- Services of a licensed, accredited and/or certified speech therapist, clinical psychologist, osteopath, chiropractor, podiatrist, physiotherapist, naturopath, acupuncturist, registered masseurs or Christian Science practitioner.
- Limited to a maximum benefit as outlined in the MEDICAL PLAN table, in excess of the provincial plan, per policy year per specialty, except physiotherapist which has unlimited coverage.
- Charges for x-rays are covered up to a total maximum benefit of \$20 per policy year for all specialties combined.
- Psychologist covered for 50% only in Quebec.

## MEDICAL PLAN DETAILS

- **Accidental Dental**
  - Necessary dental treatment required as a result of an accidental injury to natural teeth, limited to a maximum benefit of \$5,000 per accident. The dental work must be completed within 12 months of the accident to be considered.
- **Durable Medical Equipment**
  - Rental (or purchase at the option of Insurer) of durable medical or surgical equipment required for therapeutic purposes (as approved by Insurer), braces, crutches and purchase of prostheses.
- **Laboratory tests/ x-rays**
  - Which are not covered by any provincial government plan, subject to a maximum benefit of \$500 per policy year per insured.
- **Extension of Coverage**
  - Upon your death, eligible dependents' Health insurance is extended, without premium payment, for twenty-four months from the date of death or to the date the policy or benefit terminates, whichever is earlier.
- **Exclusions**
  - Eligible expenses shall not include any of the following:
    - charges which are considered an insured service of any provincial government plan,
    - charges for general health examinations, and examinations required for use of third party,
    - charges for a surgical procedure or treatment performed primarily for beautification, or charges for hospital confinement for such surgical procedure or treatment,
    - charges for medical treatment or surgical procedure by a physician other than as provided under Out of Province and Country expenses,
    - charges for transport or travel, other than as specifically provided under eligible expenses,
    - charges not specified in the foregoing list of eligible medical expenses,
    - charges for services or supplies which are furnished without the recommendation and approval of a physician acting within the scope of his license,
    - charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy,
    - charges which are from an occupational injury or disease covered by any Workers' Compensation law or similar legislation,
    - charges which would not normally have been incurred but for the presence of this insurance or for which you are not legally

## MEDICAL PLAN DETAILS

obligated to pay,

- charges which the Insurer is not permitted, by any law or regulation, to cover,
- charges for dental work where a third party is responsible for payment for such charges,
- charges for bodily injury resulting directly or indirectly from war or act of war (whether declared or undeclared), insurrection or riot, or hostilities of any kind,
- charges for services or supplies resulting from any intentionally self-inflicted wound,
- charges for drugs, sera, injectable drugs or supplies which are not approved by Health and Welfare - Canada or are experimental or limited in use whether or not so approved,
- charges for experimental medical procedures or treatment not approved by the Canadian Medical Association or the appropriate medical specialty society,
- charges made by a physician for travel, broken appointments, communication costs, filling in of forms, or physician's supplies.

### ■ Termination of Benefit

- The date of retirement or termination of employment.

## DENTAL PLANS

Good dental care is an extension of good health care. **My Choice** offers the following plans.

	EXPENSES	CO-INSURANCE	MAXIMUM BENEFIT
<b>Option 1</b>	No Coverage		
<b>Option 2</b> <i>Current Fee Schedule</i>	Basic Preventative Diagnostic Endodontics Periodontics Major Restorative Orthodontics	75% 75% 75% 75% Not Covered Not Covered	unlimited maximum & 9 month exams & polishing " " " n/a n/a
<b>Option 3</b> <i>Current Fee Schedule</i>	Basic Preventative Diagnostic Endodontics Periodontics Major Restorative  Orthodontics	100% 100% 100% 100% 50%  Not Covered	unlimited maximum & 6 month exams & polishing " " " \$2,000/policy year (per eligible insured person) n/a
<b>Option 4</b> <i>Current Fee Schedule</i>	Basic Preventative Diagnostic Endodontic Periodontic Major Restorative Orthodontics (children only)	100% 100% 100% 100% 50% 50%	unlimited maximum & 6 month exams & polishing " " " " \$2,500/lifetime (per eligible insured child)

<b>Making Choices:</b>	You must decide whether you want coverage under this benefit. Some restrictions apply (see Standard Operating Procedures on page 5).
<b>Tax Facts:</b>	Dental coverage is a non-taxable benefit (Except in Quebec). Thus \$2,500 of tax-free orthodontic reimbursement can be equivalent to \$4 - \$5,000 of before tax income.
<b>Recording Choices:</b>	Choose the coverage level from the drop down box by selecting Option 1, 2, 3 or 4. Waiver: If you do not want coverage because you have coverage through your spouse, click the waiver button and provide the requested information. Payment Method: Flex Dollars, payroll deduction or combination.

Some restrictions apply on changing coverage.

## DENTAL PLAN DETAILS

The following is a further description of some of the specific elements of your dental plan. If you have further questions about the coverages offered under each option contact your Human Resources or Benefits Department.

- **Changing Options**
  - You may select any dental option you wish the first time you enroll in the plan. On subsequent re-enrollments you may only move one Option level per year up or down. Also, you must move down to Option 2 before you can opt out of the Dental plan (i.e. if in Option 4 initially you must move to Option 3 in year 2 and then Option 2 in year 3 and then you may opt out at the next re-enrollment).
- **Current Fee Schedule**
  - This refers to the provincial dental fee guide published annually by your provincial dental association. The guide provides your dentist with the suggested price for all dental procedures.
- **Maximum Benefit**
  - Annual or lifetime maximums as described in the Options are per insured member (i.e. Orthodontics is \$2,500 per child maximum).
- **Extension of Benefits**
  - No benefits will be eligible for claims incurred after termination of the employer's Master Policy or after your coverage ceases except to complete the installation of dentures within 30 days of the termination.
- **Alternate Benefits and Submission of Treatment Plan**
  - Where there exists more than one customarily employed and professionally adequate method of treating injury or disease to the teeth, Maritime Life reserves the right to determine eligible expenses on the basis of an alternate benefit. Maritime will advise you in advance of the amount of its liability when a proposed course of treatment includes major restorative dentistry or orthodontics. Have your dentist complete a dental claim form (which you can obtain from your Branch) indicating "pre-treatment plan" including pre-treatment x-rays if the proposed treatment involves crowns or bridgework.
- **Basic Services**
  - **Diagnostics**
    - standard and complete oral examinations and diagnosis is limited to once every 6 or 9 months,
    - single diagnostic x-rays, complete series or equivalent limited to once every 2 years,
    - study casts limited to once per year,
    - consultations.
  - **Preventative**
    - scaling and polishing (prophylaxis) limited to once every 6 or 9 months,
    - topical fluoride,
    - passive space maintainers (they do not move the teeth), for dependent children only,
    - oral hygiene instruction limited to once every 6 or 9 months.

