Manulife Financial

Benefits Booklet

Les Forages Chapais Inc.

Plan Number: G0131049
Class: B - Quebec Employees

Table Of Contents

Introduction
Dental
Extended Health Care Benefit
Counselling Services [Workplace Advisor]
Health Service Navigator®
Long-Term Disability
Life Insurance
Survivor Benefit
Accidental Death and Dismemberment Insurance
Critical Illness
Personal Benefits - Life Insurance**
Personal Benefits - Critical Illness**
Conversion Option
FollowMe™ Health

A message from your plan sponsor

Les Forages Chapais Inc. is pleased to be able to offer you medical and financial security by sponsoring your group benefits program. We have selected Manulife Financial as a partner to help us deliver the program. They are committed to providing excellent service for us.

At this point, you will have received some basic information about how you can connect with Manulife Financial and how to submit claims. Now, I would encourage you to spend a few moments reviewing our plan's coverage so you can better understand what's available. You'll learn about not only the more routine things, but also about some of the benefits available that you may need to draw on in a time of crisis. Your plan is here to offer you some support in the event you encounter unforeseen circumstances in the future.

After reviewing the coverage, if you have any questions, check in with our plan administrator.

Core Coverage and Services

Your plan sponsor has chosen to offer the following benefits to form the coverage in this program:

Dental

Benefit Details	Your Plan's Coverage
Waiting Period	3 months
Deductible	None
Dental Fee Guide	Current Fee Guide for General Practitioners for your Province of Residence
Coverage ends	At the earlier of age 85 or your retirement
Combined Maximum applies to: Level I Level II	$1,000 per calendar year
Level I - Basic Services Includes items such as: ▪ complete oral exam, one per 2 calendar years ▪ full-mouth x-rays, one per 2 calendar years ▪ one unit of light scaling and one unit of polishing once every 9 months, when the service is performed outside Quebec, or prophylaxis once every 9 months, when the service is performed in Quebec ▪ bitewing x-rays, two films, once every 9 months ▪ recall exams, and fluoride treatments, once every 9 months (fluoride treatments are a covered expense for dependent children under 19 years of age) ▪ routine diagnostic and laboratory procedures ▪ fillings, retentive pins and pit and fissure sealants Replacement fillings are covered provided: - the existing filling is at least 12 months old and must be replaced either due to significant breakdown of the existing filling or recurrent decay, or - the existing filling is amalgam and there is medical evidence indicating that the patient is allergic to amalgam ▪ pre-fabricated full coverage restorations (metal and plastic) ▪ space maintainers (appliances placed for orthodontic purposes are not covered) ▪ minor surgical procedures and post surgical care ▪ extractions (including impacted and residual roots) ▪ consultations, anaesthesia, and conscious sedation ▪ denture repairs, relines and rebases, only if the expense is incurred later than 3 months after the date of the initial placement of the denture	80% to a combined maximum of $1,000 per calendar year

▪ injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery	
Level II - Supplementary Services Includes items such as: ▪ surgical procedures not included in Level I (excluding implant surgery) ▪ periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including: - scaling not covered under Level I, and root planing, up to a combined maximum of 6 units per calendar year(s) ; - provisional splinting; and - occlusal equilibration, up to a maximum of 8 units per calendar year(s) ▪ endodontic services which include root canals and therapy, root amputation, apexifications and periapical services ▪ root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime ▪ re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment	80% to a combined maximum of $1,000 per calendar year

Exclusions

No Dental Care benefits will be payable for expenses resulting from:

- war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion
- the committing of or the attempt to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant or if blood contains more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury.
- dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was insured under this benefit
- anti-snoring or sleep apnea devices
- broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms
- services which are payable under any other part of this policy, by any government plan or legally mandated program
- services or supplies provided by an employer, association or trade union's medical or dental department
- services or supplies for which no charge would normally be made in the absence of insurance
- treatment rendered for a full mouth reconstruction, for a vertical dimension or for a correction of temporomandibular joint dysfunction
- replacement of removable dental appliances which have been lost, mislaid or stolen
- laboratory fees which exceed reasonable and customary charges
- services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured person
- implants, or any services rendered in conjunction with implants
- treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition
- services or supplies which are not specified as a covered expense under this benefit

If you anticipate charges for any treatment to exceed $500, please submit a pre-treatment plan before receiving the service so you can understand what portion your plan may cover.

Your plan will pay benefits for the least expensive course of treatment when there are two or more courses of treatment covered that would produce professionally adequate results for a given condition. Manulife's professional dental consultant will aid in evaluating the various courses of treatment available to determine which is professionally adequate.

If you apply for coverage for Dental insurance for yourself or your dependents late, Late Dental Application insurance will be limited to $125 for you and $125 for each of your dependents for the first 12 months of coverage.

All claims must be submitted within 12 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.

Extended Health Care Benefit

This benefit has many components that extend your coverage to a wide variety of health care providers and services. Under the broad category there may be coinsurances, deductibles, maximums and limitations that apply to specific components of the coverage.

This plan will not automatically assume eligibility for all drugs, services and supplies. New drugs, existing drugs with new indications, services and supplies are reviewed by Manulife Financial using the due diligence process. Once this process has been completed, the decision will be made by Manulife Financial to include as a covered expense, include with prior authorization criteria, exclude or apply maximum limits.

Benefit Details	Your Plan's Coverage
Waiting Period	3 months
Maximum	Unlimited
Deductible	Nil
Co-insurance	100% for Hospital Care, Vision 80% for Medical Services & Supplies, Professional Services, Drugs **Note:** The Co-insurance applicable to Private Duty Nursing Services is shown below under EHC - Medical Supplies and Services.
Coverage Ends	At the earlier of age 85 or your retirement
Manulife *Vitality*	If you're eligible for Extended Health Care coverage with Manulife, you can choose to participate in Manulife *Vitality* - a digital wellness program that rewards you for making positive health choices. **How does it work?** Earn Vitality Points™ by doing the little things in life - getting a flu shot, going to the gym or getting your teeth cleaned. The more you move and do to improve your lifestyle, the more points you earn, and higher Vitality Status™ you'll reach. ▪ **Know your health** Your Vitality Age™ gives you an idea of your overall health. And depending on your day-to-day choices, it could be higher or lower than your actual age. Complete your Vitality Health Review™ (VHR) to find out your *Vitality* Age and other insights into your health. ▪ **Improve your health** Record your exercise and healthy activity. A customized weekly goal-setting process helps you make healthy choices to improve or maintain your lifestyle - and you earn points for doing so.

