

YOUR GROUP BENEFITS

QUINTE HEALTHCARE CORPORATION

NON-UNION EMPLOYEES

GROUP CONTRACT NUMBER: 6820

EFFECTIVE DATE: REFER TO MASTER CONTRACT

ELIGIBILITY PERIOD: As stipulated by your Employer.

You can contact Manulife Financial at
1-866-769-5556
or visit our web site at:
www.manulife.ca/groupbenefits/secureserve

IMPORTANT INFORMATION:

This material summarizes the important features of your group benefit plan. This booklet is prepared as information only, and does not, in itself, constitute a contract. The exact terms and conditions of your group benefits are described in the Contract held by your Employer.

The information contained in this booklet is important and should be kept in a safe place.

SUMMARY OF BENEFITS

Benefits Underwritten By The Manufacturers Life Insurance Company

EXTENDED HEALTH BENEFITS (EHB)

Single Deductible - \$22.50 per benefit year.

Family Deductible - \$35.50 per benefit year.

100% reimbursement of eligible charges in excess of the deductible amount.

Paramedical Services - maximum amounts allowed subject to the EHB Plan deductible and percentage reimbursement shown above.

a) Clinical Psychologist:

First visit	- up to \$35
Subsequent visits	- up to \$20 per hour
Maximum amount allowable	- \$200 per person per benefit year.

b) Registered Masseur:

Maximum amount allowable - \$350 per person per benefit year.

c) Speech Pathologist:

Maximum amount allowable - \$200 per person per benefit year.

d) Osteopath, Naturopath:

Per treatment	- up to \$12
Maximum number of treatments (each practitioner)	- 26 per person per benefit year.

e) Chiropractor:

Maximum amount allowable - \$350 per person per benefit year.

f) Physiotherapist:

Maximum amount allowable - \$350 per person per benefit year.

Semi-Private Hospital Accommodation

Deductible - Nil.

100% reimbursement of the charge made by a hospital for semi-private room accommodation, which is in excess of the standard ward rate.

Private Room Hospital Accommodation - Subject to the EHB deductible.

100% reimbursement of the charge made by a hospital for private room accommodation (not a suite), which is in excess of the semi-private room charge.

Hearing Aids - Subject to the EHB deductible.

100% reimbursement up to a lifetime maximum of \$500.

Vision - Subject to the EHB deductible.

100% reimbursement up to a maximum of \$250 per 24 consecutive months; or, if contact lenses are medically necessary, the limit will be \$200.

Deluxe Travel

Maximum per trip:

Duration 60 days.

Coverage \$1,000,000 per person.

Deductible - Nil.

100% reimbursement of eligible charges.

EHB Overall Lifetime Maximum - Unlimited.

DENTAL BENEFITS

Plan 9, Riders 2, 3, 4

Deductible - Nil.

100% reimbursement of eligible charges, up to the amount specified in the applicable Fee Guide, with the exception of the following:

Riders 2, 4: 80% co-payment.

Rider 3: 50% co-payment.

Dental Maximums

Rider 3 lifetime maximum - \$2,000 per person.

Dental Overall Maximum (excluding Rider 3) - Unlimited.

Fee Guide - Current Ontario Dental Association Fee Guide for General Practitioners.

NOTE:

A benefit year is any period of 12 consecutive months beginning from the date on which the first eligible expense is incurred.

ELIGIBLE DEPENDENTS

Dependents (if applicable) include:

- i) your legally married spouse, or a person of the opposite or same sex who lives with you in a conjugal relationship outside marriage;
- ii) unmarried, unemployed children under the age of 21 years, including newborns;
- iii) unmarried, unemployed dependent children to any age who are incapable of self sustaining support or employment by reason of mental or physical disability;
- iv) unmarried, unemployed dependent children over 21 but under 25 years of age in full-time attendance at a school, college or university.
(Not applicable to Semi-Private Hospital Accommodation).

TERMINATION OF BENEFITS

Coverage for you and your dependents will cease on the earliest of:

- the last day of the month for which premiums have been paid;
- the last day of the month in which you cease to be eligible due to termination of employment (except with respect to a Retired Employee), death, age limitation, change in classification, etc.;
- the termination date of the Group Contract.

SURVIVOR'S BENEFIT

Coverage shall continue for the surviving spouse and surviving dependent children of a deceased employee, provided the required premiums are paid, until the earliest of:

- the date the Group Contract terminates,
- the end of the 24 month period following the date of the employee's death,
- the end of the month in which the spouse remarries,
- the end of the month in which the spouse attains age 65,
- the date a dependent ceases to qualify as an eligible dependent, or
- the date a dependent becomes eligible for coverage under any other Group Policy.

PROOF OF CLAIM

For Deluxe Travel Benefits, written proof of claim, satisfactory to Manulife Financial, must be received not later than six months following the date the claim was incurred.

For all other Benefits, written proof of claim satisfactory to Manulife Financial, must be received by Manulife Financial not later than the end of the calendar year following the year in which the claim was incurred.