## DENTAL PLAN DETAILS

- **Basic Restorative**
  - procedures used to restore the natural teeth to their normal functions by the use of silver amalgam, silicate, or synthetic restorations (fillings or temporary stainless steel crowns for children). Sedative dressings are covered.
- **Extractions**
  - uncomplicated removal of teeth.
- **Endodontics**
  - emergency endodontic procedures and conservative root canal therapy.
- **Periodontics**
  - scaling, root planing, acute infections, occlusal adjustment, provisional splinting,
  - surgical services such as gingival curettage, gingivoplasty, gingivectomy or osseous surgery,
  - special periodontal appliances.
- **Oral Surgery**
  - routine surgical removal of impacted teeth, residual roots and associated post-operative care.
- **Anaesthesia** - when reasonably and customarily required in connection with other covered procedures.
- **Relining and Rebasing of Dentures** - limited to once every 3 years, including addition of new teeth but not including the cost of dentures, their replacement or duplication.
- **Major Services**
  - **Repairs of Dentures**
  - **Removable Prosthetic Devices**
    - the initial installation of partial or full dentures. Replacement of existing removable prosthetic devices is not covered except if:
      - a) the replacement is required because of extraction, loss or fracture of one or more sound natural teeth or;
      - b) the existing dentures are at least 5 years old and no longer serviceable;
      - c) as a result of accidental dental injury.
    - replacement of lost or stolen dentures, the duplication of dentures and personalization or characterization of dentures is not covered.
  - **Extensive Restorative**
    - procedures, including gold inlays, onlays and crowns, used to restore the natural teeth to their normal functions where the tooth, as a result of extensive caries or fracture, cannot be restored with a filling. If a tooth can be restored with silver amalgam, silicate or synthetic restorations, benefits will be determined based on the usual costs of such a restoration.
  - **Fixed Prosthetic Devices**
    - the initial installation,
    - recementing and replacement of the facing or veneer,

## DENTAL PLAN DETAILS

- the replacement of existing fixed prosthetic devices is not covered except if:
  - a) required because of extraction, loss or fracture of one or more sound natural teeth after becoming insured under this plan;
  - b) the replacement is more than 12 months after becoming insured under this plan and the existing device is at least 5 years old and no longer serviceable.
- **Extension of Coverage**
  - Upon your death, eligible dependents' Dental insurance is extended, without premium payment, for twenty-four months from the date of death or to the date the policy or benefit terminates, whichever is earlier.
- **Orthodontics**
  - Only dependent children under age 21 are covered for this benefit. The diagnosis or correction of teeth irregularities and malocclusion of jaws, by wire appliances, braces or other mechanical aids, commonly known as "straightening of the teeth", including space retainers or orthodontic appliances, for the purpose of repositioning or moving of the teeth.
- **Exclusions**
  - Payment will not be made for any dental procedure in respect of any injury or dental disease which the employee or dependent was advised to receive treatment or for which treatment first began before the employee or dependent became insured for that dental procedure,
  - No benefit is payable for the following:
    - services or supplies that are primarily for cosmetic dentistry,
    - services or supplies which are not furnished by a legally qualified dentist or denturist acting within the scope of his/her license,
    - expenses resulting from war, riot, insurrection or participation in a criminal act,
    - miscellaneous charges such as counselling or instruction (except if included as an eligible expense), travel, broken appointments, communication costs or filling in of forms,
    - charges resulting from any intentionally self-inflicted injury,
    - any services covered in whole or in part by any government plan, services for which no charge is made, or services which the insurer is not permitted by law to cover,
    - charges for services which would not normally have been incurred, but for the presence of this insurance, or for which you are not required to pay,
    - hospital charges for board and room and related services and supplies,
    - dental examinations required by a third party,
    - diagnostic procedures in connection with any benefit categories excluded as eligible expenses,
    - services or supplies for implantology.
- **Termination of Benefit**
  - The date of retirement or termination of employment.

# DENTAL PLAN DETAILS

## VISION CARE PLANS AND DETAILS

This benefit provides you with additional insurance coverage.

	MAXIMUM BENEFIT
Option 1	No Coverage
Option 2	\$150/24 months
Option 3	\$200/24 months
Option 4	\$300/24 months

<b>Making Choices:</b>	You must decide whether you want coverage under this benefit. Some restrictions apply (see Standard Operating Procedures on page 5).
<b>Tax Facts:</b>	This coverage is a non-taxable benefit (Except in Quebec).
<b>Recording Choices:</b>	Choose the coverage level from the drop down box by selecting Option 1, 2, 3 or 4. Payment Method: Flex Dollars, payroll deduction or combination.

The following is a further description of some of the specific elements of your Vision Care plan. If you have further questions about the coverages offered under each option contact your Human Resources or Benefits Department.

- **Benefit**
  - This benefit provides coverage for lenses and frames for eyeglasses, contact lenses or laser eye surgery limited to the maximum benefit per eligible insured person in any 24 consecutive months from the date of your last claim.
  - Medically required contact lenses prescribed for severe corneal astigmatism, severe corneal scarring, Keratoconus (orical cornea) or Aphakia, provided visual acuity can be improved to at least the 20/40 level by contact lenses but cannot be improved to that level by spectacle lenses. Limited to a maximum benefit of \$200 in any 24 consecutive months from the date of your last claim.
- **Changing Options**
  - You may only move up or down one Option per year. Once enrolled in an Option you can only opt out by moving down to Option 2 first and then out (i.e. if in Option 4 you must change to Option 3 for a year; then Option 2 for a year; and then out).
- **Termination of Benefit**
  - The date of retirement or termination of employment.

## LONG TERM DISABILITY (LTD) INSURANCE - MANDATORY

If you are disabled due to sickness or injury, Long Term Disability provides you with an income while you are away from work. You must choose from the following coverage.

	<b>COVERAGE</b>
<b>Option 1</b>	60% of monthly salary 5 year benefit period 105 consecutive days waiting period Maximum benefit - \$10,000/month
<b>Option 2</b>	60% of monthly salary To age 65 benefit period 105 consecutive days waiting period Maximum benefit - \$10,000/month
<b>Option 3</b>	60% of monthly salary To age 65 benefit period 105 consecutive days waiting period Indexed to the CPI (max. 3%) Maximum benefit - \$10,000/month

Under each option, the total benefit including other income (such as CPP/QPP benefits payable on behalf of your dependents) may not exceed:

- 85% of pre-disability after-tax earnings.

<b>Making Choices:</b>	Choose the LTD coverage you want. <b><u>You must choose one of the three options.</u></b>
<b>Tax Facts:</b>	If you buy LTD with your Flex Dollar Allowance this premium amount will be added to your income so that if you become disabled you will not have to pay tax on any income you receive from the LTD plan. If you buy LTD through payroll deduction or a combination of Flex Dollars and payroll deduction any income you receive from the LTD plan will be tax-free as well.
<b>Recording Choices:</b>	Choose the coverage level from the drop down box by selecting Option 1, 2 or 3. Payment Method: Flex Dollars, payroll deduction or a combination of both.