- **Enjoy the rewards**

  Reach your weekly goals, collect your points, and earn rewards from companies like Tim Horton's, Cineplex and Indigo.

How do you get started?

You need to sign up before you can start using this program.

1. Sign in to your Group Benefits site using your plan contract number and member certificate number.
2. Click "Sign up for Manulife *Vitality*"
3. Read the information. Then select "sign up now!"
4. Don't forget to download the Manulife *Vitality* for Group Benefits app. That's how you'll become eligible to earn rewards.

Exclusions

No Extended Health Care benefits are payable for expenses related to:

- for Medical Travel Emergencies and Emergency Travel Assistance only, self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness
- war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion
- committing or attempting to commit an assault or criminal offence
- injuries sustained while operating a motor vehicle while under the influence of any intoxicant or if blood contains more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury.
- an illness or injury for which benefits are payable under any government plan, workers' compensation or legally mandated program
- charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms
- services or supplies provided by an employer, association or trade union's medical or dental department
- services or supplies for which no charge would normally be made in the absence of insurance
- services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of insurance
- services or supplies which are not permitted by law to be paid
- services or supplies which are required for recreation or sports
- services or supplies which would have been payable by the Provincial Plan if proper application had been made
- medical treatment which is not usual or customary, or is experimental or investigational in nature
- medical or surgical care which is cosmetic
- services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured person
- services or supplies which are provided while confined in a hospital on an in-patient basis
- services or supplies which are not specified as a covered expense under this benefit

All claims must be submitted within 12 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.

EHC - Drugs

80% Co-insurance

Benefit Details	Your Plan's Coverage
	Dispensing Fee Maximum - for maintenance drugs, no more than 6 dispensing fees will be paid per 12 consecutive months $15,000 lifetime maximum on fertility drugs $300 lifetime maximum on anti-smoking prescription drugs
Prescription Drugs with Generic Substitution Includes the following drug classes: ▪ drugs for the treatment of an illness or injury which by law or convention requires the written prescription of a physician or dentist when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist ▪ oral contraceptives ▪ life-sustaining drugs ▪ injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered) ▪ standard syringes, needles and diagnostic aids, required for the treatment of diabetes No coverage for / excludes: ▪ preventive vaccines and medicines (oral or injected) ▪ sexual dysfunction drugs ▪ drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis ▪ drugs determined to be ineligible as a result of due diligence ▪ cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment used in the treatment of diabetes ▪ charges to administer serums, vaccines & injectable drugs ▪ experimental or investigational drugs not approved as an effective, appropriate and essential treatment of an illness or injury ▪ natural health products (products with a NPN)	*Payment of Covered Expenses - Covered expenses for any prescribed drug will not exceed the price of the lower cost alternative drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a lower cost alternative that provides therapeutically similar results as identified by Manulife Financial.* *Manulife Financial can limit the covered expense for any drug to that of a lower cost interchangeable drug at the time the drug is purchased.* *If there is no lower cost alternative drug for the prescribed drug, the amount payable is based on the cost of the prescribed drug.* *No Substitution Prescriptions - If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product, the maximum amount covered is the price of the lower cost alternative drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a lower cost alternative that provides therapeutically similar results as identified by Manulife Financial.* *If there is no lower cost alternative drug for the prescribed drug, the amount payable is based on the cost of the prescribed drug.* *Reimbursement at the cost of a prescribed drug, where a lower cost alternative drug is available, will only be considered if medical evidence is provided by the treating physician to support why the lower cost alternative drug cannot be tolerated or is ineffective.* *There is a limitation on quantity of drugs that can be dispensed and claimed at one time, to the lesser of:*

	a) the quantity prescribed by the Physician or Dentist; or *b) a 34 day supply; or* *c) up to a 100 day supply may be payable in long term therapy where the larger quantity is recommended as appropriate by the Physician and the Pharmacist.* *If you are a Quebec resident, your plan's coverage will coordinate with* RAMQ.

EHC - Vision

100% Co-insurance

Benefit Details	Your Plan's Coverage
Prescription Glasses, Contact Lenses, Laser Eye Surgery, Eye Exams, Visual Training	$200 per 2 calendar year(s) for prescription glasses, elective contact lenses , repairs and elective laser vision correction procedures If contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, the maximum payable will be $200 during any 2 calendar year(s) Eye Exams - once per 2 calendar year(s) Visual Training - $200 per lifetime

EHC - Health Care Professionals (Professional Services)

80% Co-insurance

Benefit Details	Your Plan's Coverage
Services provided by the following licensed practitioners: Chiropractor, Physiotherapist, Psychologist/Social Worker/Clinical Counsellor/Marriage and Family Therapist/Psychoanalyst/Psychotherapist	$300 per calendar year(s) for Chiropractor $300 per calendar year(s) for Physiotherapist $300 per calendar year(s) for Psychologist/Social Worker/Clinical Counsellor/Marriage and Family Therapist/Psychoanalyst/Psychotherapist The maximum for each specialty includes one x-ray ($25 maximum) per calendar year.
	Expenses for some of these professional services may be payable in part by provincial plans. Coverage for the balance of such expenses prior to reaching the provincial plan maximum may be prohibited by provincial legislation. In those provinces, expenses under this benefit program are payable after the Provincial Plan's maximum for the benefit year has been paid. *Recommendation by a physician for Professional Services is not required.*

EHC - Medical Supplies and Services

80% Co-insurance (unless otherwise stated)

For all medical equipment and supplies, coverage is limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

Benefit Details	Your Plan's Coverage
Private Duty Nursing Services Provided by a registered nurse or registered nursing assistant who has completed an approved medications training program	100% Co-insurance $10,000 per calendar year(s)
Excludes: ▪ custodial care, homemaking duties or supervision ▪ services performed by a nurse practitioner who is an immediate family member or who lives with the patient ▪ services performed while confined to a hospital, nursing home or other similar institution ▪ services that could be performed by a person with lesser qualifications, a relative, a friend or a member of the patient's household	*Submit a detailed treatment plan estimate before Private Duty Nursing services begin so we can advise you of what benefit may be provided.*
Hearing Aids	$500 per 5 calendar year(s) *Includes cost, installation, repair and maintenance of Hearing Aids (including charges for batteries)*
Medical Equipment Includes items such as: ▪ ambulance (licensed including air ambulance, provided in province of residence) ▪ mobility equipment (crutches, canes, walkers, wheelchairs) ▪ manual hospital beds ▪ respiratory and oxygen equipment ▪ other equipment usually found only in hospitals ▪ non-dental external prostheses ▪ braces (other than foot braces), trusses, collars, leg orthosis, casts and splints ▪ ileostomy, colostomy and incontinence supplies ▪ medicated dressings and burn garments ▪ oxygen	4 per calendar year for surgical brassieres $250 per lifetime for wigs and hairpieces *Medical equipment dispensed by a hospital is not an eligible expense.* *In the province of Quebec, microscopic and other similar diagnostic tests and services rendered in a licensed laboratory are included, up to a maximum of $1,000 per calendar year.* *Accidental dental treatment to the natural teeth or jaw must*