However, if a Covered Person's coverage terminates for any reason, written proof of claim satisfactory to Manulife Financial must be received by Manulife Financial not later than 90 days following the date of termination.

In addition to written proof of claim, Manulife Financial may require you to submit:

- information from the Covered Person's physician in order to determine whether an Eligible Expense under the Extended Health Care Benefit is medically necessary;
- information from the Covered Person's dentist which Manulife Financial considers necessary to adjudicate a claim, such as a description of the treatment rendered (e.g., an expertise letter) and/or relevant x-rays.

Claims must be sent to the address indicated on the claim form.

PAYMENT OF CLAIMS

If written proof of claim satisfactory to Manulife Financial is provided, claim payments will be made directly to the provider of the care, service or supply if that provider has an agreement with Manulife Financial or a written request has been received from you to pay the provider directly. Any other claim payments will be made to you.

A Covered Person must submit a pre-authorization form completed by the attending physician for any Eligible Expense which requires the prior approval of Manulife Financial, before a claim will be considered.

A claim for an eligible dental expense or an eligible dental accident expense will be considered incurred on the date of completion of the care or services. All other Eligible Expenses will be considered incurred as of the date the service or supply is received or, if earlier, the date the Covered Person incurred an obligation with the provider for the service or supply. However, no benefit will be payable before the date the Covered Person receives the service or supply.

If you die before receiving payment for incurred Eligible Expenses, payment will be made to any person and/or corporation appearing to Manulife Financial to be entitled to payment, where such payment is permissible under applicable law. Manulife Financial fully discharges its liability by making such payments.

CO-ORDINATING COVERAGE GUIDELINES FOR OUT-OF-COUNTRY/PROVINCE HEALTH CARE EXPENSES

Applicable to Extended Health Care and Deluxe Travel Benefits

If a person who is covered under this group benefit plan is also covered under another Plan which provides similar coverage (such as employment-related group contracts, individual or group travel or health care contracts, credit card coverages or any other private insurance sources), any claim for Eligible Expenses incurred outside the province of residence or outside Canada will be co-ordinated with the other Plan(s) in accordance with the Co-ordinating Coverage Guidelines for Out-of-Country/Province Health Care Expenses as outlined by the Canadian Life and Health Insurance Association Inc. Any information that is required by Manulife Financial to co-ordinate coverage in accordance with these guidelines must be supplied by the Covered Person upon request.

Manulife Financial may obtain from or release to any person or corporation, any information considered necessary to satisfy the intent of this provision and facilitate payment of benefits under this group benefit plan.

CO-ORDINATION OF BENEFITS

Applicable to Extended Health Care and Dental Care Benefits

If a person who is covered under this group benefit plan is also covered under any other Plan, any claim for benefits under this group benefit plan will be co-ordinated so that the total amount payable from all Plans does not exceed 100% of the Eligible Expenses incurred.

Manulife Financial may obtain from or release to any person or corporation, any information considered necessary to satisfy the intent of this Co-ordination of Benefits provision and facilitate payment of benefits under this group benefit plan.

If a Covered Person is eligible to receive a benefit under this group benefit plan and the same or similar benefits under any other Plan, payment will be determined as follows:

If the other Plan does not contain a Co-ordination of Benefits provision, that Plan will pay its benefits before a Plan which does contain that provision.

If the other Plan contains a Co-ordination of Benefits provision, priority will be given to the Plans in the following order:

- The Plan where the person is covered as a member. However, if a person is a member of two Plans, priority will be given to the Plans in the following order:
 - the Plan where the member is an active full-time employee;
 - the Plan where the member is an active part-time employee;
 - the Plan where the member is a retiree.
- The Plan where the person is covered as a Dependent Spouse or Dependent Child. However, if the person is covered as a Dependent Child under two or more Plans, priority will be given to the Plans in the following order:
 - the Plan of the member with the earlier day and month of birth in the calendar year;
 - the Plan of the member whose first name begins with the earlier letter in the alphabet, if the parents have the same date of birth.

In the case where the parents are separated or divorced, the order indicated above will not apply. In that case, priority will be given to the Plans in the following order:

- the Plan of the parent with custody of the Child;
 - the Plan of the Spouse of the parent with custody of the Child;
 - the Plan of the parent not having custody of the Child;
 - the Plan of the Spouse of the parent not having custody of the Child.
- For dental accidents, health Plans with dental accident coverage determine their benefits before dental Plans.

If priority cannot be established using these guidelines, the benefits will be pro-rated among the Plans in proportion to the amounts which would have been paid under each Plan had there been coverage under just that Plan.

This provision also applies to a person who is covered under this group benefit plan as both an Employee and a Dependent, in the same way as if coverage was being co-ordinated with another Plan.

In order to apply the Co-ordination of Benefits provision correctly in the case where Manulife Financial is not the first payer, a copy of the original receipt or claim form must be submitted with the explanation of benefits provided by the other Plan.