## LONG TERM DISABILITY (LTD) DETAILS

The following is a further description of some of the specific elements of your LTD plan. If you have further questions about the coverages offered under each option contact your Human Resources or Benefits Department.

- **Evidence of Insurability** ■ Medical evidence will be required to increase LTD coverage on subsequent re-enrollments.
- **Qualifying Disability Period** ■ If you become totally disabled for 105 consecutive days, prior to age 65, and are under the continual treatment of a legally qualified physician you will receive a monthly income benefit.
- **Maximum Disability Period** ■ Benefits will be payable for either a five year period only or to age 65.  
■ Benefits will not be payable beyond age 65, unless you satisfy the Qualifying Disability Period while age 64, in which case benefits will be payable for a maximum of 12 months.
- **Total Disability** ■ You are considered totally disabled, during the first 24 months in which you receive benefits, if you are unable to perform any and every duty of your occupation. After this period you are considered totally disabled if you are unable to perform any and every duty of any occupation for which you are reasonably qualified by training, education or experience.
- **Recurrent Disability** ■ If a disability recurs and it is due to the same or related causes, it will be considered as one continuous disability and will not be subject to the Qualifying Disability Period unless you have returned to active, full-time employment for a period of 6 consecutive months or longer.  
■ If new disability is due to unrelated causes you may be eligible for a new disability period, subject to the Qualifying Disability Period, if you have returned to active work for at least one full day.
- **Rehabilitative Employment** ■ If you are disabled, the Insurer may recommend that you undergo some suitable rehabilitative training program which would take into account the nature and limitations of your disability.
- **Subrogation** ■ In the event of any payment under this coverage, the Insurer shall be subrogated to all of your rights of recovery therefore against any person or organization and you shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. You shall do nothing to prejudice such rights.
- **Indexation**  
(Option 3 only) ■ The monthly benefit payable, after reductions of coverage have been applied, shall be increased annually beginning with the January 1st next following the date benefits commence. The amount of this increase shall be based on the increases in the Consumer Price Index, but shall not exceed 3%.

## LONG TERM DISABILITY (LTD) DETAILS

- **Waiver of Premium**
  - If receiving Long Term Disability benefits, Maritime Life will waive the payment of premiums beginning with the premium for the first full policy month for which benefits became payable and continuing for each full policy month for which benefits are payable.
  
- **Exclusions**
  - No benefits are payable to an insured employee for any total disability commencing within six months of the insured employee's effective date of insurance if the disability is caused or contributed to by a sickness or accidental injury for which the employee has received medical treatment services or has taken a prescription drug at any time within ninety days before his or her effective date of insurance.
  - Any portion of a period of disability unless you are receiving ongoing supervision/treatment by a physician deemed appropriate by the Insurer for the impairment which is causing the disability. You will not be paid for any portion of a period of disability during which you do not participate in the treatment program recommended by said physician.
  - Any portion of a period of disability during which you are receiving treatment by a therapist unless such treatment is recommended by a physician deemed appropriate by the Insurer.
  - Any portion of a period of disability resulting from substance abuse, including alcoholism and drug addiction, unless you are participating in a recognized substance withdrawal program.
  - Disabilities resulting from self-inflicted injuries or attempted suicide.
  - Disabilities as a result of participation in a war, riot or insurrection.
  - The portion of a period of disability during which you are imprisoned in a penal institution, or confined in a hospital, or similar institution, as a result of criminal proceedings.
  - Any portion of a period of disability during any leave of absence (including maternity leave). Benefits will only be paid beginning on the scheduled return-to-work date or after satisfying the qualifying disability period, whichever is longer.
  - A disability which commences on or after the date a strike or layoff begins, except as outlined in the Employer's Master Policy.
  - A disability resulting from participation in the commission of a criminal offense.

# EMPLOYEE LIFE INSURANCE - MANDATORY

This Term Life Insurance plan helps provide financial support for your family following your death. **My Choice** offers the following coverage.

	COVERAGE
<b>Option 1</b>	1.25 x Annual Salary
<b>Option 2</b>	2.25 x Annual Salary
<b>Option 3</b>	4.25 x Annual Salary
<b>Option 4</b>	6.25 x Annual Salary

<b>Making Choices:</b>	Choose the Life Insurance coverage you want. <b><u>You must choose one of the four Options.</u></b>
<b>Tax Facts:</b>	When Flex Dollars are used to pay for all or any port of Life Insurance these dollars are considered a taxable benefit. Using payroll deduction to pay for your Life Insurance saves your Flex Dollar Allowance to buy other plans which do not create a taxable benefit.
<b>Coverage Level:</b>	Choose the coverage level from the drop down box by selecting Option 1, 2, 3 or 4. Payment Method: Flex Dollars, payroll deduction or combination.

## EMPLOYEE LIFE INSURANCE DETAILS

The following is a further description of some of the specific elements of your Life Insurance plan. If you have further questions about the coverages offered under each option contact your Human Resources or Benefits Department.

- **Beneficiary**
  - You may change your beneficiary at any time subject to any policy or legal limitations.
- **Conversion Privilege**
  - The Life benefit continues for 31 days following either the termination of your employment, or your classification changes to one in which you are not insured. During this period you may convert the amount of your Group Term Life Insurance, subject to a maximum amount of \$200,000 (all contracts of insurance combined) and provided you are under 65 years of age, to any individual whole like or convertible one-year term or term to age 65 plan without submitting evidence of health. The premium rate will be determined from your age and class of risk at the time of conversion.
  - The conversion privilege does not apply to reduction of life insurance or termination of insurance which become effective at specified ages or upon a member's retirement.
- **Evidence of Insurability**
  - This form is required on amounts exceeding \$600,000 on your initial enrollment and all increased amounts on subsequent re-enrollments.
- **Life Options**
  - Rates are based on a combination of a blended rate negotiated by the Company and your age, sex and whether you are a smoker or non-smoker. A non-smoker is defined as one who has totally abstained from smoking any form of tobacco or cannabis for a one-year period immediately preceding the date of non-smoker status.
  - Misstatement of non-smoker status constitutes fraud. No benefit is payable if you commit fraud, regardless of the cause of death.
  - If death occurs from self-destruction while sane or insane the insurer will not pay any part of Optional Life which became effective less than two years prior to the date of death.
- **Maximum Benefit**
  - The maximum coverage amount is \$1,000,000.
- **Waiver of Premium**
  - If you become totally disabled for at least 6 consecutive months before attaining age 65, Maritime Life will waive the payment of your life insurance premiums.
  - Waiver of premium terminates at age 65 or you are no longer totally disabled.
- **Termination of Benefit**
  - Coverage terminates at age 65 or earlier retirement.

## SPOUSAL LIFE INSURANCE

Spousal Life Insurance provides coverage in case of your spouse's death. **My Choice** offers the following coverage.

