Thompson Rivers University

Plan Document Numbers: G0081006, G0081007

Group Policy Number: G0031019

Plans: FB - Faculty Continuing Sessional Employees Under Age 65

FC - Faculty Continuing Sessional Employees Age 65 to 70

Employee Name: _____

Certificate Number: _____

Welcome to Your Group Benefit Program

Plan Documents Effective Date: March 01, 2010

Group Policy Effective Date: March 01, 2010

This Benefit Booklet has been specifically designed with your needs in mind, providing easy access to the information you need about the benefits to which you are entitled.

Group Benefits are important, not only for the financial assistance they provide, but for the security they provide for you and your family, especially in case of unforeseen needs.

Your employer can answer any questions you may have about your benefits, or how to submit a claim.

Table of Contents

Benefit Summary

This Benefit Summary provides information about the specific benefits supplied by Manulife Financial that are part of your Group Plan.

This version of the Benefit Summary produced: October 11, 2016

Employee Life Insurance

Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0031019.

Benefit Amount - 3 times your annual earnings, to a maximum of $500,000

Termination Age - your benefit amount reduces to 1 times your annual earnings, to a maximum of $500,000 at age 65 and terminates at age 70 or retirement, whichever is earlier.

Employee Optional Life Insurance

Employee Optional Life Insurance

The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0031019.

Benefit Amount - increments of $10,000 to a maximum of $250,000

Termination Age - your benefit amount terminates at age 70 or retirement, whichever is earlier.

Dependent Optional Life Insurance

Dependent Optional Life Insurance

The Dependent Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0031019.

Benefit Amount

- Spouse - increments of $10,000 to a maximum of $250,000

Termination Age - employee's or spouse's age 70 or employee's retirement, whichever is earlier

Extended Health Care

Extended Health Care

Extended Health Care - The Benefit

The Benefit

Overall Benefit Maximum - Unlimited

Deductible - $25 Individual, $25 Family, per calendar year(s)
Not applicable to:
- Vision
- Medical Services & Supplies (Ambulance)
- Professional Services (Naturopath supplements)
- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada - Referrals

Benefit Summary

Note: *The deductible is not applicable to Emergency Travel Assistance.*

Benefit Percentage (Co-insurance)

100% for
- Professional Services (Naturopath supplements)
- Vision (other than Visual Training)

95% of the first $1,000 of paid expenses and 100% thereafter for
- Hospital Care
- Medical Services & Supplies (other than Glucose Monitor)
- Professional Services (other than Naturopath supplements)
- Drugs

50% for
- Medical Services & Supplies (Glucose Monitor)
- Vision (Visual Training)

Note:

The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 100%.

The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.

The Benefit Percentage for Emergency Travel Assistance is 100%.

Termination Age - the end of the month following the attainment of employee's age 70 or the end of the month following retirement, whichever is earlier

ManuScript Generic Drug Plan 2 - Prescription Drugs

Extended Health Care - ManuScript Generic Drug Plan 2 - Prescription Drugs

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist

oral contraceptives

injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)

life-sustaining drugs

preventive vaccines (oral or injected)

sclerotherapy

iron supplements as determined by Manulife Financial which are licensed for sale in Canada by Health Canada as a Natural Health Product

standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)

Charges for the following expenses are not covered:

drugs, biologicals and related preparations which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home

fertility drugs

anti-smoking drugs

drugs used in the treatment of a sexual dysfunction

intrauterine devices and diaphragms

- Drug Maximums

- Drug Maximums

All covered drug expenses - Unlimited

- Payment of Covered Expenses

- Payment of Covered Expenses

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance.

For Pay-Direct Drug card submissions only, covered expenses for any prescribed drug will not exceed the price of the lowest cost generic equivalent product that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary.

If there is no generic equivalent product for the prescribed drug, the amount covered is the cost of the prescribed product.

- No Substitution Prescriptions

- 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 and the drug is a covered expense under this benefit, the full cost of the prescribed product is covered.

When you have a "no substitution prescription", please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance.

Benefit Summary

Payment of Drug Claims

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and

b) pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

you cannot locate a participating Pay Direct Drug pharmacy

you do not have your Pay Direct Drug Card with you at that time

the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

Vision Care

Extended Health Care - Vision Care

eye exams, once per 12 months for persons under age 21 and once per 24 months for any other person

purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of $225 combined per 24 months

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 per lifetime

visual training (not subject to Reasonable and Customary charges)

Professional Services

Extended Health Care - Professional Services

Services provided by the following licensed practitioners:

Chiropractor - $200 per calendar year, limited to $10 per visit for the first 12 visits in any calendar year

Osteopath - $200 per calendar year

Podiatrist/Chiropodist - $200 per calendar year, limited to $10 per visit for the first 12 visits in any calendar year

Massage Therapist - $200 per calendar year, limited to $10 per visit for the first 12 visits in any calendar year

Naturopath - $200 per calendar year, limited to $10 per visit for the first 12 visits in any calendar year. In addition, naturopath supplements, to a maximum of $200 per calendar year

Speech Therapist - $200 per calendar year

Physiotherapist - $10 per visit for the first 12 visits in any calendar year, thereafter unlimited

Psychologist - $200 per calendar year

Christian Science - $200 per calendar year

Medical Travel Referral (MTB)

Medical Travel Referral (MTB)
Medical Travel Referral (MTB) - The Benefit

The Benefit

Overall Benefit Maximum - $10,000 per person per calendar year

Deductible- Nil

Benefit Percentage (Co-insurance)- 100%

Benefit Amount- $125 per person per day, to a maximum of 50 days in any calendar year for all eligible meal, travel and accommodation expenses combined. However, where eligible expenses exceed $125 per day, but do not exceed the average of $125 per day for the year, the average will be paid. In addition, charges for transportation, accommodation and meals incurred by a medical attendant travelling with the patient will be subject to an overall maximum of $125 per day for expenses incurred by the patient and attendant combined.

For example, where the expenses claimed in a given calendar year are $150 day 1, $125 day 2 and $160 day 3, a total of $375 will be paid. Where the expenses claimed in a given calendar year are $150 day 1, $75 day 2 and $300 day 3, a total of $375 will be paid.

Termination Age - employee's age 70 or retirement, whichever is earlier. However, coverage shall be extended until the end of the month following the month in which such age or retirement is attained

Dental Care

Dental Care
Dental Care - The Benefit

The Benefit

Deductible - Nil

Dental Fee Guide - Current Fee Guide for General Practitioners and Specialists for the Province in which the services are rendered

If the services are rendered in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by Manulife Financial.

Benefit Summary

Benefit Percentage (Co-insurance)

- 100% for Level I - Basic Services

- 100% for Level II - Supplementary Basic Services

- 70% for Level III - Dentures

- 70% for Level IV - Major Restorative Services

- 50% for Level V - Orthodontics

Benefit Maximums

- unlimited for Level I, Level II, Level III and Level IV

- $2,000 per lifetime for Level V

Termination Age - the end of the month following the attainment of employee's age 70 or the end of the month following retirement, whichever is earlier

Weekly Income (Short Term Disability)

Weekly Income

Benefit Amount - 70% of weekly earnings, to a maximum benefit of $2,050

Qualifying Period - 30 calendar days, if the disability is due to an accident; 30 calendar days, if the disability is due to a sickness

Maximum Benefit Period - 21 weeks

Termination Age - the end of the month following employee's attainment of age 70 or the end of the month following retirement, whichever is earlier

Long Term Disability

Long Term Disability

The Long Term Disability Benefit is insured under Manulife Financial's Policy G0031019.