CONVERSION

Applicable to Extended Health and Dental Benefits only

When you or your dependent leave the group, application may be made for conversion to an individual plan. Application for conversion to an individual plan must be made within 60 days of leaving the group.

SEMI-PRIVATE HOSPITAL ACCOMMODATION

BENEFITS

Semi-Private Hospital Accommodation - if you are hospitalized in a public general or convalescent hospital or in a contracted private hospital in accordance with the formal agreement between the hospital and Manulife Financial, payment will be made for room and board charges in excess of those payable by your provincial health plan, up to the difference in amount between the hospital standard ward charge and the semi-private room charge.

Chronic Care - if you are confined in a chronic hospital or chronic care unit of a public general hospital, payment will be made to a maximum of \$3 per day for semi-private accommodation for a total of 120 days per 12 consecutive months. Benefits are not payable for accommodation in psychiatric hospitals or nursing homes.

Out of Province

When semi-private hospital accommodation charges are incurred outside Ontario, Manulife Financial will not pay an amount which is greater than it would pay for semi-private hospital accommodation when incurred in Ontario.

EHB (EXTENDED HEALTH BENEFIT) PLAN

The benefits described below are available to you through Manulife Financial Extended Health Benefit Plan when required as a result of sickness or accidental bodily injury.

Refer to the "Summary of Benefits" for information regarding reimbursement of this benefit.

GENERAL INFORMATION

- No medical examination is required.
- Benefits apply anywhere in the world. Reimbursement will be in Canadian funds up to the reasonable and customary charges for the services received, plus the rate of exchange if any, as determined by Manulife Financial from the date of the last service provided.
- Pre-existing conditions are covered from the moment the Agreement takes effect, except for dental care as a result of an accident.

BENEFITS

- 1. DRUGS - Formulary Two:** Drugs, medicines and injected allergy sera, purchased on the prescription of a medical doctor and which are listed in Manulife Financial Formulary Two, plus insulin, needles, syringes, and testape for use by diabetics. Charges for Zyban, up to a lifetime maximum of \$500. For persons 65 years of age or older, this benefit pays charges for the Ontario Drug Benefit deductible and dispensing fee, which are not payable under the government program. Benefits are not payable for vitamins or vitamin preparations (unless injected), smoking cessation aids except for Zyban, general public (G.P.) products or drugs not approved for legal sale to the general public in Canada.

If a generic equivalent drug or medicine is available, the Eligible Expense will be limited to the lesser of the actual cost of the prescription or the cost of the lowest cost generic equivalent. However, this limitation will not apply if the Physician indicates in writing that no substitution may be made for the drug or medicine actually prescribed.

- 2. PRIVATE NURSING:** Charges for private nursing services which require, and can only be performed by a Registered Nurse (RN); when such services are provided in the home or hospital by a Registered Nurse who is registered in the jurisdiction in which the services are performed and is neither a relative of the patient nor an employee of the hospital. RN services must be certified medically necessary by the attending physician; and will be reimbursed to a maximum of 90 eight hour shifts per covered person per calendar year. Agency fees, commissions and overtime charges, or any amount in excess of the fee level set by the largest nursing registry in the province of Ontario, are not included.

An "Authorization Form for RN Services" must be completed by the attending physician and submitted to Manulife Financial. When the services are extended for more than 30 days, prior approval must be obtained from Manulife Financial on a monthly basis.

3. **DIAGNOSTIC SERVICE:** For provinces where diagnostic services are not covered by the provincial health plan, diagnostic services performed in a hospital or licensed medical laboratory.
4. **PRIVATE ROOM:** Difference in cost between semi-private accommodation and a private room (not a suite) in a public general hospital.
5. **ACCIDENTAL DENTAL:** Dental care necessitated by a direct accidental blow to the mouth and not by an object wittingly or unwittingly placed in the mouth. The accident and treatment must occur while coverage is in force. Treatment must begin within 90 days of the accident, and must be completed within one year. Manulife Financial must be notified immediately. Payment will be based on the monetary rates shown in the Ontario Dental Association Fee Guide for General Practitioners in effect at the time of treatment. Where the patient is less than 18 years of age at the time of the accident, treatment must be completed prior to attainment of age 19.
6. **PRIVATE HOSPITAL:** Charges up to \$10 a day to a maximum of 120 days per person while your coverage is in force for care in a licensed private hospital.
7. **PROSTHETIC APPLIANCES:** Purchase of the following items when authorized in writing by the patient's attending physician: standard type artificial limb or eye, splints, trusses, casts, cervical collars, braces (excluding dental braces), catheters, urinary kits, external breast prostheses (following mastectomies), ostomy supplies (where a surgical stoma exists), corrective prosthetic lenses and frames (once only for persons who lack an organic lens or after cataract surgery), custom-made orthopaedic boots or shoes or adjustments to stock item footwear and custom moulded foot orthoses (orthotics), 2 pairs per calendar year, up to the reasonable and customary maximum per pair, as determined by Manulife Financial.
8. **DURABLE MEDICAL EQUIPMENT:** Purchase or rental of the following items when authorized in writing by the attending physician: hospital bed, crutches, cane, walker, oxygen set, respirator (a device to provide artificial respiration), standard-type wheelchair and wheelchair repairs.