	COVERAGE
Option 1	No Coverage
Option 2	\$10,000
Option 3	\$20,000
Option 4	\$50,000
Option 5	\$100,000
Option 6	\$150,000

<b>Making Choices:</b>	First decide if you want Spousal Life Insurance coverage.
<b>Tax Facts:</b>	When Flex Dollars are used to pay for all or any part of Spousal Life Insurance it is considered a taxable benefit. Using payroll deduction to pay for your Spousal Life Insurance saves your Flex Dollar Allowance to buy other plans which do not create a taxable benefit.
<b>Coverage Level:</b>	Choose the coverage level from the drop down box by selecting Option 1, 2, 3, 4, 5 or 6. Payment Method: Flex Dollars, payroll deduction or combination.

## SPOUSAL LIFE INSURANCE DETAILS

The following is a further description of some of the specific elements of your Spousal Life Insurance plan.

- **Beneficiary**
  - You may change your beneficiary at any time subject to any policy or legal limitations.
- **Waiver of Premium**
  - If you become eligible for Waiver of Premium under the Life Insurance benefit your premium for Spousal Life insurance will also be waived. The amount of Spousal Life insurance for which premiums will be waived will be the amount in force on your date of disability.
  - Waiver of premium terminates at age 65 or earlier retirement.
- **Evidence of Insurability**
  - Required on all amounts of coverage above \$20,000 on initial enrollment and any increased amount on subsequent re-enrollments.
- **Termination of Benefit**
  - The benefit terminates at the earlier of your age 65 or retirement or your spouse's age 65.

## CHILD LIFE INSURANCE

Child Life Insurance provides coverage in case of your dependent child or children's death. **My Choice** offers the following coverage.

	<b>COVERAGE</b>
<b>Option 1</b>	No Coverage
<b>Option 2</b>	\$5,000
<b>Option 3</b>	\$10,000
<b>Option 4</b>	\$20,000

<b>Making Choices:</b>	First decide if you want Child Life Insurance coverage.
<b>Tax Facts:</b>	When Flex Dollars are used to pay for all or any part of Child Life Insurance it is considered a taxable benefit. Using payroll deduction to pay for your Child Life Insurance saves your Flex Dollar Allowance to buy other plans which do not create a taxable benefit.
<b>Coverage Level:</b>	Choose the coverage level from the drop down box by selection Option 1, 2, 3 or 4. Payment Method: Flex Dollars, payroll deduction or combination.

## CHILD LIFE INSURANCE DETAILS

The following is a further description of some of the specific elements of your Child Life Insurance plan.

- **Beneficiary**
  - You may change your beneficiary at any time subject to any policy or legal limitations.
- **Waiver of Premium**
  - If you become eligible for Waiver of Premium under the Life Insurance benefit your premium for Child Life insurance will also be waived. The amount of Child Life insurance for which premiums will be waived will be the amount in force on your date of disability.
  - Waiver of premium terminates at age 65 or earlier retirement.
- **Evidence of Insurability**
  - This is not required for this benefit.
- **Termination of Benefit**
  - The date you attain age 65 or earlier retirement, or the child attains the limiting age for coverage as explained in Definition of Terms, whichever is earlier.

# ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE - MANDATORY

AD&D provides you or your beneficiary with financial support if you die as a result of an accident or suffer an insured accidental injury.

	COVERAGE
Option 1	1.25 x Annual Salary
Option 2	2.25 x Annual Salary
Option 3	4.25 x Annual Salary
Option 4	6.25 x Annual Salary

<b>Making Choices:</b>	Choose the AD&D coverage you want. <b><u>You must choose one of the four Options.</u></b> If you elect family coverage it provides the following benefits for your dependents: <ul style="list-style-type: none"> <li>■ Spouse (no children): 60% of employee's elected amount</li> <li>■ Spouse (with children): 50% of employee's elected amount</li> <li>■ Each Child (no spouse): 20% of employee's elected amount (\$50,000 maximum)</li> <li>■ Each Child (with spouse): 15% of employee's elected amount (\$50,000 maximum)</li> </ul>
<b>Tax Facts:</b>	This coverage is a non-taxable benefit (Except in Quebec).
<b>Recording Choices:</b>	Choose the coverage level from the drop down box by selecting Option 1, 2 3 or 4. Payment Method: Flex Dollars, payroll deduction or combination.

## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) DETAILS

### Schedule of Losses:

If injury results in any of the following losses, within 365 days of the date of the accident, ACE INA Insurance will pay the benefit specified, provided that not more than one (the largest) be paid with respect to all injuries resulting from one accident.

Loss of Life	The Principal Sum
Loss of Both Hands or Both Feet	The Principal Sum
Loss of Entire Sight of Both Eyes	The Principal Sum
Loss of One Hand and One Foot	The Principal Sum
Loss of One Hand and Entire Sight of One Eye	The Principal Sum
Loss of One Foot and Entire Sight of One Eye	The Principal Sum
Loss of Speech and Hearing	The Principal Sum
Loss of Use of Both Arms, Both Hands or Both Feet	The Principal Sum
Quadriplegia	Two Times The Principal Sum
Paraplegia	Two Times The Principal Sum
Hemiplegia	Two Times The Principal Sum
Loss of One Arm or One Leg	Three-Quarters of The Principal Sum
Loss of Use of One Arm or One Leg	Three-Quarters of The Principal Sum
Loss of One Hand or One Foot	Two-Thirds of The Principal Sum
Loss of Entire Sight of One Eye	Two-Thirds of The Principal Sum
Loss of Use of One Hand or One Foot	Two-Thirds of The Principal Sum
Loss of Speech OR Hearing	Two-Thirds of The Principal Sum
Loss of Thumb & Index Finger (of the same hand)	One-Third of The Principal Sum
Loss of Four Fingers of Same Hand	One-Third of The Principal Sum
Loss of Hearing in One Ear	One-Third of The Principal Sum
Loss of All Toes of Same Foot	One-Quarter of The Principal Sum

- **Maximum Benefit**
  - Overall Maximum - \$1,600,000
  - Paralysis – 200% to \$1,000,000 maximum (combined all policies)

## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) DETAILS

- **Loss**
  - "Loss", with respect to hand or foot, means the actual severance through or above the wrist or ankle joint; with respect to arm or leg, actual severance through or above the elbow or knee joint; with respect to eye, the total and irrecoverable loss of sight; with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree; with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with respect to thumb and index finger, actual severance through or above the first phalange; with respect to fingers, the actual severance through or above the first phalange of all four fingers of the same hand; with regard to toes, the actual severance of both phalanges of all toes of the same foot.
  - "Loss" as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irreversible paralysis of such limbs.
- **Loss of Use**
  - Means the total and irrecoverable loss of function of an arm, hand or leg, provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to the ACE INA to be permanent.
- **Exposure & Disappearance**
  - If the body of an Insured has not been found within one year of the disappearance, stranding, sinking or wrecking of the conveyance in which the Insured was riding at the time of the accident, it shall be presumed, subject to all other conditions of the policy, that the Insured suffered loss of life resulting from bodily injuries sustained in the accident and covered under this policy.
- **Common Disaster Benefit**
  - If as a result of a "common accident" the Insured and the Insured's spouse should both lose their lives within one year of such "common accident", the spouse's loss of life benefit shall be increased to equal 100% of the Insured Employee's Principal Sum.
  - The benefits will be payable to and equally divided among the Insured Employee's "surviving children", or, in the case of any "surviving child" who is a minor or otherwise not competent to give valid release, ACE INA may pay such benefit to the guardian, trustee or other person deemed by ACE INA to be equitably entitled to receive such benefit. Any payment made by ACE INA in good faith pursuant to this provision shall fully discharge ACE INA to the extent of such payment.