For Employees in Plan FB only

Benefit Amount - 70% of monthly earnings, to a maximum of $8,750

Non-Evidence Limit - $8,750

Qualifying Period - 177 days or expiration of benefits under the Weekly Income benefit, whichever is later

Maximum Benefit Period - the last day of the month following attainment of age 65

Termination Age - age 65 less the Qualifying Period, or retirement, whichever is earlier

How to Use Your Benefit Booklet

Designed with Your Needs in Mind

The Benefit Booklet provides the information you need about your Group Benefits and has been specifically designed with YOUR needs in mind. It includes:

Your Benefit Booklet includes...

a detailed Table of Contents, allowing quick access to the information you are searching for,

Explanation of Commonly Used Terms, which provides a brief explanation of the terms used throughout this Benefit Booklet,

a clear, concise explanation of your Group Benefits,

information you need, and simple instructions, on how to submit a claim.

Important Note

Important Note

The purpose of this booklet is to outline the benefits for which you are eligible as an employee of Thompson Rivers University. The information in this booklet is a summary of the provisions of the Group Policy for the Employee Life Insurance, Employee Optional Life Insurance, Dependent Optional Life Insurance and Long Term Disability Benefits (LTD for Plan FB only), and the Plan Document for the Extended Health Care, Medical Travel Referral (MTB), Dental Care and Weekly Income Benefits. In the event of a discrepancy between this booklet and the Policy or Plan Document (both available from your employer), the terms of the Policy or Plan Document will apply.

The information on all benefits insured or administered by Manulife is up to date as of July 24, 2015.

The Basic and Voluntary Accidental Death and Dismemberment benefits described in this booklet are insured by Industrial Alliance Pacific Insurance and Financial Services Inc. Your Plan Sponsor has provided this wording for use in this booklet and is responsible for ensuring it is accurate, up to date and consistent with the governing policy. Manulife Financial is not responsible for any claims in connection with the booklet wording relating to this benefit. In the event of a discrepancy between this booklet and the policy, the terms of the group policy will apply. Manulife shall not be responsible for any detrimental reliance that you may place upon this information whatsoever.

All other benefits are insured or administered by Manulife Financial.

The booklet in either its paper or electronic form is provided for information purposes only and does not create or confer any contractual rights or obligations.

Possession of this booklet alone does not mean that you or your dependents are covered. The Group Policy and Plan Document must be in effect and you must satisfy all the requirements of the Plan.

Where required by law, you or any claimant under the Group Policy and/or Plan Document has the right to request a copy of any or all of the following items:

the Group Policy and/or Plan Document,

your application for group benefits, and

any Evidence of Insurability you submitted as part of your application for benefits.

In the case of a claimant, access to these documents is limited to that which is relevant to the filing of a claim, or the denial of a claim under the Group Policy and/or Plan Document.

Manulife Financial reserves the right to charge you for such documentation after your first request.

We suggest you read this Benefit Booklet carefully, then file it in a safe place with your other important documents.

Your Group Benefit Card

Your Group Benefit Card

Your Group Benefit Card is the most important document issued to you as part of your Group Benefit Program. It is the only document that identifies you as a Plan Member. The Group Policy Number, Plan Document Number and your personal Certificate Number may be required before you are admitted to a hospital, or before you receive dental or medical treatment.

The Group Policy Number, Plan Document Number and your Certificate Number are also necessary for ALL correspondence with Manulife Financial. Please note that you can print your Certificate Number on the front of this booklet for easy reference.

Your Group Benefit Card is an important document. Please be sure to carry it with you at all times.

Explanation of Commonly Used Terms

The following is an explanation of the terms used in this Benefit Booklet.

Administrator

Manulife Financial

Administrator

Benefit Percentage (Co-insurance)

Benefit Percentage (Co-insurance)

the percentage of Covered Expenses which is payable by the administrator, acting on behalf of your employer.

Covered Expenses

Covered Expenses

expenses that will be considered in the calculation of payment due under your Extended Health Care or Dental Care benefit.

Deductible

Deductible

the amount of Covered Expenses that must be incurred and paid by you or your dependents before benefits are payable by the administrator, acting on behalf of your employer.

Dependent

Dependent

your Spouse or Child who is covered 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 12 months.

- Child

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

- unmarried

- under age 21, or under age 25 if a full-time student

- not employed on a full-time basis, and

- not eligible for coverage as an employee under this or any other Group Benefit Program

A student whose normal residence is Canada will be considered a dependent while attending school outside of Canada

Your spouse's child shall be considered a dependent only if the child is also your child and your spouse is living with you and has custody of the child.

a child who is incapacitated on the date he or she reaches the age when coverage would normally terminate will continue to be an eligible dependent. However, the child must have been covered 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 handicap.

The administrator, acting on behalf of your employer, 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

Drug

Drug a medication that has been approved for use by the Federal Government of Canada and has a Drug Identification Number.

Earnings

Earnings *For Employee Life and Long Term Disability*

For Chairpersons: your regular rate of pay, excluding any bonuses, any overtime pay or any commissions and including monthly allowance

For all other Employees: your regular rate of pay, excluding any bonuses, any overtime pay, any commissions, retroactive adjustments, automobile allowance and additional compensation

For Plan FB Long Term Disability benefits, Gross monthly earnings refer to your normal earnings on the last day of work or sick leave. The gross monthly earnings applicable on the last day of work or sick leave shall be adjusted due to salary increases negotiated retroactively.

For Weekly Income

Gross weekly earnings refer to your normal earnings on the last day of work or sick leave. The gross weekly earnings applicable on the last day of work or sick leave shall be adjusted due to salary increases negotiated retroactively.

If you work less than full-time, or if your regular employment includes a period of lay-off with a pre-determined recall date of less than 9 months, the gross weekly earnings refers to your hours normally worked per week, as determined by averaging the number of hours actually work over the 52 week period immediately preceding the date of disability or illness, times your regular hourly rate, or the hourly equivalent, which are rates in effect at the date of disability.

Your earnings may also include other income agreed to in writing which is reported periodically by your employer and Manulife Financial.

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

Experimental or Investigational

not approved or broadly accepted and recognized by the Canadian medical profession, as an effective, appropriate and essential treatment of a sickness or injury, in accordance with Canadian medical standards.

Immediate Family Member

Immediate Family Member

you, your spouse or child, your parent or your spouse's parent, your brother or sister, or your spouse's brother or sister.

Licensed, Certified, Registered

Licensed, Certified, Registered

the status of a person who legally engages in practice by virtue of a license or certificate issued by the appropriate authority, in the place where the service is provided.

Life-Sustaining Drugs

drugs which are necessary for the survival of the patient. ***Life-Sustaining Drugs***

Medically Necessary

broadly accepted and recognized by the Canadian medical profession as effective, appropriate and essential in the treatment of a sickness or injury, in accordance with Canadian medical standards. ***Medically Necessary***

Natural Health Products

Natural Health Products

products licensed for sale in Canada by Health Canada as a Natural Health Product

Non-Evidence Limit

you must submit satisfactory medical evidence to Manulife Financial for Benefit Amounts greater than this amount. ***Non-Evidence Limit***

Provincial Plan

any plan which provides hospital, medical, or dental benefits established by the government in the province where the covered person lives. ***Provincial Plan***

Qualifying Period

a period of continuous total disability, starting with the first day of total disability, which you must complete in order to qualify for disability benefits. ***Qualifying Period***

Reasonable and Customary

Reasonable and Customary

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,

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

the maximum price established by law.