9. MEDICAL SERVICES AND SUPPLIES: Bandages or surgical dressings, blood transfusions, plasma, radium and radioactive isotope treatments when authorized in writing by the patient's attending physician.

10. AMBULANCE: Licensed ground and air ambulance services (the difference between the government agency allowance and the customary charge).

11. PARAMEDICAL SERVICES: Services of the following registered/certified practitioners up to the maximums shown on the "Summary of Benefits" pages:

a. Clinical Psychologist;

b. Masseurs - when the patient's attending physician authorizes in writing that such treatment is necessary;

c. Speech Pathologists;

d. Physiotherapist – who does not have an agreement with the Provincial Health Insurance Plan for payment of his/her services;

e. Chiropractor, Osteopath and Naturopath. Benefits for an Osteopath are payable only after the annual maximum allowance under your provincial health plan has been paid.

No payment will be made for completion of reports, assessments, tests or evaluations.

12. EXTRA MEDICAL FEES: When charges are incurred for the emergency services of a licensed physician, while travelling or temporarily residing outside your province of residence, payment will be made for the reasonable and customary charges which are in excess of the amount listed in the provincial Medical Association Fee Schedule.

13. HEARING AIDS: Payment will be made towards the purchase of a hearing aid for you or an eligible dependent, when prescribed by a physician or hearing specialist. Eligible charges include the cost of repairs and initial batteries. Refer to the Summary of Benefits for the amount and frequency of payment. Benefits are not payable for ear examinations, tests, replacement batteries.

14. VISION: Payment will be made towards the purchase of either eyeglasses or contact lenses for you or an eligible dependent, when prescribed by your doctor, ophthalmologist or optometrist. Charges for laser eye surgery and repair to existing frames or lenses are also covered. Refer to the Summary of Benefits for the amount and frequency of payment. If vision cannot be corrected to 20/40 acuity or better with eyeglasses, but can be corrected to 20/40 acuity or better with contact lenses, payment towards contact lenses will be increased as shown in the Summary of Benefits.

Charges incurred by a Covered Person for the cost of one eye examination by a Duly Licensed ophthalmologist or optometrist every 24 consecutive months.

Benefits are not payable for the cost of safety glasses.

LIMITATIONS

Extended Health Benefits are not payable for:

- services covered by any provincial government plan or any workers' compensation board.
- any care, services or supplies which are not medically necessary, as determined by Manulife Financial.
- care, services or supplies utilized as treatment of lifestyle choices, as determined by Manulife Financial.
- services or supplies which are primarily for cosmetic purposes.
- rest cures, travel for health reasons or examinations for the use of a third party.
- services or supplies provided in a health spa, psychiatric or chronic care hospital or chronic care unit of a general hospital.
- services or supplies provided while confined in a nursing home or home for the aged.
- charges for dental care due to an accident which occurred prior to the effective date of coverage.
- drugs or medicines, services or supplies which have been self prescribed, or prescribed by or for family members.
- drugs, injectables, supplies or appliances which are experimental or which are not approved by the Health Protection Branch of Health & Welfare Canada for use in Canada.
- charges incurred as a result of conditions arising from war, whether or not war was declared, from participation in any civil commotion, insurrection or riot, or while serving in the armed forces.
- additional, duplicate or replacement appliances or devices, except where the replacement is required because the existing appliance can no longer be made serviceable due to normal wear and tear, or as the result of a pathological change, unless prior approval in writing is obtained from Manulife Financial.
- vaporizers.

- charges incurred as a result of self-inflicted injury or while committing, or attempting to commit, a criminal offence.
- charges for the completion of claim forms or other documentation, or charges incurred for failing to keep a scheduled appointment or for transfer of medical files.
- expenses incurred for benefits or that part of benefits which cease to be payable under any government program.

DELUXE TRAVEL

The following benefits provide protection when you and/or your eligible dependents are vacationing or travelling outside the province of residence for other than health reasons. Eligible expenses over and above those paid by the provincial government health plan are covered when emergency illness or injuries occur outside the province of residence.

Coverage is limited to a maximum of 60 consecutive days per trip, beginning on and including the date of departure. If you are in hospital on the 60th day, coverage will be extended until date of discharge. The total amount payable per trip for all eligible expenses will not exceed \$1,000,000 per person.

Any benefit maximums listed are in Canadian funds.

When eligible expenses are incurred for benefits which have a limitation, i.e., accidental dental, balances may be eligible through your Manulife Financial EHB (Extended Health Benefits) plan. Refer to the Summary of Benefits for information regarding reimbursement of the following benefits.