Only with Family Coverage

## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) DETAILS

- "Common accident" means the same accident or separate accidents occurring within the same 24 hour period.
  - "Surviving children" means the Insured Employee's dependent children as defined in the definition of "eligible dependents" provided such children survive both the Insured Employee and the Insured Employee's spouse by at least 24 hours.
  - If laid-off on a temporary basis, temporarily absent from work due to short-term disability, on leave of absence or on maternity leave, coverage may be extended for 12 months with payment of premium.
  - If a loss occurs while performing other occupational duties during one of the above leaves no benefit will be payable.
  - On the date of termination of employment or during the 31-day period following termination of employment, an Insured Person may convert their insurance to an individual insurance policy of ACE INA. The individual policy will be effective either as of the date that the application is received by ACE INA or on the date that coverage under the group policy ceases, whichever occurs later. The premium will be the same as a person would ordinarily pay when applying for an individual policy at that time. Application for an individual policy may be made at any office of ACE INA. The amount of insurance benefit converted to shall not exceed that amount issued during employment up to an all policies combined maximum of \$200,000.
- **Continuation of Coverage**
- **Conversion Privilege**
- **Day Care Benefit**
- If employee suffers loss of life in a covered accident, ACE INA will pay, in addition to all other benefits payable under the policy a "Day Care Benefit" equal to the reasonable and necessary expenses actually incurred, subject to the lesser of 5% of the Principal Sum or a maximum of \$5,000 per year, on behalf of any dependent child of the insured who is enrolled in a legally licensed Day Care centre on the date of the accident or who enrolls in a legally licensed Day Care centre within 365 days following the date of the accident.
  - This benefit will be paid each year for four consecutive years upon receipt of satisfactory proof that the child is enrolled.
  - Dependent children must be 12 years of age and under.

## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) DETAILS

- **Extended Family Benefit**  
Only with Family Coverage
  - **Family Transportation Benefit**
  - **Home Alteration and Vehicle Modification**
- If employee suffers loss of life in a covered accident, coverage may be extended for the spouse and dependent children for a maximum of six months with premium payment.
  - When injuries result in an Insured Person being confined as an inpatient in a hospital outside 150 km from the Insured Person's city of permanent residence or outside of Canada and requires personal attendance of a member of the Insured Person's immediate family as recommended by the attending physician, in writing, ACE INA will pay for the expense incurred by the member of the family, for the transportation by the most direct route by a licensed common carrier to the confined Insured Person, but not to exceed an amount of \$15,000.  
"Member of the immediate family" means the spouse, legal or common-law, parents, grandparents, children over age 18, brother or sister of the Insured Person.
  - In the event an Insured Person sustains a covered injury excluding the Loss of Life, and such injury subsequently requires the use of a wheelchair to be ambulatory, ACE INA will pay the reasonable and necessary expenses actually incurred within 365 days from the date of accident for:
    1. the one-time cost of alterations to the principal residence to make it wheelchair accessible and habitable; and
    2. the one-time cost of modifications necessary to a motor vehicle utilized by the Insured Person to make the vehicle accessible or driveable.
  - Benefit payments herein will not be paid unless:
    - (i) home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair user; and
    - (ii) vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the Provincial vehicle licensing authorities.
  - The maximum payable under both Items 1 and 2 combined will not exceed \$15,000.

## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) DETAILS

### ■ Identification Benefit

- In the event accidental Loss of Life is sustained by the Employee not less than one hundred and fifty (150) kilometers from his normal place of residence and identification of the body by a Member of the Immediate Family has been requested by the police or a similar governmental authority, ACE INA will reimburse the reasonable expenses actually incurred by such member for:
  - a) transportation by the most direct route to the city or town where the body is located; and
  - b) hotel accommodation in such city or town, subject to a maximum duration of three (3) days.
- The reimbursement of such expenses incurred is subject to the accidental loss of life indemnity being subsequently payable in accordance with the terms of this policy following the identification of the body as the Employee. The maximum amount payable will not exceed in the aggregate the amount of five thousand dollars (\$5,000) for all such expenses.
- Payment will not be made for board or other ordinary living, travelling or clothing expenses, and transportation must occur in a vehicle or device operated under a license for the conveyance of passengers for hire.
- Benefits payable under this section will be limited to only one (1) policy in the event this benefit is contained in two (2) or more policies issued to the Policyholder by the Company.

### ■ Rehabilitation Benefit

- When injuries result in a payment being made by ACE INA under any benefit, excluding the Loss of Life benefit, ACE INA will pay in addition:

The reasonable and necessary expenses actually incurred up to a limit of \$15,000 for special training of the Insured Person, provided:

  - (a) such training is required because of such injuries and in order for the Insured Person to be qualified to engage in an occupation in which he/she would not have been engaged except for such injuries;
  - (b) expenses be incurred within two years from the date of the accident;
  - (c) no payment will be made for ordinary living, traveling or clothing expenses.

## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) DETAILS

- Repatriation Benefit**

  - When injuries covered by this policy result in loss of life of an Insured Person outside 150 km from their city of permanent residence and within 365 days from the date of the accident, ACE INA will pay the actual expense incurred for preparing the deceased for burial and shipment of the body to the city of residence of the deceased, up to a maximum of \$15,000.
  
- Seat Belt Benefit**

  - In the event an Insured Person sustains a covered injury which results in a payment being made the amount of Principal Sum will be increased by ten percent (10%) if, at the time of the accident, the Insured Person was driving or riding in a Vehicle and wearing a properly fastened Seat Belt and had a valid driver's license.
  - Due proof of Seat Belt use must be provided as part of the written proof of Loss.
  - "Vehicle" means a private passenger car, station wagon, van or jeep-type automobile.
  - "Seat Belt" means those belts that form a restraint system.
  
- Special Benefit For Dependent Children**  
Only with Family Coverage

  - A 'dismemberment' claim will be paid by ACE INA Insurance as shown below even if the severed limb or part is reattached and regardless of whether the reattachment is successful.
  - The Child's Principal Sum (P.S.) means the applicable percentage of the employee's amount of insurance.
  - The maximum benefit payable is \$100,000.
 