Take Home Pay (Net Earnings)

Take Home Pay (Net Earnings)

your earnings, less deductions normally made for federal and provincial income tax.

Waiting Period

Waiting Period

the period of continuous employment with your employer which you must complete before you are eligible for Group Benefits.

Ward

Ward

a hospital room with 3 or more beds which provides standard accommodation for patients.

Why Group Benefits?

Why Group Benefits?

Government health plans can provide coverage for such basic medical expenses as hospital charges and doctors' fees. In case of disability, government plans (such as Employment Insurance, Canada/Quebec Pension Plan, Workers' Compensation Act, etc.) may provide some financial assistance.

But government plans provide only basic coverage. Medical expenses or a disability can create financial hardship for you and your family.

Private health care and disability programs supplement government plans and can provide benefits not available through any government plan, providing security for you and your family when you need it most.

Your Employer's Representative

Your Employer's Representative

Your employer is responsible for ensuring that all employees are covered for the Benefits to which they are entitled by reporting all new enrolments, terminations, changes, etc., and keeping all records up to date.

As a member of this Group Benefit Program, it is up to you to provide your employer with the necessary information to perform such duties.

Your Employer's Representative is _____

Phone Number: (_____)_____-_____

Please record the name of your representative and the contact number in the space provided.

Applying for Group Benefits

Applying for Group Benefits

To apply for Group Benefits, you must submit a completed Enrolment or Re-enrolment Application form, available from your employer. Your employer then forwards the application to Manulife Financial.

Making Changes

Making Changes

To ensure that coverage is kept up to date for yourself and your dependents, it is vital that you report any changes to your employer. Such changes could include:

- change in Dependent Coverage
- change in Beneficiary
- applying for coverage previously waived
- change in Name

The Claims Process

Naming a Beneficiary

Naming a Beneficiary

Manulife Financial does not accept beneficiary designations for any benefits other than Employee Life Insurance and Employee Optional Life Insurance.

How to Submit a Claim

How to Submit a Claim

All claim forms, available from your employer, must be correctly completed, dated and signed. Remember, always provide your Group Policy Number, Plan Document Number and your Certificate number (found on your Group Benefit Card) to avoid any unnecessary delays in the processing of your claim.

Your Plan Administrator can assist you in properly completing the forms, and answer any questions you may have about the claims process and your Group Benefit Program.

Alternately, sign up to use Manulife's Plan Member Secure Site at www.manulife.ca/groupbenefits.

When combined with your health care service provider's electronic transmission of your claim, in some cases you can go to your appointment in the morning and see a record of your claim processing on the site in the afternoon!

If your health care service provider cannot send Manulife electronic claim transmissions, you may still be able to submit your claim electronically to us online, right from the Plan Member Secure Site. If your plan sponsor has selected this service for your plan, it will only take you a few minutes to answer the necessary questions and create your own electronic claim submission.

Even if you send us paper claim forms by letter mail, we encourage you to choose to have your claim money deposited directly into your bank account when you set up your access on the Plan Member Secure Site. We will send you an e-mail telling you when your claim has been processed. You will receive your claim payment up to 70% faster than by waiting for a paper cheque!

You may not commence legal action against Manulife Financial less than 60 days after proof has been filed as outlined under Submitting a Claim. Every action or proceeding against Manulife Financial for the recovery of insurance money payable under the plan is absolutely barred unless commenced within the time set out in the Insurance Act or applicable legislation.

Payment of Extended Health Care and Dental Claims

Claim Payment

Once the claim has been processed, Manulife Financial will send a Claim Statement to you.

The top portion of this form outlines the claim or claims made, the amount subtracted to satisfy deductibles, and the benefit percentage used to determine the final payment to be made to you. If you have any questions on the amount, your employer will help explain.

The bottom portion of this form is your claims payment, if applicable. Simply tear along the perforated line, endorse the back of the cheque and you can cash it at any chartered bank or trust company.

You should receive settlement of your claim within three weeks from the date of submission to Manulife Financial. If you have not received payment, please contact your employer.

Co-ordination of Extended Health Care and Dental Care Benefits

Co-ordination of Extended Health Care and Dental Care Benefits

If you or your dependents are covered for similar benefits under another Plan, this information will be taken into account when determining the amount of expenses payable under this Program.

This process is known as Co-ordination of Benefits. It allows for reimbursement of covered medical and dental expenses from all Plans, up to a total of 100% of the actual expense incurred.

Plan means:

other Group Benefit Programs;

any other arrangement of coverage for individuals in a group; and

individual travel insurance plans.

Plan does not include school insurance or Provincial Plans.

Order of Benefit Payment

Order of Benefit Payment

A variety of circumstances will affect which Plan is considered as the "Primary Carrier" (ie., responsible for making the initial payment toward the eligible expense), and which Plan is considered as the "Secondary Carrier" (ie., responsible for making the payment to cover the remaining eligible expense).

If the other Plan does not provide for Co-ordination of Benefits, it will be considered as the Primary Carrier, and will be responsible for making the initial payment toward the eligible expense.

If the other Plan does provide for Co-ordination of Benefits, the following rules are applied to determine which Plan is the Primary Carrier.

– For Claims incurred by you or your Dependent Spouse:

  The Plan covering you or your Dependent Spouse as an employee/member pays benefits before the Plan covering you or your Spouse as a dependent.

  In situations where you or your Spouse have coverage as an employee/member under more than one Plan, the order of benefit payment will be determined as follows:

  ° The Plan where the person is covered as an active full-time employee, then

  ° The Plan where the person is covered as an active part-time employee, then

- The Plan where the person is covered as a retiree.

– For Claims incurred by your Dependent Child:

The Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

However, if you and your Spouse are separated or divorced, the following order applies:

- The Plan of the parent with custody of the child, then
- The Plan of the spouse of the parent with custody of the child (i.e., if the parent with custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child), then
- The Plan of the parent not having custody of the child, then
- The Plan of the spouse of the parent not having custody of the child (i.e., if the parent without custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child).

Where you and your spouse share joint custody of the child, the Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

A claim for accidental injury to natural teeth will be determined under Extended Health Care Plans with accidental dental coverage before it is considered under Dental Plans.

If the order of benefit payment cannot be determined from the above, the benefits payable under each Plan will be in proportion to the amount that would have been payable if Co-ordination of Benefits did not exist.

If the person is also covered under an individual travel insurance plan, benefits will be co-ordinated in accordance with the guidelines provided by the Canadian Life and Health Insurance Association.

Submitting a Claim for Co-ordination of Benefits

Submitting a Claim for Co-ordination of Benefits

To submit a claim when Co-ordination of Benefits applies, refer to the following guidelines:

As per the Order of Benefit Payment section, determine which Plan is the Primary Carrier and which is the Secondary Carrier.

Submit all necessary claim forms and original receipts to the Primary Carrier.

Keep a photocopy of each receipt or ask the Primary Carrier to return the original receipts to you once your claim has been settled.

The Claims Process

Once your claim has been settled by the Primary Carrier, you will receive a statement outlining how your claim has been handled. Submit this statement along with all necessary claim forms and receipts to the Secondary Carrier for further consideration of payment, if applicable.

Who Qualifies for Coverage?