Benefits

1. **Hospital Accommodation:** Reasonable and customary charges in excess of the provincial health plan allowance for active treatment hospital room accommodation (not a private room or suite). Payment will also be made for outpatient services provided by an active treatment hospital, in excess of the provincial health plan allowance. If coverage expires after admission to hospital, benefits continue until discharge.
2. **Doctor Bills:** Reasonable and customary charges in excess of the provincial health plan allowance.
3. **Private Duty Registered Nurse:** Reasonable and customary charges for private duty nursing services which can only be performed by a Registered Nurse (R.N.) when those services are performed during or immediately following hospitalization. Private duty nursing services must be certified in writing as medically necessary by the attending physician and cannot be performed by a relative.
4. **Ambulance:** Reasonable and customary charges for ground ambulance service from the place of illness or accident to the nearest qualified medical facility.
5. **Air Ambulance:** The cost of air evacuation between hospitals or for repatriation for hospital admission in your province of residence, when the transfer is approved in advance by Manulife Financial. Any unused portion of your air ticket must be returned to Manulife Financial. (Arrangements must be made through the Assistance Centre.)

6. Paramedical Services: Payment of up to \$300 for charges made by a physiotherapist, chiropractor, chiropodist, podiatrist or osteopath (including x-rays), when required for emergency treatment.
7. Diagnostic Services: Reasonable and customary charges for laboratory tests and x-rays when prescribed by the attending physician.
8. Treatments: The cost of whole blood, blood plasma or specialized treatments using radium and radioisotopes are covered, when rendered due to emergency hospitalization.
9. Prescriptions: When required for emergency treatment, reasonable and customary charges for drugs, medicines and injected sera, when purchased on the prescription of a physician or dentist and dispensed by a licensed pharmacist. Benefits are not payable for vitamins, vitamin/mineral preparations, food supplements, general public (G.P.) products or over-the-counter drugs or medicines, whether prescribed or not. Requires original receipt, showing name of prescribing physician, prescription number, name of medication, date, quantity and total cost.
10. Medical Appliances: Cost of splints, casts, crutches, canes, slings, trusses, walkers and/or the temporary rental of a wheelchair prescribed by the attending physician, will be reimbursed when required due to an accident or unexpected illness which occurs, and when devices are obtained, outside your province of residence.
11. Accidental Dental: Up to \$2,000 will be reimbursed for treatment by a dentist to natural teeth when necessitated by a direct, external accidental blow to the mouth. Treatment must begin within the period of coverage and be completed within 183 days of the accident. An accident report is required from the dentist or physician, immediately following the accident.
12. Repatriation: When your emergency is such that:
 - the attending physician specifies in writing that you should immediately return to your province of residence for immediate medical attention, Manulife Financial will reimburse the extra cost incurred for the purchase of the most economical airfare (available only when you are not holding a valid open-return air ticket), plus the additional most economical airfare, if required, to accommodate a stretcher, to return you by the most direct route to the air terminal nearest the departure point in your province of residence. This benefit also applies to one member of the family who is covered by this plan, and is travelling with the person at the time of illness or injury. (Arrangements must be made through the Assistance Centre.)

- the attending physician or commercial airline stipulates in writing that you must be accompanied by a qualified medical attendant (not a relative), Manulife Financial will reimburse the reasonable and customary fee charged by a medical attendant registered in the jurisdiction in which treatment is provided, including the most economical airfare and overnight hotel and meal expenses, if required. (Arrangements must be made through the Assistance Centre.)

13. Friend/Family Hospital Visits: The most economical airfare by the most direct route from your province of residence will be reimbursed for any one family member or friend to:

- visit a covered person confined in hospital. Benefit requires the covered person to have been an inpatient for at least 7 days outside the province of residence, plus the written verification of the attending physician that the situation was serious enough to have required the visit.
- identify deceased prior to release of the body, where necessary. (Arrangements must be made through the Assistance Centre.)

14. Automatic Extension of Coverage: Coverage will automatically be extended to the covered person and any accompanying family members for up to 72 hours:

- following discharge date (and including the period of hospitalization) when return to the province of residence is delayed due to hospitalization, where such confinement continues beyond the 60th day following the date of departure from the province of residence;
- beyond the 60th day following the date of departure from the province of residence when return to the province of residence is delayed, by order of the attending physician, due to a covered illness or accidental injury;
- beyond the 60th day following the date of departure from the province of residence when return to the province of residence is delayed, due to the delay of a common carrier (airplane, bus, taxi, train) on which a covered person is a passenger; or the delay is caused by a traffic accident or mechanical failure of a private automobile en route to the departure point. Claims must be supported by documented proof.

15. Return of Deceased: Up to \$5000 will be reimbursed towards the cost of preparation and homeward transportation of a deceased covered person to the province of residence OR up to \$2500 for cremation and/or burial at place of death. Benefit excludes the cost of a burial coffin.