Loss of Life	Child's Principal Sum
Loss of Two Hands	Four Times P.S.
Loss of Two Arms	Four Times P.S.
Loss of Two Legs	Four Times P.S.
Loss of Two Feet	Four Times P.S.
Loss of One Hand & One Foot	Four Times P.S.
Loss of Entire Sight of Both Eyes	Four Times P.S.
Loss of Speech & Hearing	Four Times P.S.
Quadriplegia	Four Times P.S.
Loss of One Arm or One Leg	Two Times P.S.
Loss of Speech or Hearing	Two Times P.S.
Paraplegia or Hemiplegia	Two Times P.S.
Loss of One Hand	Child's Principal Sum
Loss of One Foot	Child's Principal Sum
  
- Special Education Benefit**

  - In the event of loss of life in a covered accident ACE INA will pay, in addition to all other benefits payable under the

## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) DETAILS

policy, a "special education benefit" equal to 5% of the Insured Employee's Principal Sum amount, (subject to a maximum of \$5,000), on behalf of any dependent child

who, on the date of the accident, is enrolled as a full-time student in any institution of higher learning beyond the 12th or 13th grade level, or was at the 12th or 13th grade level and subsequently enrolls as a full-time student in an institution of higher learning within 365 days following the date of the accident.

- The "special education benefit" is payable annually for a maximum of four consecutive annual payments but only if the dependent child continues his/her education as a full-time student in an institution of higher learning.
  - When payment is made under the Loss of Life benefit ACE INA will pay in addition:
    - the expense actually incurred within 365 days from the date of the accident, by the spouse of the Insured Employee for a formal occupational training program for the purpose of specifically qualifying such spouse to gain active employment in an occupation for which the spouse would otherwise not have sufficient qualifications.
  - The maximum payable is \$15,000.
- **Spousal Occupational Training Benefit**
- **Waiver of Premium**
- If under age 65 and you are totally disabled (with satisfactory evidence of total disability to ACE INA on an annual basis), ACE INA will then waive the payment of premium. Subject to all the terms and conditions of the Policy, except with respect to non-payment of premium or the termination of the Master Policy, waiver of any premium will continue with respect to the Insured Employee until age 65. If the Insured Employee ceases to be disabled and he/she returns to employment with the Policyholder and is a member of an eligible class, insurance may be continued upon resumption of premium payments by the Insured Employee or the Policyholder.
  - "Total Disability" means disability resulting from accident or sickness which:
    1. prevents engagement in any business or occupation and performance in any work for compensation or profit; and
    2. has existed continuously for a period of at least twelve (12) months or is in accordance with the waiver of premium requirements under the Policyholder's

# ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) DETAILS

Group Life Insurance Policy.

## ■ Exclusions

- Loss caused by or resulting from any one or more of the following is not covered:
  - (a) Intentionally self-inflicted injuries, suicide or any attempt thereat, while sane or insane;
  - (b) Declared or undeclared war or any act thereof, except to the extent provided by a War Risk Rider;
  - (c) Accident occurring while the Insured is serving on full-time active duty in the Armed Forces of any country or international authority and actively at war (any premium paid to be returned by ACE INA Insurance pro-rata for any such period of full-time active duty);
  - (d) Travel or flight in any vehicle or device aerial navigation, including boarding or alighting therefrom,
    - while being used for any test or experimental purpose; or
    - while operating, learning to operate or serving as a member of the crew thereof; or
    - while being operated by or for or under the direction of any military authority, other than transport type aircraft operated by the Canadian Armed Forces Air Transport Command or the similar air transport service of any other country; or
    - any such aircraft or device which is owned or leased by or on behalf of the Policyholder or any subsidiary or affiliate of such Policyholder.

## ■ Beneficiary

- You may change your beneficiary at any time subject to any policy or legal limitations.

## ■ Termination of Benefit

- Age 70 or termination of employment or retirement, whichever is earlier.

# EMPLOYEE CRITICAL ILLNESS (C.I.)

This benefit was developed to alleviate some of the stress and financial burden resulting from a critical illness. Disability Insurance provides income protection but does not adequately provide assistance for expenses such as convalescence, lifestyle changes, home modifications, home care, dependent care and medical expenses not covered by a group plan or by the government. If you suffer a **heart attack, cancer, stroke, kidney failure, coronary artery surgery, blindness, paralysis, major organ transplant or multiple sclerosis** the Critical Illness plan may pay you a lump sum equivalent to your Option choice (subject to the pre-existing condition clause). **My Choice** offers the following benefits.

	COVERAGE
Option 1	No Coverage
Option 2	\$5,000
Option 3	\$10,000
Option 4	\$25,000
Option 5	\$50,000

<b>Making Choices:</b>	You must decide on the amount of Optional Critical Illness Insurance you want.
<b>Tax Facts:</b>	This coverage is a non-taxable benefit (Except in Quebec).
<b>Recording Choices:</b>	Choose the coverage level from the drop down box by selecting Option 1, 2, 3, 4 or 5. Payment Method: Flex Dollars, payroll deduction or combination.

## EMPLOYEE CRITICAL ILLNESS DETAILS

The following is a further description of some of the specific elements of your Critical Illness plan. If you have further questions about the coverages offered under each option contact your Human Resources Department.

### ■ Evidence of Insurability

- Medical Evidence of good health is not required for this benefit. Please refer to 'Pre-Existing Condition' described below.

### ■ Definition of Coverages

- Blindness: Means the total and irrecoverable loss of sight in both eyes due to injury or sickness. The diagnosis must be clinically confirmed in writing by a physician certified in Ophthalmology.
- Cancer: Means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue confirmed in writing by a physician certified in Oncology. This includes leukemia, Hodgkins Disease and invasive melanoma but does not include any other skin cancer that is not malignant, nor carcinoma in situ, Kaposi's Sarcoma and AIDS related cancers. Cancer does not include melanoma that is not invasive and had not exceeded .75 millimeters in depth.
- Coronary Artery Surgery: Means open heart surgery performed by a physician who is certified as a cardiovascular surgeon to correct narrowing or blockage of two or more coronary arteries but excluding non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, or other non-surgical techniques.
- Heart Attack: Means the death of a portion of heart muscle as a result of inadequate blood supply, which must occur with chest pain and indicate at least a 15% reduction in the normal volume of blood being ejected from the left ventricle with each heart beat, new electrocardiographic changes and an elevation in cardiac enzyme levels and which must be confirmed in writing by a physician who is a certified cardiologist.
- Kidney Failure: Means end stage renal disease due to chronic irreversible failure of both kidneys to function requiring the insured person to undergo regular hemodialysis, peritoneal dialysis, or renal transplantation and confirmed in writing by a physician who is certified in Nephrology.
- Major Organ Transplant: Means being the recipient of a transplanted heart, heart and lung, pancreas or bone marrow performed by a physician who is certified to conduct any such transplant.