▪ charges for the treatment required as a result of an injury to natural teeth or jaw ▪ surgical brassieres ▪ wigs and hairpieces for temporary hair loss associated with medical treatment	*be provided within 12 months of the accident. Injuries sustained while biting or chewing are not covered.*

EHC - Hospital

100% Co-insurance

Benefit Details	Your Plan's Coverage
General or Rehabilitation hospitals	• in a Semi-Private Room • in excess of the hospital's public ward charge
	Charges for any portion of the cost of ward accommodation, utilization or copayment fees (or similar charges) will not be covered. *Manulife Financial will coordinate payment after any provincial plan coverage has first been applied.*

EHC - Medical and Non-Medical Travel Emergencies

Benefit Details	Your Plan's Coverage
Emergency medical coverage Conditions: ▪ Coverage is for immediate medical treatment required for: - a sudden, unexpected injury or a new medical condition which occurs while an insured person is travelling outside of their province of residence; or - a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure. ▪ Coverage is available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date. ▪ Valid Government Health Insurance Plan (GHP) coverage is required for you and your dependents.	100% with a lifetime maximum of $5,000,000 Coverage is limited to 60 days per trip. Stable means in the 90 days before departure, the insured person has not: ▪ been treated or tested for any new symptoms or conditions; ▪ had an increase or worsening of any existing symptoms; ▪ changed treatments or medications (other than normal adjustments for ongoing care); ▪ been admitted to the hospital for treatment of the condition. Coverage is not available if you (or your dependent) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition. A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to their home province or territory. *You are typically responsible for payment of medical expenses amounting to less than $200 CDN. When you return from your trip, you can submit a claim to be reimbursed for those expenses through the normal claim submission process.* *For charges over $200 CDN, contact the service partner shown on your benefits card as soon as possible to arrange for payment directly to the treating physician or facility.*
Non-Emergency medical coverage Conditions: ▪ recommendation by a practicing physician in Canada is required ▪ suggests that you submit a detailed treatment plan with cost estimates before treatment begins. You will then be advised of any benefit that will be provided.	50% with a maximum of $3,000 every 3 calendar year(s)
Emergency Travel Assistance	100% with all maximums below stated in Canadian Funds. $1,000 for return of vehicle

Including: ▪ 24 hour access to multi-lingual service representatives ▪ referral to local medical care and treatment monitoring ▪ payment of medical bills, medical transportation, return home of dependent children, visit by a family member, trip interruption/delay coverage, support through convalescence after hospital discharge, identification and/or return of a deceased traveller, meals and accommodation, vehicle return, pre-trip advice on passport, visa, vaccination and inoculation requirements for a destination, assistance in replacing lost documents and tickets, referral to legal assistance in your foreign destination, telephone interpretation service, emergency message service, and ▪ after-hours medical advice phone support	$2,000 for meals and accommodations $5,000 for return of deceased $5,000 for Trip Cancellation (see Trip Cancellation for additional information)
	See Emergency Travel Assistance *for additional information, a list of phone numbers for frequent Canadian travel destinations and for participating countries.*

Counselling Services [Workplace Advisor]

Your plan also includes access to services and information you will use to help you live a healthier life. You can access these services on the Plan Member Secure Site.

<table>
<tr><th>Benefit Details</th><th>Your Plan's Coverage</th></tr>
<tr><td rowspan="2">Short term counselling for you and any dependents for a wide range of issues from psychological problems to addictions, and from family and marital concerns to nutritional counselling for example.

Online self-help courses on a variety of topics including but not limited to:
Embracing Workplace Change
Taking Control of Stress / Taking Control of Your Mood
Taking Control of Job Loss / Taking Control of Your Career
Taking Control of Alcohol Use
Foundations of Effective Parenting
Resolving Conflict in Intimate Relationships
Database to search for childcare or eldercare resources in your area</td><td>Approximately 4 to 6 hours of short-term counselling for an unlimited number of issues.

You can receive counselling by phone, online or in person.</td></tr>
<tr><td>To access counselling services online:

Visit the Plan Member Secure Site

To access any of the Workplace advisor services by phone:

Call 1-866-644-0326 to reach a representative any time, 24 hours a day.

If you use a TTY/TDD device, call 1-888-384-1152.</td></tr>
<tr><td colspan="2">Personalized information and tools that are selected by counselling professionals with your best interests in mind.</td></tr>
</table>

Health Service Navigator®

Whether you or a family member have been diagnosed with a critical or chronic health condition, or you are simply curious about the services available in your area, Health Service Navigator® points you to agencies or resources that may be able to provide the information you need, including:

- tips and tools you can use to navigate through the Canadian health care landscape
- a national physician search database
- provincial health plan information
- health, medical condition, treatment plan options and medication information you can trust, and
- a second medical opinion service for times when you may want to double check a serious medical diagnosis you, your spouse or your child has received

With the exception of the second opinion service (which is available by phone only), Health Service Navigator tools are all available for you or your spouse or children any time on the Plan Member Secure Site.

Long-Term Disability

Benefit Details	*Your Plan's Coverage*
Waiting Period	3 months
Benefit Amount	66.7% of monthly basic earnings to a maximum of $4,000
Qualifying Period	119 days
Definition of Disability	Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of: ▪ your own occupation, during the Qualifying Period and the 2 years immediately following the Qualifying Period ▪ any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above
	The availability of work will not be considered by Manulife Financial in assessing your disability. *If you must hold a government permit or license to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or license has been withdrawn or not renewed.*
Maximum Benefit Period	5 years, but not beyond age 65, for Total Disability Benefits 2 years, but not beyond age 65, for Partial Disability Benefits
Non-Evidence Limit	$3,600
Termination	Age 65 less the Qualifying Period, or your retirement, whichever is earlier
Tax Status	The tax position of any payments you receive under this benefit depends on whether you or your employer pays the cost of the benefit. If your employer pays any portion of the premium for this benefit, then any payments you receive will be taxable. If you pay the full cost of the benefit, then any disability benefit payments you receive will be non-taxable.
Waiver of Premium	The premium for your Long Term Disability benefit will be waived during any period you are entitled to receive Long Term Disability benefit payments.
	To be entitled to disability benefits, you must meet the