Eligibility

Eligibility

You are eligible for Group Benefits if you:

are, for all benefits other than Long Term Disability, a permanent full-time, part-time or part-time job-sharing employee of Thompson Rivers University and work at least the Required Number of Hours, and

are, for Plan FB Long Term Disability benefits, a regular or non-regular employee on a continuing basis for a 4 month period with 50% or more of a full-time workload, and

are, for MTB benefits, a Faculty staff member working on a contract basis for 6 months of less, or

are age 55 and over and have retired prior to age 65 in accordance with the employer's early retirement incentive plan,

are a member of an eligible class,

are younger than the Termination Age,

are covered under the Provincial plan,

are residing in Canada, and

have completed the Waiting Period.

If you accept a temporary position of 6 months or more, you will be transitioned to the appropriate new plan and will receive the benefits as outlined in the Benefits Schedule for that plan. If you accept a temporary position of less than 6 months, you will remain in the normal plan for your position.

If you are employed by your Employer in more than one job, then you must satisfy the eligibility requirements under each plan to be eligible for coverage. Hours may not be accumulated over two of more plans when assessing eligibility for coverage.

The Termination Age and Waiting Period may vary from benefit to benefit. For this information, please refer to each benefit in the section entitled Your Group Benefits.

Your dependents are eligible for coverage on the date you become eligible or the date you first acquire a dependent, whichever is later. You must apply for coverage for yourself in order for your dependents to be eligible.

Required Number of Hours

Required Number of Hours

Full-time employee - 35 hour(s) per week

Part-time or part-time job-sharing employee - 17.5 hour (s) per week, for Extended Health Care, MTB and Dental Care benefits; as negotiated with the employer for all other benefits

Medical Evidence

Medical Evidence

Medical evidence is required for all benefits, except Dental, when you make a Late Application for coverage on any person. Medical evidence is required when you apply for coverage in excess of the Non-Evidence Limit.

Who Qualifies for Coverage?

Late Application

Late Application

An application is considered late when you:

apply for coverage on any person after having been eligible for more than 31 days; or

re-apply for coverage on any person whose coverage had earlier been cancelled.

If you apply for benefits that were previously waived because you were covered for similar benefits under your spouse's plan, your application is considered late when you:

apply for benefits more than 31 days after the date benefits terminated under your spouse's plan; or

apply for benefits, and benefits under your spouse's plan have not terminated.

Medical evidence can be submitted by completing the Evidence of Insurability form, available from your employer. Further medical evidence may be requested by Manulife Financial.

Late Dental Application

Late Dental Application

If you apply for coverage for Dental for yourself or your dependents late, the benefit will be limited to $200 for each covered person for the first 12 months of coverage for levels I, II, III and IV combined. No coverage for level V is eligible for the first 12 consecutive months of coverage.

Effective Date of Coverage

Effective Date of Coverage

If medical evidence is not required, your Group Benefits will be effective on the date you are eligible.

If medical evidence is required, your Group Benefits will be effective on the date you become eligible or the date the evidence is approved by Manulife Financial, whichever is later.

You must be actively at work for plan benefit coverage to become effective. If you are not actively at work on the date your coverage would normally become effective, your coverage will take effect on the next day on which you are again actively at work.

Your dependent's coverage becomes effective on the date the dependent becomes eligible, or the date any required medical evidence on the dependent is approved by Manulife Financial, whichever is later.

Your dependent's coverage will not be effective prior to the date your coverage becomes effective. This does not apply to Dependent Optional Life Insurance which may still become effective if you are declined for Employee Optional Life.

Termination of Coverage

Termination of Coverage

Your Group Benefit coverage will terminate on the earliest of:

the date you cease to be an eligible employee

Who Qualifies for Coverage?

the date you cease to be actively at work, unless the Group Policy or the Plan Document allows for your coverage to be extended beyond this date

the date your employer terminates coverage

the date you enter the armed forces of any country on a full-time basis

the date the Group Policy or Plan Document terminates or coverage on the class to which you belong terminates

the date you reach the Termination Age

the date of your death

Your dependents' coverage terminates on the date your coverage terminates or the date the dependent ceases to be an eligible dependent, whichever is earlier.

Employee Life Insurance

Employee Life Insurance

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0031019.

If you die while insured, this benefit provides financial assistance to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

The Benefit

Employee Life - The Benefit

Benefit Amount - 3 times your annual earnings, to a maximum of $500,000

Non-Evidence Limit - $500,000

Qualifying Period for Waiver of Premium - 177 days or expiration of benefits under the Weekly Income benefit, whichever is later

Termination Age - your benefit amount reduces to 1 times your annual earnings, to a maximum of $500,000 at age 65 and terminates at age 70 or retirement, whichever is earlier.

Waiting Period

first of the month coincident with or next following the date employment commences

Submitting a Claim

Employee Life Insurance - Submitting a Claim

To submit an Employee Life Insurance claim, your beneficiary must complete the Life Claim form which is available from your Plan Administrator.

Documents necessary to submit with the form are listed on the form.

A completed claim form must be submitted within the earlier of 15 months from the date of the loss or 90 days from either the termination of your insurance or termination of this Group Policy.

To submit a claim for the Waiver of Premium benefit you must complete a Waiver of Premium claim form, which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted within 180 days from the end of the Qualifying Period.

Waiver of Premium

Employee Life Insurance - Waiver of Premium

If you become Totally Disabled while insured and prior to age 65 and meet the Entitlement Criteria outlined below, your Life Insurance will continue without payment of premium.

Definition of Totally Disabled

Employee Life Insurance - Totally Disabled

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing any and every duty of your own occupation.

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.

Entitlement Criteria

Employee Life Insurance - Entitlement Criteria

To be entitled to Waiver of Premium, you must meet the 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 30 days 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 any and every duty of your own occupation

- 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. After the first two years of disability, proof of disability shall be required no more than once per year.

Termination of Waiver of Premium

Employee Life Insurance - Termination of Waiver of Premium

Your Waiver of Premium will cease on the earliest of:

- the date you cease to be Totally Disabled, as defined under this 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 any and every duty of your own occupation

- the date you are no longer receiving from a physician, regular, ongoing care and treatment appropriate for the disabling condition, as determined by Manulife Financial

- the date you do not attend an examination by an examiner selected by Manulife Financial

the date of your death

the date of your 65th birthday

Recurrent Disability

Employee Life Insurance - Recurrent Disability

If you become Totally Disabled again from the same or related causes as those for which premiums were previously waived, and such disability recurs within 6 months of cessation of the Waiver of Premium benefit, Manulife Financial will waive the Qualifying Period.

Your amount of insurance on which premiums were previously waived will be reinstated.

If the same disability recurs more than 6 months after cessation of your Waiver of Premium benefit, 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.

Conversion Privilege

Employee Life Insurance - Conversion Privilege

If your Group Benefits terminate or reduce, you may be eligible to convert your Employee Life Insurance to an individual policy, without 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 Employee Life Insurance. If you die during this 31-day period, the amount of Employee Life Insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion.

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

Employee Optional Life Insurance

Employee Optional Life Insurance

The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0031019.

If you die while insured, this benefit provides financial assistance to your beneficiary, in addition to your Employee Life Insurance Benefit. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

The Benefit

Employee Optional Life Insurance - The Benefit

Benefit Amount - increments of $10,000 to a maximum of $250,000

Non-Evidence Limit - All amounts are subject to Evidence of Insurability.