# EMPLOYEE CRITICAL ILLNESS DETAILS

- Multiple Sclerosis: Means the unequivocal written diagnosis by a physician who is certified as a neurologist confirming at least moderate persisting neurological abnormalities, with impairment of function, but not necessarily confining the insured person to a wheelchair or bed.
  - Paralysis: Means the total and irrecoverable loss of function of two or more limbs through neurological damage due to injury or sickness confirmed in writing by a physician certified as a neurologist provided such loss of function continually lasts for 365 consecutive days and such loss of function is thereafter determined on evidence satisfactory to ACE INA Insurance to be permanent.
  - Stroke: Means any cerebrovascular incident, excluding transient ischemic attack, producing neurological sequelae lasting more than twenty-four hours and including infarction of brain tissue, hemorrhage from an intracranial vessel and embolization caused by an extracranial source. There must be evidence of permanent neurological deficit confirmed in writing by a physician who is certified as a neurologist.
- **Payment Terms**
    - Subject to the Pre-Existing condition described below, ACE INA will pay the insured benefit amount if:
      - you suffer a Heart Attack, Stroke, Kidney Failure, Multiple Sclerosis or undergo Coronary Artery Surgery or are the recipient of a Major Organ Transplant or go blind and **survive a period of 30 days**, or;
      - suffer Paralysis and **survive a period of 365 days**, or;
      - **after the coverage has been in effect for 90 days**, are diagnosed with Cancer and **survive a further period of 30 days**.
- **Benefit Payment**
    - There is no restriction on the use of the benefit, you can use it in anyway that will meet your particular needs.
    - If you suffer or undergo more than one of the specified coverages, the benefit amount will only be paid once.
- **Pre-Existing Condition**
    - A pre-existing medical condition means a sickness or injury for which you sought or received medical advice, consultation, investigation, diagnosis, or for which treatment was required or recommended by a licensed medical practitioner during the 24 months immediately prior to the effective date of your insurance or prior to any increase in the amount of insurance and which directly or indirectly causes the condition to occur within the first 24 months from the date of insurance or from any increase in the amount of insurance.

# EMPLOYEE CRITICAL ILLNESS DETAILS

- **Totally Disabled** ■ You are considered totally disabled, during the first 24 months in which you receive benefits, if you are unable to perform any and every duty of your occupation. After this period you are considered totally disabled if you are unable to perform any and every duty of any occupation for which you are reasonably qualified by training, education or experience.
- **Waiver of Premium** ■ If you are totally disabled premium payments will be waived up to age 65.
- **Continuation of Coverage** ■ If you are laid-off on a temporary basis, temporarily absent from work due to short-term disability, on leave of absence, on maternity or parental leave, coverage shall be extended for a period of 12 months following the beginning of any such event with the continuation of premium payment. If you assume other occupational duties during the leave or lay-off period, no benefits will be payable for a condition suffered or occurring during the performance of such other occupation.
- **Exclusions** ■ Causes directly or indirectly by or resulting from intentionally self-inflicted injury, suicide or any attempt while sane or insane,
  - declared or undeclared war or any act thereof,
  - injury or sickness, other than one of the specified coverages, even though such injury or sickness may have been complicated by one of the specified coverages,
  - skin cancer that is not malignant, nor carcinoma in situ, Kaposi's Sarcoma and AIDS related cancers; a complication of Human Immunodeficiency Virus (HIV) infection or any variance thereof including AIDS and AIDS Related Complex,
  - the use, existence or escape of nuclear weapons, material or ionizing radiation from or contamination by radioactivity from any nuclear fuel or waste from the combustion of nuclear fuel,
  - the commission or attempted commission by the insured person of any act which, if adjudicated by the court, would be an illegal act under the laws of the jurisdiction where the act was committed.
- **Termination of Benefit** ■ The benefit terminates at the earlier of retirement or age 65.

## SPOUSAL CRITICAL ILLNESS

The following is a further description of some of the specific elements of the Spousal Critical Illness plan. If you have further questions about the coverages offered under each option contact your Human Resources department.

	COVERAGE
Option 1	No Coverage
Option 2	\$5,000
Option 3	\$10,000
Option 4	\$25,000
Option 5	\$50,000

<b>Making Choices:</b>	First decide if you want Optional Spousal Critical Illness.
<b>Tax Facts:</b>	This coverage is a non-taxable benefit (Except in Quebec).
<b>Coverage Level:</b>	Choose the coverage level from the drop down box by selecting Option 1, 2, 3, 4 or 5. Payment Method: Flex Dollars, payroll deduction or combination.

## SPOUSAL CRITICAL ILLNESS DETAILS

The following is a further description of some of the specific elements of the Spousal Critical Illness plan. If you have further questions about the coverages offered under each option contact your Human Resources department.

### ■ Evidence of Insurability

### ■ Definition of Coverages

- Medical evidence of good health is not required for this benefit. Please refer to “Pre-Existing Condition” description below.
- Blindness: Means the total and irrecoverable loss of sight in both eyes due to injury or sickness. The diagnosis must be clinically confirmed in writing by a physician certified in Ophthalmology.
- Cancer: Means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue confirmed in writing by a physician certified in Oncology. This includes leukemia, Hodgkins Disease and invasive melanoma but does not include any other skin cancer that is not malignant, nor carcinoma in situ, Kaposi's Sarcoma and AIDS related cancers. Cancer does not include melanoma that is not invasive and had not exceeded .75 millimeters in depth.
- Coronary Artery Surgery: Means open heart surgery performed by a physician who is certified as a cardiovascular surgeon to correct narrowing or blockage of two or more coronary arteries but excluding non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, or other non-surgical techniques.
- Heart Attack: Means the death of a portion of heart muscle as a result of inadequate blood supply, which must occur with chest pain and indicate at least a 15% reduction in the normal volume of blood being ejected from the left ventricle with each heart beat, new electrocardiographic changes and an elevation in cardiac enzyme levels and which must be confirmed in writing by a physician who is a certified cardiologist.
- Kidney Failure: Means end stage renal disease due to chronic irreversible failure of both kidneys to function requiring the insured person to undergo regular hemodialysis, peritoneal dialysis, or renal transplantation and confirmed in writing by a physician who is certified in Nephrology.
- Major Organ Transplant: Means being the recipient of a transplanted heart, heart and lung, pancreas or bone marrow performed by a physician who is certified to conduct any such transplant.
- Multiple Sclerosis: Means the unequivocal written diagnosis by a physician who is certified as a neurologist confirming at least moderate persisting neurological abnormalities, with impairment of function, but not necessarily confining the insured person to a wheelchair or bed.