16. Meals and Accommodation: Up to \$1500 (for you and your dependents combined, limited to a daily maximum of \$150) will be reimbursed for the extra cost of commercial accommodation and meals incurred by a covered person remaining with a travelling companion, when return to the province of residence is delayed beyond the planned termination date of the trip due to illness or injury to a travelling companion or a covered person. Claims must be verified by the attending physician and supported with receipts from commercial organizations.

17. Vehicle Services: Up to \$1000 will be reimbursed towards the cost of driving your vehicle, either private or rental, to the province of residence or nearest appropriate vehicle rental agency when you are unable to do so due to unexpected illness or physical injury and your travelling companion is unable to do so. Medical certification is required, as well as receipts for costs incurred (i.e., fuel, accommodation, meals, airfares).

If your private vehicle is stolen or rendered inoperable due to an accident, costs will be covered for the most economical airfare to return the covered persons, by most direct route, to point of departure in the province of residence. Requires official police report of the loss or accident.

18. Relief of Dental Pain: Treatment for the emergency relief of dental pain, excluding root canals, is covered to a maximum of \$200. Treatment must be rendered at a location at least 200 km from the province of residence.

19. Hospital Expenses: Payment of up to \$100 per hospital stay to cover incidental expenses. Paid receipts must be submitted.

Emergency and Payment Assistance:

Hospital/Medical Payment: Many hospitals around the world require a substantial deposit when non-residents are admitted for emergency treatment. And, before the patient is discharged from care, most hospitals and physicians expect payment in full for services provided. The Assistance Centre will arrange and/or coordinate payment in full on your behalf, whenever possible. Be sure to call for assistance.

Emergency Helpline: In the event of an emergency, illness or accident while travelling outside your province of residence, call the Assistance Centre. The toll-free numbers are listed on the back of your benefit card and are available 24 hours a day, seven days a week.

WHEN HOSPITALIZATION OCCURS, THE ASSISTANCE CENTRE MUST BE CONTACTED WITHIN 24 HOURS OF ADMISSION. FAILURE TO CONTACT THE ASSISTANCE CENTRE MAY RESULT IN A DELAY IN THE SETTLEMENT OF YOUR CLAIM.

Note: You must be able to provide your provincial health insurance number to the Assistance Centre before payments can be arranged on your behalf. Be sure to travel with your provincial health insurance number and the number of each member of your family. **Provide the Assistance Centre with your Manulife Financial group policy number, certificate number and the Service Code shown on the back of your benefit card.**

If you require general information about your travel benefit, please call Manulife Financial at 1 866 769-5556.

Travel Assistance Benefits:

Assistance Related to Medical Services

- Help you locate a physician, clinic or hospital.
- Confirm coverage to the hospital or physician.
- Arrange payment to the hospital or physician wherever possible.
- Monitor the medical treatment and keep the family informed.
- Arrange the transportation of a family member to the patient's bedside or to identify the deceased.
- Arrange for transportation home of the patient, if medically permissible.

General Assistance

- Provide emergency response in most major languages.
- Assist in contacting your family, business partner or family physician.
- Arrange for local care of dependent children and coordinate their return home, if the covered person is hospitalized.
- Arrange for the transmission of urgent messages to family members or business partners.
- Assist in the event of loss of passports or airline tickets.
- Help you to access legal counsel in the event of a serious accident.
- Coordinate claims processing with your provincial health plan.

To Make A Claim

When major emergencies occur outside Canada and the cost of services provided by a hospital or physician are beyond your immediate ability to pay, call or ask the physician or hospital administration to call the emergency helpline. The Assistance Centre will confirm your coverage and arrange payment on your behalf, whenever possible. You need do nothing more until an authorization and claim form is sent to you for signing. Once this form is signed and returned, benefits will be coordinated on your behalf with the government insurance plan and Manulife Financial.

For eligible expenses which you pay yourself while outside your province of residence, send your claim to the address indicated on the claim form.

Definition

“Travelling companion” is any person who has prepaid accommodation and/or transportation with the covered person. (Maximum four persons, including the covered person)

General Information

1. Coverage is available only to residents of Canada who are covered by a provincial government health plan while they are travelling outside their province of residence.
2. The availability, quality or results of any medical treatment, transport or other services, or the failure of the person to obtain medical treatment or other services will not be the responsibility of Manulife Financial or the Assistance Centre.
3. To be eligible, the hospital or medical benefits covered must have been provided at the nearest eligible facility capable of providing adequate service at the time the illness or injury occurred.
4. Manulife Financial will make benefit payments, based on reasonable and customary charges, after receipt and evaluation of satisfactory claim information. Reimbursement will be made in Canadian funds based on the rate of exchange you would be charged within the country of travel as determined by Manulife Financial in its sole discretion, based upon advice of any Schedule One Canadian bank. No sum payable will carry interest.
5. Where required, benefits listed herein will be payable only on receipt of certification from the attending physician that services have been rendered and were for emergency treatment. Costs for completion of medical certificates or documentation required for the assessment of claims are the responsibility of the covered person.
6. Manulife Financial, in consultation with the attending physician, reserves the right to transfer the covered person to another hospital or return the covered person to his or her province of residence. If any covered person is able to return to the province of residence following the diagnosis of, or the emergency medical treatment for, a medical condition which requires continuing medical care, treatment or surgery and the covered person elects to have the care, treatment or surgery performed outside the province of residence, no benefits will be payable with respect to such continuing care, treatment or surgery. The immediate availability of care, treatment or surgery on return to the province of residence is not the responsibility of Manulife Financial or the Assistance Centre.