Entitlement	following criteria: ▪ you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 3 weeks due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled ▪ Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing the essential duties of: - your own occupation, during the Qualifying Period and the following 2 years, and - any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above ▪ you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial At any time, Manulife Financial may require you to submit to a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by Manulife Financial.
Exclusions	*No benefits are payable for any disability related to:* ▪ self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness ▪ war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion ▪ medical or surgical care which is not medically necessary ▪ the committing of or the attempt to commit an assault or criminal offence ▪ injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol ▪ abuse of addictive substances, including drugs and alcohol, unless you are actively participating and co-operating in an in-patient medical treatment program for substance abuse which has been approved by Manulife Financial ▪ a Pre-Existing Condition which causes disability within the first 12 months of your Long Term Disability coverage. A Pre-Existing Condition is any injury or illness (whether diagnosed or not) for which you were treated or attended by a physician, or for which drugs were prescribed, within 90 days prior to the effective date of your coverage
Periods for which you are not entitled to benefits *(Unless your employer is required to provide coverage because of legislation, regulation, or by law)*	When you are: ▪ not receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial ▪ receiving EI (Employment Insurance) maternity or parental benefits ▪ on lay off ▪ on leave of absence ▪ receiving benefits under an employer sponsored salary continuance plan ▪ working in any occupation, except as provided for under the Partial

	Disability Benefit provision ▪ incarcerated
Amount of Disability Benefit Payable	The amount of disability benefit payable to you is the Benefit Amount shown above reduced by any amount you receive or are entitled to receive from the following sources for the same or related disability: ▪ Workers' Compensation or similar coverage ▪ Canada or Quebec Pension Plans ▪ any government motor vehicle automobile insurance plan or policy, unless prohibited by law If necessary, the amount of your benefit will be further reduced so that your total amount from all sources does not exceed 85% of your pre-disability gross earnings (net earnings, if your benefit is non-taxable). All sources include those sources stated above and: a) any amount you receive or are entitled to receive from: ▪ any group, association or franchise plan ▪ any retirement or pension plan ▪ earnings or payments from any employer, including severance payments and vacation pay ▪ self-employment ▪ any government plan, excluding Employment Insurance Benefits b) any amount of Canada or Quebec Pension Plan benefits which another member of your family receives or is entitled to receive by reason of your disability Once benefits become payable, the amount of your benefit will not be affected by any subsequent cost of living increase in benefits you are receiving from other sources.
Rules we use to calculate your benefit	Manulife Financial will apply the following rules in determining your disability benefit: ▪ benefits payable from other sources which began before the commencement of your current Disability will not be taken into account ▪ benefits payable from other sources will not be adjusted to take into account any difference between the tax status of those benefits and the benefit payable by Manulife Financial ▪ subsequent changes in benefits from other sources, other than cost of living increases, will be taken into consideration and a new benefit amount may be established ▪ benefits payable under individual disability income insurance will not be taken into account ▪ for benefits payable other than on a monthly basis, a monthly equivalent of such benefit will be estimated by Manulife Financial ▪ if you do not apply for a benefit for which you are eligible, the amount of such benefit will be estimated by Manulife Financial and assumed to be paid
	If your disability is caused by another person and you have

Subrogation	a legal right to recover damages, Manulife Financial will request that you complete a subrogation reimbursement agreement when you submit your Long Term Disability claim. *On settlement or judgment of your legal action, you will be required to reimburse Manulife Financial those amounts you recover which, when added to the disability benefits that Manulife Financial paid to you, exceed 100% of your lost income.*
Termination of Payments	Your disability benefit payments will cease on the earliest of: ▪ the date you cease to be Totally Disabled, as defined under this benefit, except as provided for under the Partial Disability Benefit ▪ the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restrictions or lack of ability such that you are prevented from performing the essential duties of: - your own occupation, during the Qualifying Period and the following 2 years, and - any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 2 years specified above If you are receiving a partial disability benefit, benefits will cease on the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury limits you to returning to work in a reduced capacity, as defined under the Partial Disability Benefit. ▪ the date you do not attend an examination by an examiner selected by Manulife Financial ▪ the date on which benefits have been paid up to the Maximum Benefit Period for this benefit ▪ the date of your death
Recurrent Disability	If you become Totally Disabled again from the same or related causes within 6 months from the end of the period for which benefits were paid, Manulife Financial will treat the disability as a continuation of your previous disability. You will not be required to satisfy any applicable Qualifying Period again. The benefit payable to you will be based on your earnings as at the date of your previous disability. Benefits for all such recurrent disabilities will not be paid for a combined period longer than the Maximum Benefit Period for this benefit. If the same disability recurs more than 6 months after the end of the period for which benefits were paid, such disability will be considered a separate disability. Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.

Partial Disability Benefit	If you become Partially Disabled after qualifying for Disability Benefits, Manulife Financial will pay a Partial Disability Benefit, as outlined below. *Definition of Partially Disabled* During a period of 2 years following the Qualifying Period, you will be considered Partially Disabled if you are able to work in your own occupation but, due to your disability, you can only do so in a reduced capacity such that your pre-disability earnings are reduced by 15% or more. After this period, you will be considered Partially Disabled if, due to your disability, you can only work in a reduced capacity in any occupation such that your pre-disability earnings are reduced by 15% or more.
Amount of Partial Disability Benefit Payable	The amount of the partial disability benefit payable to you is determined as follows: ▪ your disability benefit (see Amount of Disability Benefit Payable) reduced by 50% of your employment income, if you return to work, or ▪ 50% of your disability benefit, if you do not return to work If necessary, this amount will be reduced so that your total income from all sources does not exceed 85% of your pre-disability earnings. To account for inflation, each January your pre-disability earnings will be adjusted by the change in the Consumer Price Index for the preceding year.
Re-Employment Subsidy Benefit	If, after you qualify for disability benefits, you are unable to return to your previous job because of your disability, but you do return to alternate employment, Manulife Financial will subsidize your employer during the first 3 months of your employment. The amount of the subsidy benefit will be the lesser of: ▪ 50% of your first 3 months' earnings, or ▪ an amount equal to your Long Term Disability benefit for one month The benefit is payable to your employer after you have worked for 3 continuous months.