Qualifying Period for Waiver of Premium - 120 days or expiration of benefits under the Weekly Income benefit, whichever is earlier

Termination Age - your benefit amount terminates at age 70 or retirement, whichever is earlier.

Waiting Period

first of the month coincident with or next following date employment commences

To apply for Employee Optional Life Insurance you must complete the Application for Optional Life form which is available from your Plan Administrator.

For details on Submitting a Claim and Conversion Privilege, please refer to Employee Life Insurance.

Waiver of Premium

Employee Optional Life Insurance - 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. (See Employee Life Insurance...Waiver of Premium).

Exclusions

Employee Optional Life Insurance - Exclusions

If death results from suicide any amount of Optional Life Insurance that has been in effect for less than two years will not be payable.

Dependent Optional Life Insurance

Dependent Optional Life Insurance

The Dependent Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0031019.

If your spouse dies while insured, the amount of this benefit will be paid to you.

The Benefit

Dependent Optional Life Insurance - The Benefit

Benefit Amount

- Spouse - increments of $10,000 to a maximum of $250,000

Non-Evidence Limit - All amounts are subject to Evidence of Insurability.

Termination Age - employee's or spouse's age 70 or employee's retirement, whichever is earlier

Waiting Period

first of the month coincident with or next following date employment commences

To apply for Dependent Optional Life Insurance you must complete the Application for Optional Life form which is available from your Plan Administrator.

Submitting a Claim

Dependent Optional Life Insurance - Submitting a Claim

To submit a Dependent Optional Life Insurance claim, you must complete the Life Claim form which is available from your Plan Administrator. Documents necessary to submit with the form are listed on the form.

A completed claim form must be submitted within the earlier of 15 months from the date of the loss or 90 days from either the termination of your insurance or termination of this Group Policy.

Waiver of Premium

Dependent Optional Life Insurance - Waiver of Premium

Please refer to Employee Life Insurance for details on the Waiver of Premium provision.

- Exception

If you are not insured for Employee Optional Life, the Waiver of Premium provision will not apply to your spouse's Dependent Optional Life Insurance, unless:

at the time you applied for Dependent Optional Life Insurance on your spouse, you also provided Manulife Financial with evidence of insurability for yourself, and

Manulife Financial approved your evidence of insurability

Conversion Privilege

Dependent Optional Life Insurance - Conversion Privilege

If your spouse's 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. If your spouse dies during this 31-day period, the amount of spousal Life Insurance available for conversion will be paid to you, even if you didn't apply for conversion.

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

Exclusions

Dependent Optional Life Insurance - Exclusions

If death results from suicide any amount of Dependent Optional Life Insurance that has been in effect for less than two years will not be payable.

Extended Health Care

Extended Health Care

Your Extended Health Care Benefit is provided directly by Thompson Rivers University. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.

If you or your dependents incur charges for any of the Covered Expenses specified, your Extended Health Care benefit can provide financial assistance.

Payment of Covered Expenses is subject to any maximum amounts shown below under The Benefit and in the expenses listed under Covered Expenses.

Claim amounts that will be applied to the maximum are the amounts paid after applying the Deductible, Benefit Percentage, and any other applicable provisions.

Drug Benefit for Quebec Residents

Group benefit plans that provide prescription drug coverage to Quebec residents must meet certain requirements under Quebec's prescription drug insurance legislation (An Act Respecting Prescription Drug Insurance And Amending Various Legislative Provisions). If you and your dependents reside in Quebec, the provisions specified under Drug Benefit For Persons Who Reside In Quebec, will apply to your drug benefit.

The Benefit

Extended Health Care - The Benefit

Overall Benefit Maximum - Unlimited

Deductible - $25 Individual, $25 Family, per calendar year(s)
Not applicable to:
- Vision
- Medical Services & Supplies (Ambulance)
- Professional Services (Naturopath supplements)
- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada - Referrals

Note: *The deductible is not applicable to Emergency Travel Assistance.*

- Deductible Carry-Forward

Covered Expenses used to satisfy the deductible in the last 3 months of the calendar year may also be used to satisfy the deductible in the following calendar year.

Benefit Percentage (Co-insurance)

100% for
- Professional Services (Naturopath supplements)
- Vision (other than Visual Training)

95% of the first $1,000 of paid expenses and 100% thereafter for
- Hospital Care
- Medical Services & Supplies (other than Glucose Monitor)
- Professional Services (other than Naturopath supplements)
- Drugs

50% for
- Medical Services & Supplies (Glucose Monitor)
- Vision (Visual Training)

Note:

The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 100%.

The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 50%.

The Benefit Percentage for Emergency Travel Assistance is 100%.

Termination Age - the end of the month following the attainment of employee's age 70 or the end of the month following retirement, whichever is earlier

Waiting Period

first day of the month coincident with or next following the date employment commences

Covered Expenses

Extended Health Care - Covered Expenses

The expenses specified are covered to the extent that they are reasonable and customary, unless specified otherwise, as determined by Manulife Financial or your employer, provided they are:

medically necessary for the treatment of sickness or injury and recommended by a physician

incurred for the care of a person while covered under this Group Benefit Program

reasonable taking all factors into account

not covered under the Provincial Plan or any other government-sponsored program

legally insurable

In the event that a provincial plan or government-sponsored program or plan or legally mandated program discontinues or reduces payment for any services, treatments or supplies formerly covered in full or in part by such plan or program, this plan will not automatically assume coverage of the charges for such treatments, services or supplies, but will reserve the right to determine, at the time of change, whether the expenses will be considered eligible or not.

Advance Supply Limitation

Extended Health Care - Advance Supply Limitation

Payment of any Covered Expenses under this benefit which may be purchased in large quantities will be limited to the purchase of up to a 3 months' supply at any one time.

- Drug Expenses

- Drug Expenses

The maximum quantity of drugs that will be payable for each prescription will be limited to the lesser of:

a) the quantity prescribed by your physician or dentist, or

b) a 90 day supply.

Hospital Care

Extended Health Care - Hospital Care

charges, in excess of the hospital's public ward charge, for private accommodation, provided:

- the person was confined to hospital on an in-patient basis, and

- the accommodation was specifically elected in writing by the patient

charges for any portion of the cost of ward accommodation, utilization or co-payment fees (or similar charges) are not covered

ManuScript Generic Drug Plan 2 - Prescription Drugs

Extended Health Care - ManuScript Generic Drug Plan 2 - Prescription Drugs

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist

oral contraceptives

injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)

life-sustaining drugs

preventive vaccines (oral or injected)

sclerotherapy

iron supplements as determined by Manulife Financial which are licensed for sale in Canada by Health Canada as a Natural Health Product

standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)

Charges for the following expenses are not covered:

drugs, biologicals and related preparations which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home

fertility drugs

anti-smoking drugs

drugs used in the treatment of a sexual dysfunction

intrauterine devices and diaphragms

- Drug Maximums

- Drug Maximums

All covered drug expenses - Unlimited

- Payment of Covered Expenses

- Payment of Covered Expenses

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance.

For Pay-Direct Drug card submissions only, covered expenses for any prescribed drug will not exceed the price of the lowest cost generic equivalent product that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary.

If there is no generic equivalent product for the prescribed drug, the amount covered is the cost of the prescribed product.

- No Substitution Prescriptions

- 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 and the drug is a covered expense under this benefit, the full cost of the prescribed product is covered.

When you have a "no substitution prescription", please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum and the Co-insurance.