## SPOUSAL CRITICAL ILLNESS DETAILS

- Paralysis: Means the total and irrecoverable loss of function of two or more limbs through neurological damage due to injury or sickness confirmed in writing by a physician certified as a neurologist provided such loss of function continually lasts for 365 consecutive days and such loss of function is thereafter determined on evidence satisfactory to ACE INA Insurance to be permanent.
  - Stroke: Means any cerebrovascular incident, excluding transient ischemic attack, producing neurological sequelae lasting more than twenty-four hours and including infarction of brain tissue, hemorrhage from an intracranial vessel and embolization caused by an extracranial source. There must be evidence of permanent neurological deficit confirmed in writing by a physician who is certified as a neurologist.
- **Payment Terms**
- Subject to the Pre-Existing condition described below, ACE INA will pay the insured benefit amount if:
    - you suffer a Heart Attack, Stroke, Kidney Failure, Multiple Sclerosis or undergo Coronary Artery Surgery or are the recipient of a Major Organ Transplant or go blind and **survive a period of 30 days**, or;
    - suffer Paralysis and survive a period of 365 days, or;
    - after the coverage has been in effect for 90 days, are diagnosed with Cancer and survive a further period of 30 days.
- **Benefit Payment**
- There is no restriction on the use of the benefit, you can use it in anyway that will meet your particular needs.
  - If you suffer or undergo more than one of the specified coverages, the benefit amount will only be paid once.
- **Pre-Existing Condition**
- Applies to all Options. A pre-existing medical condition means a sickness or injury for which you sought or received medical advice, consultation, investigation, diagnosis, or for which treatment was required or recommended by a licensed medical practitioner during the 24 months immediately prior to the effective date of your insurance or prior to any increase in the amount of insurance and which directly or indirectly causes the condition to occur within the first 24 months from the date of insurance or from any increase in the amount of insurance.
- **Totally Disabled**
- You are considered totally disabled, during the first 24 months in which you receive benefits, if you are unable to perform any and every duty of your occupation. After this period you are considered totally disabled if you are unable to perform any and every duty of any occupation for which you are reasonably qualified by training, education or experience.
- **Waiver of Premium**
- If you are totally disabled and sufficient evidence is provided annually to ACE INA Insurance, premium payments will be waived up to age 65.

## SPOUSAL CRITICAL ILLNESS DETAILS

- **Continuation of Coverage**
  - If you are laid-off on a temporary basis, temporarily absent from work due to short-term disability, on leave of absence, on maternity or parental leave, coverage shall be extended for a period of 12 months following the beginning of any such event with the continuation of premium payment. If you assume other occupational duties during the leave or lay-off period, no benefits will be payable for a condition suffered or occurring during the performance of such other occupation.
  
- **Exclusions**
  - Causes directly or indirectly by or resulting from intentionally self-inflicted injury, suicide or any attempt while sane or insane,
  - declared or undeclared war or any act thereof,
  - injury or sickness, other than one of the specified coverages, even though such injury or sickness may have been complicated by one of the specified coverages,
  - skin cancer that is not malignant, nor carcinoma in situ, Kaposi's Sarcoma and AIDS related cancers; a complication of Human Immunodeficiency Virus (HIV) infection or any variance thereof including AIDS and AIDS Related Complex,
  - the use, existence or escape of nuclear weapons, material or ionizing radiation from or contamination by radioactivity from any nuclear fuel or waste from the combustion of nuclear fuel,
  - the commission or attempted commission by the insured person of any act which, if adjudicated by the court, would be an illegal act under the laws of the jurisdiction where the act was committed.
  
- **Termination of Benefit**
  - The benefit terminates at the earlier of your age 65 or retirement or your spouse's age 65.

## ASSIGNMENT OF UNUSED FLEX DOLLARS

After selecting your benefits you will have the opportunity to choose where to assign any unused Flex Dollars. If the Flex Dollar Allowance is greater than the total Flex Dollars that will be used for premiums you can apply the unused dollars to a personal Health Services Spending Account or reduce your payroll deduction or a combination.

If you choose to reduce your payroll deductions the benefits will be calculated automatically depending on the amount chosen.

The Health Services Spending Account can be used for the following expenses:

*Dental or medical expenses that Canada Customs and Revenue Agency (CCRA) considers eligible for a medical expense credit under a person's income tax return.*

### **For example:**

- drugs and medication which are normally covered under their regular plan (as well as other drugs not included in their regular plan) so long as they are prescribed by a doctor and dispensed by a pharmacist.
- dental care expenses normally covered under their regular plan as well as other expenses such as crowns, bridgework and orthodontics. No age limits or frequency limits apply! (Dental expenses must have procedure codes in the respective Provincial Fee Guides).
- professional fees for medical practitioners such as an acupuncturist, chiropractor or naturopath
- eye exams, eyeglasses, contact lenses, laser eye surgery and hearing aids
- private hospital accommodation
- medical devices and supplies
- psychiatric or psychological counselling
- nursing home care
- out-of-country health care resulting from an emergency while travelling or from a physician's referral
- nutritional counseling, and
- cosmetic surgery or electrolysis treatment

### **They can also pay for:**

- medical expenses for a financially dependent family member such as a parent, brother or sister, even though he or she may not be covered under the regular group plan (so long as that person is claimed as a dependent on your income tax return), or
- your spouse's premium contribution to his/her group plan or premium for individual travel health insurance.

**NOTE:** CCRA requires that Spending Accounts be used for the purpose for which they were intended - to pay for eligible medical expenses. Unused account balances cannot be withdrawn in cash or used for other purposes and must be used within 12 months of becoming vested.

## SUBMITTING CLAIMS

### **When You Have A Claim**

When you have a Health, Vision or Dental claim you should contact your Branch who will supply you with the proper forms with instructions for completion. For all other claims you should contact your Human Resources or Benefits Department.

In order to quickly process your claim, all claim forms should clearly indicate the following:

- your full name and address
- the name of your Employer
- your Social Insurance number

### **Maritime Life Assurance Company**

Toll Free Number Across Canada: 1-800-667-5165

Calgary Claims Office:

Calgary area, call: (403) 750-7320

Vancouver Claims Office:

Vancouver area, call: (604) 689-1429

Toronto Claims Office:

Toronto area, call: (416) 687-5007

Montreal Claims Office:

All of Quebec, call: (514) 288-4300

Halifax Claims Office:

Halifax area, call: (902) 453-4300

### **Time Limitations**

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

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

Claims for other benefits must be submitted within 12 months of the date incurred.

In the event of termination of insurance, a claim must be submitted within 90 days following the date of termination of your insurance or the date following termination of a coverage or the policy.

*Accidental Death and Dismemberment (policy #OKE 10 23 79) and Critical Illness (policy #CIP 10 23 79) is underwritten by ACE INA Insurance. All other benefits are underwritten and administered by Maritime Life under policy #961281 and #961581.*

**This information outlines the benefits of your group insurance plan but does not create or confer any contractual rights. In case of dispute, the group insurance policy issued to your employer remains the only binding document, in accordance with the provisions prescribed by law.**