Submitting Claims: *Please contact your Plan Administrator 6 to 8 weeks prior to the end of your Qualifying Period. Manulife Financial will contact you to discuss details of your Long Term Disability coverage.*

Payments: *Disability benefit payments will be made monthly in arrears. Any payment for a period of less than one month will be made at a daily rate of one-thirtieth of your monthly benefit amount.*

Vocational Rehabilitation Expense Benefit
If, while receiving disability benefits, you become involved in vocational rehabilitation approved by Manulife Financial, expenses reasonably associated with your rehabilitation will be payable by Manulife Financial, provided:

- the expenses have been pre-approved by Manulife Financial
- the charges are reasonable, and are not payable through any other source

Expenses which will be considered under this benefit are:

- rehabilitation assessment, including work capacity assessment and placement assistance
- vocational counselling, re-training or education, and non-medical rehabilitation devices

Life Insurance

You may also wish to consider supplementing this coverage by purchasing any available Optional or Personal Benefits coverage available for your plan.

Benefit Details	***Your Plan's Coverage***
For you as the employee	
Waiting Period	3 months
Benefit Amount	$50,000
Non-Evidence Limit	$50,000
Reduction and Termination Age	Your benefit amount reduces by 50% at age 65 and further reduces to $5,000 if applicable at age 70 and terminates at age 85 or retirement, whichever is earlier
Qualifying Period for Waiver of Premium	119 days
Waiver of Premium	If you become Totally Disabled while insured and prior to age 65 and meet the Waiver of Premium Entitlement Criteria, your Life Insurance will continue without payment of premium. Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of: ▪ your own occupation, during the Qualifying Period and the 2 years immediately following the Qualifying Period ▪ any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 2 years specified above The availability of work will not be considered by Manulife Financial in assessing your disability. If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.
Conversion Privilege	If your Group Benefits terminate or reduce, you may be eligible to convert your Life Insurance to an individual policy, without needing to provide medical evidence. Your application for the individual policy along with the first monthly premium must be received by Manulife Financial within 31 days of the termination or reduction of your Life Insurance. If you die during this 31-day period, the amount of Life Insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion.

	See the conversion option details in the Individual plan options section.
For your spouse and your dependents	
Waiting Period	3 months
Benefit Amount	$10,000 for your spouse and $5,000 for each dependent child
Termination Age	The earlier of Plan member's age 85 or retirement
Qualifying Period for Waiver of Premium	119 days
Waiver of Premium	If you become Totally Disabled while insured and prior to age 65 and meet the Waiver of Premium Entitlement Criteria, your Life Insurance will continue without payment of premium.
Conversion Privilege	If your spouse's Life insurance terminates, you may be eligible to convert the terminated insurance to an individual policy, without medical evidence. Your spouse's application for the individual policy, along with the first monthly premium, must be received by Manulife Financial within 31 days of the termination date. See the conversion option details in the Individual plan options section.

Your beneficiary or estate must submit a claim within 90 days of the date of death. He or she can obtain the necessary paperwork from your plan sponsor. Claims for Waiver of Premium must be submitted within 180 days of the end of the qualifying period.

If you are terminally ill and not expected to live more than 24 months, and you require financial assistance, you may qualify for a Compassionate Assistance loan.

You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your Plan Administrator.

You should review your beneficiary designation to be sure that it reflects your current intent.

Survivor Benefit

Benefit Details	Your Plan's Coverage
If you die while your dependents are insured under the program, Manulife Financial will continue coverage for some benefits without payment of premium: ▪ Dependent Life ▪ Extended Health Care ▪ Dental Care	Coverage will continue until the earliest of: ▪ the date your dependent is no longer a dependent ▪ the date similar coverage is obtained elsewhere ▪ the date which is 24 months from your death or ▪ the date the Group Policy terminates

Accidental Death and Dismemberment Insurance

The amount payable for each loss is a percentage of the Accidental Death and Dismemberment benefit amount which was in effect for you on the date of your injury.

Benefit Details	Your Plan's Coverage
Waiting Period	3 months
Benefit Amount	$50,000
Non-Evidence Limit	$50,000
Reduction and Termination Age	Your benefit amount reduces by 50% at age 65 and further reduces to $5,000 if applicable at age 70 and terminates at age 71 or retirement, whichever is earlier
Covered losses must: ▪ be as a direct result of the accidental injury ▪ have occurred within 365 days from the date of the accidental injury ▪ be total and irreversible or irrecoverable Exclusions: No Accidental Death & Dismemberment benefits will be payable if the loss results from any of the following: ▪ suicide or self-inflicted injuries ▪ war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion ▪ an infection (except pyogenic infections from an accidental cut or wound), illness or disease, or the medical treatment of any illness or disease, or bodily or mental infirmity ▪ riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew ▪ riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your employer ▪ committing or attempting to commit an assault or criminal offence ▪ injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol	▪ Loss of Life - 100% ▪ Loss of or Loss of Use of Both Hands or Both Feet - 100% ▪ Loss of Sight of Both Eyes - 100% ▪ Loss of One Hand and One Foot - 100% ▪ Loss of One Hand and Sight of One Eye - 100% ▪ Loss of One Foot and Sight of One Eye - 100% ▪ Loss of Hearing in Both Ears and Speech - 100% ▪ Loss of or Loss of Use of One Arm or One Leg - 75% ▪ Loss of or Loss of Use of One Hand or One Foot- 66 2/3% ▪ Loss of sight of One Eye - 66 2/3% ▪ Loss of Speech or Hearing in Both Ears - 66 2/3% ▪ Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33 1/3% ▪ Loss of All Toes of One Foot - 25% ▪ Loss of Hearing in One Ear - 25% ▪ Hemiplegia, Paraplegia or Quadriplegia - 200% *In the case of loss of speech or hearing, or loss of use of an arm, hand or leg, the loss must be continuous for 12 months and determined to be permanent, after which time the benefit is payable.* *Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accident. No more than 100% will be paid for all losses due to any one accidental injury, except in the case of hemiplegia, paraplegia or quadriplegia, where the total amount paid will not exceed 200% (provided the benefit is paid while you are living).*
	If a loss occurs due to unavoidable exposure to the elements, after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or