Payment of Drug Claims

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and

b) pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

you cannot locate a participating Pay Direct Drug pharmacy

you do not have your Pay Direct Drug Card with you at that time

the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

Vision Care

Extended Health Care - Vision Care

eye exams, once per 12 months for persons under age 21 and once per 24 months for any other person

purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of $225 combined per 24 months

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 per lifetime

visual training (not subject to Reasonable and Customary charges)

Professional Services

Extended Health Care - Professional Services

Services provided by the following licensed practitioners:

Chiropractor - $200 per calendar year, limited to $10 per visit for the first 12 visits in any calendar year

Osteopath - $200 per calendar year

Podiatrist/Chiropodist - $200 per calendar year, limited to $10 per visit for the first 12 visits in any calendar year

Massage Therapist - $200 per calendar year, limited to $10 per visit for the first 12 visits in any calendar year

Naturopath - $200 per calendar year, limited to $10 per visit for the first 12 visits in any calendar year. In addition, naturopath supplements, to a maximum of $200 per calendar year

Speech Therapist - $200 per calendar year

Physiotherapist - $10 per visit for the first 12 visits in any calendar year, thereafter unlimited

Psychologist - $200 per calendar year

Christian Science - $200 per calendar year

Expenses for some of these Professional Services may be payable in part by Provincial Plans. 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, except for services of a massage therapist, which requires a referral once every 12 months.

Medical Services and Supplies

Extended Health Care - Medical Services and Supplies

For all medical equipment and supplies covered under this provision, Covered Expenses will be limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

Private Duty Nursing

- Private Duty Nursing

Services which are deemed to be within the practice of nursing and which are provided in the patient's home by:

a registered nurse

a registered nursing assistant (or equivalent designation) who has completed an approved medications training program, or

a member of the Victoria Order of Nurses

Covered Expenses are subject to a maximum of $5,000 per 3 calendar years.

Charges for the following services are not covered:

service provided primarily for custodial care, homemaking duties, or supervision

service performed by a nursing practitioner who is an immediate family member or who lives with the patient

service performed while the patient is confined in a hospital, nursing home, or similar institution

service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household

Pre-Determination of Benefits

Before the services begin, it is advisable that you submit a detailed treatment plan with cost estimates. You will then be advised of any benefit that will be provided.

Your Group Benefits

- Ambulance

Ambulance

licensed ambulance service provided in the patient's province of residence, including air ambulance, to transfer the patient to and from the nearest hospital where adequate treatment is available

- Medical Equipment

Medical Equipment

rental or, when approved by Manulife Financial or your employer, purchase of:

- Mobility Equipment: crutches, canes, walkers, and wheelchairs

- Durable Medical Equipment: electric hospital beds, respiratory and oxygen equipment, and other durable equipment usually found only in hospitals. Covered Expenses are subject to a maximum of $2,000 per calendar years. Insulin pumps are not subject to the overall maximum.

- Non-Dental Prostheses, Supports and Hearing Aids

Non-Dental Prostheses, Supports and Hearing Aids

external prostheses

surgical stockings/support hose, up to a maximum of $25 per calendar year

surgical brassieres, up to a maximum of 4 per calendar year

braces (other than foot braces), trusses, collars, leg orthosis, casts and splints

custom-made shoes which are required because of a medical abnormality that, based on medical evidence, cannot be accommodated in a stock-item orthopaedic shoe or a modified stock-item orthopaedic shoe, up to a maximum of $300 per 2 consecutive calendar years combined with custom-made orthotics (must be constructed by a certified orthopaedic footwear specialist)

casted, custom-made orthotics, up to a maximum of $300 per 2 consecutive calendar years combined with custom-made shoes (recommendation of either a physician or a podiatrist is required)

cost, installation, repair and maintenance of hearing aids, (including charges for batteries) to a maximum of $600 per 5 calendar years

- Other Supplies and Services

Other Supplies and Services

glucose monitors, up to a maximum of $500 per lifetime

ileostomy, colostomy and incontinence supplies

medicated dressings and burn garments

physician's fees for medically necessary procedures, where permitted by law. Charges for notes, letters or the cost of shipping such documentation are not covered.

sleep apnea oral devices

viscosupplementation, to a maximum of 9 injections every 12 months

wigs and hairpieces for patients with temporary hair loss as a result of medical treatment, up to a maximum of $500 per lifetime

oxygen

microscopic and other similar diagnostic tests and services rendered in a licensed laboratory in the province of Quebec

charges for the treatment of accidental injuries to natural teeth or jaw, excluding injuries due to biting or chewing, provided the treatment is rendered within 3 years of the accident, to a maximum of $500 per accident

Out-of-Province/Out-of-Canada

-
Out-of-Province/Out-of-Canada

treatment required as a result of a medical emergency which occurs while temporarily outside the province of residence, provided the covered person who receives the treatment is also covered by the Provincial Plan during the absence from the province of residence.

A Medical Emergency is

- a sudden, unexpected injury or a new medical condition which occurs while an insured person (you or your dependent) is travelling outside of his province of residence, or

- a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure.

Stable means that, in the 90 days before departure, the insured person (you or your dependent) 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 dependents) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition.

Coverage is also available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date.

A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to his home province or territory.

expenses are not subject to an overall maximum

referral outside Canada for treatment which is available in Canada to a maximum of $3,000 per 3 calendar year(s)

If, while outside Canada on referral for medical treatment, the insured person requires treatment for a medical condition which is related directly or indirectly to the referral treatment, the total expenses payable for all treatment are subject to the maximum of $3,000 every 3 calendar year(s).

For all non-emergency medical treatment out of Canada:

- the treatment must be recommended by a physician practicing in Canada, and
- it is advisable that you submit a detailed treatment plan with cost estimates before treatment begins. You will then be notified of any benefit that will be provided

Charges for the following are payable under this expense:

physician's services

hospital room and board up to the hospital maximum under this Benefit Program

the cost of special hospital services

hospital charges for out-patient treatment

licensed ambulance services, including air ambulance, to transfer the patient to the nearest medical facility or hospital where adequate treatment is available

medical evacuation for admission to a hospital or medical facility in the province where the patient normally resides

The amount payable for these expenses will be the reasonable and customary charges less the amount payable by the Provincial Plan.

Charges incurred outside the province of residence for all other Covered Extended Health Care Expenses are payable on the same basis as if they were incurred in the province of residence.

Emergency Travel Assistance

Extended Health Care - Emergency Travel Assistance

Emergency Travel Assistance is a travel assistance program available for you and your covered dependents. The assistance services are delivered through an international organization, specializing in travel assistance. The following services are provided, when required as a result of a medical emergency while travelling outside your province of residence.

Details on your Emergency Travel Assistance benefit are provided below, as well as in your Emergency Travel Assistance brochure.

Medical Emergency Assistance

A Medical Emergency is:

a sudden, unexpected injury or a new medical condition which occurs while an insured person (you or your dependent) is travelling outside of his province of residence, or

a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure

Stable means that, in the 90 days before departure, the insured person (you or your dependent) 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 dependents) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition.

Coverage is also available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date.

A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to his home province or territory.

a) **24-Hour Access**

Multilingual assistance is available 24 hours a day, seven days a week, through telephone (toll-free or call collect), telex or fax.

b) **Medical Referral**

Referral to the nearest physician, dentist, pharmacist or appropriate medical facility, and verification of coverage, is provided.

c) **Claims Payment Service**

If a hospital or other provider of medical services requires a deposit or payment in full for services rendered, and the expenses exceed $200 (Canadian), payment of such expenses will be arranged and claims co-ordinated on behalf of the covered person.