7. The coverage provided under this benefit is subject to change by Manulife Financial. If this benefit and/or its provisions are revised by Manulife Financial, coverage for trips commencing on or after the effective date of such revisions will be in accordance with such revised benefits and/or provisions.

Exclusions

Manulife Financial will not pay benefits for expenses incurred:

1. For care, services or supplies which are not medically necessary, as determined by Manulife Financial.
2. For elective (non-emergency) treatment or surgery. This includes treatment or surgery:
 - not required for the immediate relief of acute pain and suffering;
 - which medically could be delayed until the covered person has returned to Canada; or
 - which the covered person elects to have rendered or performed outside Canada following emergency treatment for, or diagnosis of, a medical condition which (on medical evidence) would not prevent the covered person from returning to Canada prior to such treatment or surgery.
3. For hospital accommodation or treatment received in a hospital which is not an active treatment hospital, such as a nursing home, health spa, chronic care hospital or chronic care unit of a public hospital.
4. Outside the province of residence when the covered person could have been returned to the province of residence without risk to the covered person's life or health, even if the treatment available in the province of residence is of lesser quality than that available elsewhere.
5. For a medical condition for which, prior to departure, medical evidence would suggest that treatment or hospitalization could be required while on the trip.
6. By a covered person who is travelling outside the province of residence, with intent or incidentally, to seek medical advice or treatment, even if the trip is on the recommendation of a physician.
7. For hospitalization or services rendered in connection with or in any way associated with:
 - general health examinations for check-up purposes;
 - ongoing maintenance of an existing medical condition;
 - rehabilitation or ongoing care in connection with drug, alcohol or other substance abuse;
 - a rest cure or travel for health reasons; or
 - cosmetic treatment.
8. In connection with or in any way associated with travel booked or commenced contrary to medical advice or after receipt of a terminal prognosis.

9. For hospital or medical care of either a covered person or a newborn child as a result of, in connection with or in any way associated with:
 - full-term birth;
 - medical complications after the 26th week of pregnancy; or
 - deliberate termination of pregnancy.
10. For services provided by naturopaths or optometrists or for cataract surgery.
11. As a result of, in connection with or in any way associated with driving a Motorized Vehicle while impaired by drugs, alcohol or toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood. (For the purpose of this exclusion, “Motorized Vehicle” means any form of transportation which is propelled or driven by a motor and includes, but is not restricted to, an automobile, truck, motorcycle, moped, snowmobile or boat.)
12. As a result of, in connection with or in any way associated with abuse of medication, toxic substances, alcohol or the use of non-prescribed drugs.
13. As a result of, in connection with or in any way associated with suicide, attempted suicide or self-inflicted injury, whether sane or insane.
14. As a result of, in connection with or in any way associated with committing, or attempting to commit, a criminal act under legislation in the jurisdiction where the act was attempted or committed.
15. As a result of, in connection with or in any way associated with parachuting, hang gliding, bungee jumping, mountaineering, cave exploring, participation in professional sports or any speed contest by a Motorized Vehicle. (For the purpose of this exclusion, “Motorized Vehicle” means any form of transportation which is propelled or driven by a motor and includes, but is not restricted to, an automobile, truck, motorcycle, moped, snowmobile or boat.)
16. As a result of, in connection with or in any way associated with a flight accident unless the covered person is riding as a fare-paying passenger on a commercial airline or charter aircraft with a seating capacity of six people or more.
17. As a result of, in connection with or in any way associated with the radioactive, toxic, explosive or other hazardous properties of nuclear materials or by-products.

18. As a result of, in connection with or in any way associated with any of the following, regardless of any other cause or event contributing concurrently or in any other sequence thereto: war, invasion, acts of foreign enemies, hostilities, warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, hijacking or any Act of Terrorism or any action taken in controlling, preventing or suppressing any of the foregoing. (For the purpose of this exclusion, "Act of Terrorism" means an act, including but not limited to, the use of force or violence and/or the threat thereof, by any person or groups of persons, whether acting alone or on behalf of or in connection with any organization or government, committed for political, religious, ideological, or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear that has been determined by the appropriate federal authority to have been an act of terrorism.)
 19. As a result of, in connection with or in any way associated with service in the armed forces.
 20. For services or supplies to the extent to which they are available under any government plan, or would be available without charge if this coverage was not in effect.
- Manulife Financial will not provide emergency assistance services which relate in any way to expenses which are excluded above.