Exposure and Disappearance	sank, a benefit will be payable for that loss. The amount payable will be determined in accordance with the covered loss list. If you disappear after a conveyance in which you were travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit for loss of life will be payable if your body is not found within 365 days after the incident occurred.
Waiver of Premium	If your Employee Life Insurance premium is waived because you are totally disabled, the premium for this benefit will also be waived. Accidental Death and Dismemberment Waiver of Premium ends if this plan terminates.
Non-Duplication of Expenses	Expenses which are eligible under this benefit and for which you are also eligible under any other benefit, policy, or plan providing similar coverage will be paid first under such other benefit, policy or plan. Any expenses not paid under any other coverage will then be considered under this benefit, subject to any stated maximum. The total combined amount of payments from all coverage combined will not exceed 100% of the eligible expenses incurred.
Additional benefits related to covered losses or accidental death	
Rehabilitation	$10,000 maximum payment for reasonable and necessary expenses incurred within 3 years from the date of the loss listed above for a rehabilitation program in order to return to gainful employment.
Repatriation	$10,000 maximum payment for expenses to prepare and return your body to your residence if your death, which resulted directly from an accidental injury, occurs 150 kilometres or more from your residence.
Family Transportation	$1,500 per accident maximum payment for the hotel and travel expense incurred by a direct family member if you are confined to a hospital which is 150 kilometres or more from your residence. If travelling by a method of transportation not licensed to transport fare-paying passengers expenses are reimbursed at a rate of $0.20 per kilometre.
Spousal Occupational Training	$10,000 maximum payment for reasonable and necessary expenses incurred by your spouse within 3 years from the date of your loss listed above for an occupational training program to become qualified for employment for which he or she would not otherwise have sufficient qualifications.
	$5,000 or 5% of your Accidental Death and

Dependent Education	Dismemberment benefit whichever is less is the yearly maximum for a maximum of 4 years, for the payment of tuition for each child who is enrolled as a full-time student: ▪ in a school for higher learning above the secondary school level at the time of your death, or ▪ at the secondary school level, but who enrols as a full-time student in a school for higher learning within 365 days after your death if you die as a direct result of an accidental injury

Claims *must be submitted within 90 days of the date of injury or death. Necessary paperwork is available from your plan sponsor. Claims for Waiver of Premium must be submitted within 180 days of the end of the qualifying period.*

You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your Plan Administrator.

You should review your beneficiary designation to be sure that it reflects your current intent.

Critical Illness

You may also wish to consider supplementing this coverage by purchasing: Optional Personal Critical Illness

Your Policy Contract number for Critical Illness benefits is G0131050.

Benefit Details	Your Plan's Coverage
Entitlement Criteria	Manulife Financial will apply the following criteria in determining your entitlement to Critical Illness Benefits: • Manulife Financial receives medical evidence documenting your diagnosis of a covered Critical Illness condition; • the diagnosis of any Critical Illness is made by a Physician, practicing medicine in Canada in a specialty relating to the applicable Critical Illness. At any time, Manulife Financial may require you to submit to a medical examination or evaluation by an examiner selected by Manulife Financial.
Comprehensive	Benefit amount $10,000 The benefit is payable for the first covered condition diagnosis only and you must survive at least 30 days following the diagnosis of a covered condition in order to receive the benefit.
Non-Evidence Limit	$10,000
Termination Age	Your benefit amount terminates at the earliest of your retirement, attainment of age 70, or benefit payout
Waiver of Premium	If you become Totally Disabled while insured and prior to age 65 and meet the Waiver of Premium Entitlement Criteria, your Critical Illness Insurance will continue without payment of premium as long as you remain Totally Disabled and otherwise eligible up to the Termination Age.
Conversion	If you are under age 65 and your group benefits terminate, you may be eligible to convert the Critical Illness Insurance to a Personal Critical Illness policy without needing to supply medical evidence. You must apply for the coverage within 31 days of the termination of your Critical Illness Insurance.
	No benefits are payable for any Critical Illness directly or indirectly related to: • any specific exclusions for a given condition as set out in the

Exclusions	Covered Critical Illness Conditions definitions (available from the Forms and Brochures section of the Plan Member Secure Site) • self-inflicted injuries or illnesses • abuse of addictive substances, including drugs and alcohol • war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion • the committing of or the attempt to commit an assault or criminal offence • injuries sustained while operating a motor vehicle, either while under the influence of any intoxicant or if the insured's blood contained more than 80 milligrams of alcohol per 100 milliliters of blood at the time of the injury • taking a poisonous substance or inhaling toxic gases or fumes A pre-existing medical conditions exclusion applies to coverage that is provided without completion of a detailed medical questionnaire. If you are diagnosed with a condition for which you have exhibited signs or symptoms, received or should have received medical treatment, consulted a physician, or been prescribed medication during the 24 months prior to the effective date of coverage, then during the first 24 months of coverage, no benefit is payable for a condition that is directly or indirectly related to such a pre-existing condition. Within the first 90 days of coverage no benefit will be paid for cancer or benign brain tumour if the insured exhibits or receives any of the following: a. signs or symptoms that lead to a diagnosis of cancer or benign brain tumour, regardless of the date when the diagnosis is made; or b. medical consultations, tests or any form of clinical evaluation, that lead to a diagnosis of cancer or benign brain tumour, regardless of when the diagnosis is made; or c. a diagnosis of cancer or benign brain tumour.

Additional coverage and services available for you to purchase

Your plan sponsor has also included options for you to consider purchasing to provide additional coverage for yourself and your family in addition to what is provided as part of your core coverage and services.

Personal Benefits - Life Insurance**

This is an individual policy available, at your own expense, to you as a member of this group and coverage remains with you if your group policy is terminated or you change employers.

Benefit Details	*Your Plan's Coverage*
For you as the employee and for your spouse and your child or children	
Amount	Employee and spouse Units of $25,000 to a maximum of $500,000 Child $20,000 coverage for each dependent child, evidence of insurability is not required
Non-Evidence Limit for employee and/or spouse coverage	Employee $100,000 Spouse $50,000
Termination Age	Member and spouse coverage terminate at age 70 Child coverage terminates at age 21
Living Benefit for employee and spouse coverage	If after Personal Insurance coverage has been in force for two years, the insured person is diagnosed as being terminally ill (death expected within one year), the Living Benefit provides a one-time advance payment in an amount that is no more than 50% of the face amount of the Personal Life coverage, up to a maximum of $50,000. The Personal Life benefit amount for that person will be reduced by the amount of the Living Benefit amount paid. In cases where you the employee become terminally ill and a Living Benefit is paid to you, then all premiums in relation to any of your Personal Life coverage, including spouse and child, will be waived for up to 12 months.
	A pre-existing medical conditions exclusion applies to coverage that is provided without completion of a detailed medical questionnaire. If you are diagnosed with a condition for which you have exhibited signs or symptoms, received or should have received medical treatment, consulted a physician, or been prescribed medication during the 24

Exclusions	months prior to the effective date of coverage, then during the first 24 months of coverage, no benefit is payable for a condition that is directly or indirectly related to a pre-existing condition. No benefit will be paid where the insured's death occurs either during or after the 24 month period following the effective date and results directly or indirectly from, or is in any manner or degree associated with or occasioned by suicide, attempted suicide or other self-inflicted injury which occurs or takes place during the same 24 month period.