Payment and co-ordination of expenses will take into account the coverage that the covered person is eligible for under a Provincial Plan and this benefit. If such payments are subsequently determined to be in excess of the amount of benefits to which the covered person is entitled, the administrator shall have the right to recover the excess amount by assignment of Provincial Plan benefits and/or refund from you.

d) **Medical Care Monitoring**

Medical care and services rendered to the covered person will be monitored by medical staff who will maintain contact, as frequently as necessary, with the covered person, the attending physician, the covered person's personal physician and family.

e) **Medical Transportation**

If medically necessary, arrangements will be made to transfer a covered person to and from the nearest medical facility or to a medical facility in the covered person's province of residence. Expenses incurred for the medical transportation will be paid, as described under Medical Services and Supplies - Out-of-Province/Canada.

If medically necessary for a qualified medical attendant to accompany the covered person, expenses incurred for round-trip transportation will be paid.

f) **Return of Dependent Children**

If dependent children are left unattended due to the hospitalization of a covered person, arrangements will be made to return the children to their home. The extra costs over and above any allowance available under pre-paid travel arrangements will be paid.

If necessary for a qualified escort to accompany the dependent children, expenses incurred for round-trip transportation will be paid.

g) **Trip Interruption/Delay**

If a trip is interrupted or delayed due to an illness or injury of a covered person, one-way economy transportation will be arranged to enable each covered person and a Travelling Companion (if applicable) to rejoin the trip or return home. Expenses incurred, over and above any allowance available under pre-paid travel arrangements will be paid.

A Travelling Companion is any one person travelling with the covered person, and whose fare for transportation and accommodation was pre-paid at the same time as the covered person's fare.

If the covered person chooses to rejoin the trip, further expenses incurred which are related directly or indirectly to the same illness or injury, will not be paid.

h) **After Hospital Convalescence**

If a covered person is unable to travel due to medical reasons following discharge from a hospital, expenses incurred for meals and accommodation after the originally scheduled departure date will be paid, subject to the maximum shown in part I) of this provision.

i) **Visit of Family Member**

Expenses incurred for round-trip economy transportation will be paid for an immediate family member to visit a covered person who, while travelling alone, becomes hospitalized and is expected to be hospitalized for longer than 7 days. The visit must be approved in advance by the administrator.

j) **Vehicle Return**

If a covered person is unable to operate his owned or rented vehicle due to illness, injury or death, expenses incurred for a commercial agency to return the vehicle to the covered person's home or nearest appropriate rental agency will be paid, up to a maximum of $1,000 (Canadian).

k) **Identification of Deceased**

If a covered person dies while travelling alone, expenses incurred for round-trip economy transportation will be paid for an immediate family member to travel, if necessary, to identify the deceased prior to release of the body.

l) **Meals and Accommodation**

Under the circumstances described in parts f),g),h),i), and k) of this provision, expenses incurred for meals and accommodation will be paid, subject to a combined maximum of $2,000 (Canadian) per medical emergency.

Non-Medical Assistance

a) **Return of Deceased to Province of Residence**

In the event of the death of a covered person, the necessary authorizations will be obtained and arrangements made for the return of the deceased to his province of residence. Expenses incurred for the preparation and transportation of the body will be paid, up to a maximum of $5,000 (Canadian). Expenses related to the burial, such as a casket or an urn, will not be paid.

b) **Lost Document and Ticket Replacement**

Assistance in contacting the local authorities is provided, to help a covered person in replacing lost or stolen passports, visas, tickets or other travel documents.

c) **Legal Referral**

Referral to a local legal advisor, and if necessary, arrangement for cash advances from the covered person's credit cards, family or friends, is provided.

d) **Interpretation Service**

Telephone interpretation service in most major languages is provided.

e) **Message Service**

Telephone message service is provided for messages to or from family, friends or business associates. Messages will be held for up to 15 days.

f) **Pre-trip Assistance Service**

Up-to-date information is provided on passport and visa, vaccination and inoculation requirements for the country where the covered person plans to travel.

Exceptions

The administrator, and the company contracted by the administrator to provide the travel assistance services described in this benefit, will not be responsible for the availability, quality, or results of any medical treatment, or the failure of a covered person to obtain medical treatment or emergency assistance services for any reason.

Emergency assistance services may not be available in all countries due to conditions such as war, political unrest or other circumstances which interfere with or prevent the provision of any services.

How to Access Emergency Travel Assistance - Your Emergency Travel Assistance Card

Your Emergency Travel Assistance card lists the toll free numbers to call in case of an emergency, while travelling outside your province. The toll free number will put you in touch with the international travel assistance organization.

Your Emergency Travel Assistance card also lists your I.D. number and plan document number, which the travel assistance organization needs to confirm that you are covered by Emergency Travel Assistance.

If you do not have an Emergency Travel Assistance Card, please contact your employer.

Submitting a Claim

Extended Health Care - Submitting a Claim

To submit an Extended Health Care claim, you must complete an Extended Health Care Claim form, except when claiming for physician or hospital expenses incurred outside your province of residence. For these expenses, you must complete an Out-of-Province/Out-of-Canada claim form. Claim forms are available from your employer.

All applicable receipts must be attached to the completed claim form when submitting it to Manulife Financial.

All claims must be submitted within 15 months after the date the expense was incurred.

Claims for Out-of-Canada expenses must first be submitted to the Provincial Plan for payment. Any outstanding balance should be submitted to Manulife Financial, along with the explanation of payment from the Provincial Plan.

Subrogation (Third Party Liability)

Subrogation (Third Party Liability)

If your medical expenses result from an injury caused by another person and you have the legal right to recover damages, the administrator, acting on behalf of your employer may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgement of your legal action, you will be required to reimburse the administrator those amounts you recover which, when added to the payments you received from the administrator, exceed 100% of your incurred expenses.

Exclusions

Extended Health Care - Exclusions

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

any illness or injury arising out of or in the course of employment when the person is covered by or is eligible for coverage by workers' compensation

any illness or injury for which benefits are payable under any government plan or legally mandated program

self-inflicted injuries or illnesses

war, insurrection, the hostile action of any armed forces or participation in a riot or civil commotion

charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms

charges for services or supplies:

- when there would have been no charge at all in the absence of plan benefit coverage
- when reimbursement would have been made under a government-sponsored plan in the absence of plan benefit coverage
- which would have been payable by the Provincial Plan if proper application had been made
- which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person
- which are not specified as a Covered Expense under this Benefit

medical or surgical care which is cosmetic, other than for sclerotherapy

medical treatment which is not usual and customary, or which is Experimental or Investigational in nature

charges for medical treatment or surgical procedure by a physician other than as specifically provided under Out-of-Canada or Out-of-Province expenses

charges which the Administrator is not permitted, by law or regulation, to cover

charges for dental work where a third party is responsible for the payment of such charges

charges for drugs, sera, injectable drugs or supplies when administered in a hospital setting, whether administered on an in-patient or out-patient basis, except as provided for under the Out-of-Province or Out-of-Canada provision

charges which are not Medically Necessary to the care and treatment of any suspected injury, disease or pregnancy

Drug Benefit For Persons Who Reside In Quebec

If you and your dependents reside in Quebec, the following provisions apply to your drug benefit coverage.

Covered Drug Expenses

The following expenses are covered:

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

drugs that are listed as a covered expense in this Benefit Booklet, but are not on the RAMQ List.