DENTAL BENEFITS

PLAN 9, RIDERS 2, 3 AND 4

The following provides a general description of the benefits available to you and your eligible dependents under this dental plan. A complete list of the specific procedures (and applicable limitations) can be found in the Master Contract held by your Employer.

Payment for eligible benefits will be based on the monetary rates shown in the Dental Association Fee Guide applicable to your group plan.

Refer to the Summary of Benefits for information regarding any deductible, co-payment or maximum benefit amounts.

BENEFITS

DENTAL PLAN 9

Examinations - includes complete oral examinations once every 3 years and recall oral examinations once every 9 months

Consultations - with patient (maximum 2 units every 12 months) or with a member of the profession

Radiographs - includes complete series intra oral films once every 3 years, panoramic films once every 3 years, bitewing films once every 9 months

Diagnostic Services - includes bacteriologic tests, biopsy and cytological tests

Preventive Services - includes polishing (one unit of time once every 9 months), scaling, fluoride treatment, oral hygiene instruction and reinstruction once every 9 months, pit and fissure sealants for permanent molar teeth of children under the age of 16 (only one replacement per tooth)

Fillings

Endodontic Services - includes root canal therapy, surgical and emergency services

Periodontic Services - includes periodontal surgery, root planing and occlusal equilibration (8 units of time every 12 months)

Denture Repairs, Minor Adjustment (after 3 months from insertion), Relining/Rebasing

Surgical Services - includes extractions, surgical incision/excision and frenectomy

Anaesthesia

In-office and Commercial Laboratory Charges - when applicable to the covered benefits

RIDER 2

Complete and/or Partial Dentures - (once every 5 years)

Major Denture Adjustments

In-office and Commercial Laboratory Charges - when applicable to the covered benefits.

RIDER 3

Orthodontic Services - includes observation, adjustments, orthodontic appliances, major orthodontic treatment and space maintainers.

In-office and Commercial Laboratory Charges - when applicable to the covered benefits.

Orthodontic Treatment

Prior to the commencement of orthodontic treatment, your dentist should prepare a report outlining the details with respect to malocclusion, diagnosis, proposed treatment and applicable fees. This treatment plan should be forwarded to Manulife Financial for review to establish the extent of the payable benefit.

RIDER 4

Restorative Services - (once every 5 years) - includes post/core, crowns, inlays/onlays and gold foil restorations

Fixed Prosthodontic Services - (once every 5 years) - includes bridgework and repairs

In-office and Commercial Laboratory Charges - when applicable to the covered benefits.

Limitation on Benefits Provided Outside Ontario

When you incur expenses outside Ontario, Manulife Financial will not pay an amount which is greater than it would pay for such expenses when incurred in Ontario.

Predetermination of Benefits and Alternate Benefit Provision - Crowns, Bridgework, Dentures

Prior to beginning dental treatment which will involve the use of crowns, bridges and/or dentures and which is expected to cost \$300 or more, you should obtain from your dentist and submit to Manulife Financial a treatment plan outlining the procedures and charges. Your dentist may be requested to submit any relevant x-rays.

Approval of the treatment plan should be obtained from Manulife Financial prior to commencement of treatment. After reviewing the plan, you will be advised of the amount payable by Manulife Financial. Where a range of fees, individual consideration or laboratory charges are included, Manulife Financial will determine the amount payable. The approved estimate will be honoured for a period of twelve months from the date of approval.

There are many ways to treat a particular dental problem or condition and the cost of different procedures, services, courses of treatment and materials may vary considerably. Manulife Financial may determine that payment for a less expensive procedure which will provide satisfactory results, may be made towards the cost of a procedure selected by you and your dentist. The difference between the amount payable by Manulife Financial and the dentist's charge is your responsibility. If you do not submit a treatment plan, Manulife Financial reserves the right to pay benefits based on the less expensive procedure which will provide satisfactory results.

Benefits are not payable for:

- Services or supplies not listed under Benefits.
- Charges for complete or partial dentures, crowns, bridgework or orthodontic services, unless included as a rider with this plan.
- Services or supplies for cosmetic purposes.
- Charges for procedures or appliances connected with implants.
- Services or supplies related to Temporomandibular Joint problems.
- Charges incurred as a result of conditions arising from war, whether or not war was declared, from participation in any civil commotion, insurrection or riot, or while serving in the armed forces.

- Charges incurred as a result of self-inflicted injury.
- Charges incurred while committing, or attempting to commit, directly or indirectly, a criminal act under legislation in the jurisdiction where the act was committed.
- Charges for the completion of claim forms or other documentation, or charges incurred for failing to keep a scheduled appointment or for transfer of medical files.
- Charges for procedures in excess of those stated in the Fee Guide for General Practitioners, as shown in the Summary of Benefits.
- Services or supplies covered by any government plan.
- Services completed after termination of coverage.