** *Ask your plan administrator for a detailed brochure which includes an application.*

Personal Benefits - Critical Illness**

Additional financial protection for you and your family should a covered person become critically ill. This is an individual policy available, at your own expense, to you as a member of this group and coverage remains with you if your group policy is terminated or you change employers.

Benefit Details	*Your Plan's Coverage*
For you as the employee, your spouse and child or children	
Comprehensive	Employee and spouse Benefit amount: $5,000 units of coverage with a $10,000 minimum up to a maximum of $150,000 Child $10,000 coverage for each dependent child, evidence of insurability is not required The benefit is payable for the first diagnosis only and the insured must survive at least 30 days following the diagnosis of a covered condition in order for you to receive the benefit.
Non-Evidence Limit for employee and/or spouse coverage	$25,000
Reduction and Termination Age	Member and spouse coverage reduces by 50% at age 65 and terminates at age 70. Child coverage terminates at age 21.
Exclusions	No benefits are payable for any Critical Illness directly or indirectly related to: • any specific exclusions for a given condition as set out in the Covered Critical Illness Conditions definitions • any specific exclusions for a given condition as set out in the Covered Critical Illness Conditions definitions (available from the Forms and Brochures section of the Plan Member Secure Site) • self-inflicted injuries or illnesses • abuse of addictive substances, including drugs and alcohol • war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion • the committing of or the attempt to commit an assault or criminal offence • injuries sustained while operating a motor vehicle, either while under the influence of any intoxicant or if the insured's blood contained more than 80 milligrams of alcohol per 100 milliliters of blood at the time of the injury • taking a poisonous substance or inhaling toxic gases or fumes A pre-existing medical conditions exclusion applies to coverage that is

	provided without completion of a detailed medical questionnaire. If you are diagnosed with a condition for which you have exhibited signs or symptoms, received or should have received medical treatment, consulted a physician, or been prescribed medication during the 24 months prior to the effective date of coverage, then during the first 24 months of coverage, no benefit is payable for a condition that is directly or indirectly related to such a pre-existing condition. Within the first 90 days of coverage no benefit will be paid for cancer or benign brain tumour if the insured exhibits or receives any of the following: a. signs or symptoms that lead to a diagnosis of cancer or benign brain tumour, regardless of the date when the diagnosis is made; or b. medical consultations, tests or any form of clinical evaluation, that lead to a diagnosis of cancer or benign brain tumour, regardless of when the diagnosis is made; or c. a diagnosis of cancer or benign brain tumour. For child coverage there is an exclusion whereby if a Child is born and diagnosed with a Condition within the first ten months of any application for Child Coverage, no benefit shall be payable for such Condition.

** *Ask your plan administrator for a detailed brochure which includes an application.*

Individual plan options available to purchase if you are leaving the plan

When your group coverage ends, your relationship with Manulife doesn't have to stop there. You have the option to purchase your own personal plans.

Conversion Option

Some core coverage benefits (Life, Optional Life, Critical Illness, Optional Critical Illness) give you the option to purchase individual coverage when your group benefits terminate or reduce, without needing to provide medical evidence. Your application for the individual policy along with the first monthly premium must be received by Manulife Financial within 31 days of the termination or reduction of your coverage. Other specific conditions for coverage may be noted in each benefit information section of this document.

For more information on the conversion privilege, please see your Plan Administrator. Provincial differences may exist.

FollowMe™ Health

The FollowMe Health plan is specially designed for those whose group health coverage has recently or will soon come to an end. FollowMe Health allows you to continue enjoying health and dental benefits without completion of a medical questionnaire, so there's no need to worry about interruption of coverage for you or your loved ones.

If you apply within 60 days of your loss of group health and dental benefits, you will qualify without having to complete a medical questionnaire.

With four different plans and levels of coverage to choose from, you're certain to find the FollowMe Health plan that meets your needs.

To find out more, request a brochure, get a quote, apply online or print an application, go to www.coverme.com *or call 1-877-COVER ME® (1-877-268-3763)*

Definitions

Explanation of some of the terms used in this document

Co-insurance
The way the cost of a service is shared between you and your plan. It exists in addition to any deductibles. So for example, an 80% co-insurance means that after the deductible has been satisfied, your plan will cover up to 80% of the bill and you would pay the rest.

Co-payment
The fixed amount that you must pay towards the cost of a service each time you use your plan. Most often, co-payments exist in situations where a claim is settled at point of sale. For instance, you might see a drug benefit with a $2.00 co-pay amount. Regardless of the cost of the prescription being filled, you are required to pay $2.00.

Dependent
Your Spouse or Child who is insured under the Provincial Plan.

Spouse

your legal spouse, or a person continuously living with you in a role like that of a marriage partner for at least one year.

Child

your natural or adopted child, or stepchild, who is:

- unmarried
- under the age stated below:
  for Dental coverage - under age 21, or under age 25 if a full-time student;
  for Extended Health Care coverage - under age 21, or under age 25 if a full-time student
  for other coverages (if applicable) - under age 21, or under age 25 if a full-time student;
- not employed on a full-time basis
- not eligible for insurance as an employee under this or any other Group Benefit Program

a child who is incapacitated on the date he or she reaches the age when insurance would normally terminate will continue to be an eligible dependent. However, the child must have been insured under this Benefit Program immediately prior to that date

a child is considered incapacitated if he or she is incapable of engaging in any substantially gainful activity and is dependent on the employee for support, maintenance and care, due to a mental or physical disability. Manulife Financial may require written proof of the child's condition as often as may reasonably be necessary

a stepchild must be living with you to be eligible

a newborn child shall become eligible from the moment of birth

birth is defined as the complete live delivery of a child from its mother

Drugs

- must be prescribed in writing by a physician, dentist or other health care professional whose scope of practice within their province permits them to write a prescription;
- must be dispensed by a licensed pharmacist;
- must have been approved for use by Health Canada and have a drug identification number(DIN).

RAMQ - Drug Benefit and Pharmacy Services for persons who reside in Quebec
If you and your dependents reside in Quebec, the following provisions apply to your drug benefit coverage:

- drugs that are on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List), provided such drugs are on the list at the time the expense is incurred; and
- covered pharmacy services that are to be paid when the drug is on the RAMQ List; and
- drugs that are listed as a covered expense under your drug plan but are not on the RAMQ List.

The following provisions apply to the coverage of drugs that are on the RAMQ List and pharmacy services for private plans, as legislated by An Act Respecting Prescription Drug Insurance and the Health Insurance Act (R.S.Q. c., A-29-01). Coverage for all other drugs will be subject to the regular provisions included in your benefit plan.

a) Benefit Percentage
Prior to the annual out-of-pocket maximum being reached, the percentage of covered drug expenses payable under this benefit will be as follows:

i) For any drug on the RAMQ List which is not otherwise covered under the terms of this benefit, the percentage payable is the percentage as set out by legislation.

ii) For any Legislated pharmacy services which are not otherwise covered under the terms of the Policy, the percentage is as set out by the then applicable Legislation.

iii) For any drug on the RAMQ List which is covered under the terms of this benefit, the percentage payable is the greater of:

- the benefit percentage stated under the benefit; or
- the percentage as set out by the then applicable legislation.

After the annual out-of-pocket maximum has been reached, the percentage of covered drug expenses payable under this benefit will be 100%.

b) Annual Out-of-Pocket Maximum
The annual out-of-pocket maximum is a portion of covered drug expenses or covered pharmacy services which must be paid by you and your spouse in a calendar year, before the percentage payable under this benefit will be 100%. Amounts that will be applied to the annual out-of-pocket maximum are:

i) deductible amounts, and

ii) the portion of covered drug expenses that is paid by an insured person, when the percentage of covered expenses payable under this benefit is less than 100%; and

iii) covered pharmacy services that are performed by pharmacists for drugs on the RAMQ formulary.

The annual out-of-pocket maximum for you and your spouse is as stipulated in the legislation and includes those portions of covered drug expenses and covered pharmacy services relating to a drug on the RAMQ formulary paid for your dependent children.

For the purposes of calculating the out-of-pocket maximum for you and your spouse, those portions of covered drug expenses and covered pharmacy services paid for your dependent children will be applied to the person who is closest to reaching the annual out-of-pocket maximum.

c) Deductible
Deductible amounts (if any) for the drug benefit will apply, until the annual out-of-pocket maximum is reached. Thereafter, the deductible will not apply.

d) Lifetime Maximums
Lifetime maximums (if any) will not apply to drugs on the RAMQ List or covered pharmacy services. Drug and pharmacy service coverage provided after the lifetime maximum stated under this plan is reached is subject to the following conditions:
i) only drugs that are on the RAMQ List are covered, and
ii) covered pharmacy services that are performed for drugs on the RAMQ List, and
iii) the percentage payable by Manulife Financial for covered expenses is the percentage as set out by legislation.

e) Eligible Dependent Children
Your eligible dependent children who are in full-time attendance at an accredited educational institution will be covered until the later of:

i) the age specified in this Benefit Booklet or
ii) age 26.

Drug coverage and covered pharmacy services provided for dependent children after the age stated in this Benefit Booklet is subject to the following conditions:

- only drugs that are on the RAMQ List are covered, and
- covered pharmacy services performed for a drug on the RAMQ List, and
- the percentage payable by Manulife Financial for covered expenses is the percentage as set out by legislation.

f) Termination Age for Covered Drug and Pharmacy Service Expenses
Provided you are otherwise eligible for the drug benefit, the termination age (if any) for the drug benefit will not apply. Drug coverage provided after the termination age specified under The Benefit is subject to the following conditions:
i) only drugs that are on the RAMQ List are covered,
ii) only covered pharmacy services related to a drug on the RAMQ List,
iii) the percentage payable by Manulife Financial for covered expenses is the percentage as stipulated in the legislation
iv) the Annual Out-of-Pocket Maximum is as stipulated in the legislation

Coverage for drugs that are listed as a covered expense under this Benefit but not on the RAMQ List will be subject to all the standard provisions included in this Benefit Booklet.

Due Diligence
A process employed by Manulife Financial to assess new drugs, existing drugs with new indications, services or supplies to determine eligibility under the plan. This process may use pharmacoeconomics, cost effectiveness analysis reference information from existing Federal or Provincial formularies, recognized clinical practice guidelines, or an advisory body.

Earnings
Earnings are your regular rate of pay from your employer (prior to deductions)

including regular bonuses

including regular overtime pay

Earnings may include other income as agreed to in writing by your employer and Manulife Financial.

If you are being paid on a commission basis, your earnings will be as reported on your T4/T4A form for the previous two calendar years. If you have less than two years of service with your employer, your earnings will include an average of the total commissions paid over your actual period of employment.

For the purposes of determining the amount of your benefit at the time of claim, your earnings will be the lesser of:

the amount reported on your claim form, or

the amount reported by your employer to Manulife Financial and for which premiums have been paid.

Experimental or Investigational
Not approved as an effective, appropriate and essential treatment of an illness or injury.

Interchangeable Drug
Includes but is not limited to:

a generic equivalent to the brand name drug deemed to be interchangeable by law where the drug is dispensed;

a drug that contains the same active ingredient that has not been deemed interchangeable in the province where the drug is dispensed; but has been identified as interchangeable by Manulife Financial.

Lower Cost Alternative
If two or more drugs, supplies or services result in therapeutically similar results, or prescribing guidelines recommend alternate drugs, supplies or services be tried first that are lower in cost, the lower cost alternative will be considered.

Medical and Non Medical Travel Emergencies

Sudden, unexpected injuries which occur or unforeseen illnesses which begin while travelling out-of-province or out-of-Canada for business or pleasure and for accidents or illnesses that were not previously diagnosed or treated in Canada.

Medically Necessary
Accepted and recognized by the Canadian medical profession and Manulife Financial as effective, appropriate and essential treatment of a phase of an illness or injury. Manulife Financial has the right after due diligence has been completed to determine whether the drug, service or supply is eligible under the Plan.

Non-Evidence Limit
The amount of insurance benefits you can receive without needing to provide proof of good health. Anything over this figure means that Manulife must review medical evidence before you are approved for the higher amount.

Out-Of-Pocket Maximum
This is the maximum amount of money you will have to pay on your own before your insurance benefits begin to take over and pay. It includes things like deductibles, and co-insurance, but not things like co-payments or your monthly premium.

Prior Authorization
A claims management feature applied to a specific list of drugs, supplies or services to determine eligibility based on predefined clinical criteria and a pharmacoeconomic or cost effectiveness evaluation.

Pyogenic Infection
A bacterial infection or inflammation that produces a generally viscous, yellowish-white fluid formed in infected tissue. The fluid consists of white blood cells, dead tissue and cellular debris.

Reasonable and Customary Charges
The lowest of:

the prevailing amount charged for the same or comparable service or supply in the area in which the charge is incurred, as determined by Manulife Financial; or

the amount shown in the applicable professional association fee guide; or

the maximum price established by law