Coverage for drugs on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List)

The following provisions apply only to the coverage of drugs that are on the RAMQ List, as legislated by An Act Respecting Prescription Drug Insurance (R.S.Q. c., A-29-01). Coverage for all other drugs will be subject to the regular provisions included in this Benefit Booklet:

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 the then applicable Legislation

ii) 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; and
- 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 the portion of covered drug expenses 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 a covered person, when the percentage of covered expenses payable under this benefit is less than 100%.

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 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 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) for the drug benefit will not apply. Drug coverage provided after the lifetime maximum amount stated under the benefit is reached is subject to the following conditions:

i) only drugs that are on the RAMQ List are covered, and

ii) the percentage payable by the Administrator for covered expenses is the percentage as set out by the then applicable 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 (please refer to definition of child in the Explanation of Common Insurance Terms); and

ii) age 26.

Drug coverage 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

- the percentage payable by the Administrator for covered expenses is the percentage as set out by the then applicable Legislation.

f) **Termination Age**

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) the percentage payable by the Administrator for covered expenses is the percentage as stipulated in the then applicable Legislation

iii) the Annual Out-of-Pocket Maximum is as stipulated in the then applicable Legislation

iv) the cost required for the drug coverage is the cost of the Extended Health Care benefit.

Coverage for drugs that are listed as a covered expense in this Benefit Booklet but are not on the RAMQ List

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.

Medical Travel Referral Benefit (MTB)

Medical Travel Referral Benefit (MTB)

Your Medical Travel Referral Benefit is provided directly by Thompson Rivers University. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.

Payment of Covered Expenses is subject to any maximum amounts shown below under The Benefit and in the expenses listed under Covered Expenses.

Claim amounts that will be applied to the maximum are the amounts paid after applying the Deductible, Benefit Percentage, and any other applicable provisions.

The Benefit

Medical Travel Referral (MTB) - The Benefit

Overall Benefit Maximum - $10,000 per person per calendar year

Deductible - Nil

Benefit Percentage (Co-insurance) - 100%

Benefit Amount- $125 per person per day, to a maximum of 50 days in any calendar year for all eligible meal, travel and accommodation expenses combined. However, where eligible expenses exceed $125 per day, but do not exceed the average of $125 per day for the year, the average will be paid. In addition, charges for transportation, accommodation and meals incurred by a medical attendant travelling with the patient will be subject to an overall maximum of $125 per day for expenses incurred by the patient and attendant combined.

For example, where the expenses claimed in a given calendar year are $150 day 1, $125 day 2 and $160 day 3, a total of $375 will be paid. Where the expenses claimed in a given calendar year are $150 day 1, $75 day 2 and $300 day 3, a total of $375 will be paid.

Termination Age - employee's age 70 or retirement, whichever is earlier. However, coverage shall be extended until the end of the month following the month in which such age or retirement is attained

Waiting Period

first day of the month coincident with or next following the date employment commences

Covered Expenses

Medical Travel Referral (MTB) - Covered Expenses

The expenses specified are covered to the extent that they are reasonable and customary, as determined by Manulife Financial or your employer, provided they are:

medically necessary for the treatment of sickness or injury and recommended by a physician

incurred for the care of a person while covered under this Group Benefit Program

reasonable taking all factors into account

not covered under the Provincial Plan or any other government-sponsored program

legally insurable

Eligible Expenses

-Eligible Expenses

When referred by a licensed physician to a hospital, medical treatment centre or medical specialist because, in his or her opinion, adequate medical treatment is not available within 100 kilometres of your home campus, the following are included as eligible expenses:

charges for transportation to and from the nearest locale equipped to provide the required treatment for the covered person by automobile, scheduled air, rail, bus, taxi or ferry (to a maximum of $0.50 per kilometre where no fixed rate is provided). Charges to and from the following destinations will be reimbursed at the fixed rates outlined below (excluding charges for ferry to Nanaimo and Victoria, which are not subject to the fixed rate):

- Kamloops campus round trip to: Kelowna - $140.00, Lillooet - $140.00, Merritt - $70.00, Nanaimo - $350.00, 100 Mile House - $170.00, Vancouver - $350.00, Victoria - $350.00, Williams Lake - $260.00
- Williams Lake Campus round trip to: Kamloops - $260.00, 100 Mile House - $90.00, Nanaimo - $495.00, Vancouver - $495.00, Victoria - $495.00

charges for accommodation, where transportation has been provided under one of the conveyances as described above, in a commercial facility or hotel, Easter Seal House, Heather House, Vancouver Lodge, Ronald McDonald House, or other similar institution approved by the administrator, acting on behalf of your employer, before and after medical treatment. In addition, reimbursement will also be made for accommodation with a relative, or in a non-commercial lodging, to a maximum of $40 per night (submission of receipts not required)

charges for meals (submission of receipts not required), to a per diem rate of $60. The suggested breakdown for meals is as follows:

- $12.00 for breakfast
- $18.00 for lunch
- $30.00 for dinner

Charges for transportation, accommodation and meal allowance for a family member or a medical attendant if medically necessary and requested by a licensed physician, combined with the transportation, accommodation and meal charges listed above

Charges are subject to the following conditions and limitations:

Travel must be within British Columbia unless travel to Alberta is less expensive than travel within British Columbia

referral treatment must be performed by a licensed medical specialist or ophthalmologist;

charges for travel and eligible expenses incurred outside the covered person's province or residence are not covered, unless such expenses are lesser than those incurred in the covered person's province of residence

reimbursement for automobile mileage will not exceed the equivalent cost of other public transportation

the benefit does not apply to dental treatment unless:

- such services are required by a licensed physician and/or when hospitalization for treatment is required
- such treatment is performed by an oral surgeon, except in the case of emergency dental assessment or treatment, in which case treatment may be performed by a specialist in the field of dentistry

Submitting a Claim

Medical Travel Referral (MTB) - Submitting a Claim

To submit a Medical Travel Referral (MTB) claim, you must complete an Extended Health Care Claim form. Claim forms are available from your employer.

All applicable receipts must be attached to the completed claim form when submitting it to Manulife Financial.

All claims must be submitted within 15 months after the date the expense was incurred.

Subrogation (Third Party Liability)

Subrogation (Third Party Liability)

If your medical expenses result from an injury caused by another person and you have the legal right to recover damages, the administrator, acting on behalf of your employer, may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgement of your legal action, you will be required to reimburse the administrator those amounts you recover which, when added to the payments you received from the administrator, exceed 100% of your incurred expenses.

Exclusions

Medical Travel Referral (MTB) - Exclusions

No benefit is payable for any expense which is directly or indirectly related to:

charges which are considered an insured service of any provincial government

charges which are considered a covered service under the Extended Health Care plan, or any other group plan in force at the time

charges for a surgical procedure or treatment performed primarily for beautification, or charges for hospital confinement for such surgical procedure or treatment

charges for medical treatment, transport or travel, other than as specifically provided under eligible expenses

charges not specified in the foregoing list of eligible expenses

charges for services or supplies which are furnished without the recommendation and approval of a physician acting within the scope of his license

charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy

charges which are from an occupational injury or disease covered by any Workers' Compensation legislation or similar legislation

charges which would not normally have been incurred but for the presence of this coverage or for which you or your dependent is not legally obligated to pay

charges which the administrator is not permitted, by any law or regulation, to cover

charges for dental work where a third party is responsible for payment of such charges

charges for bodily injury resulting directly or indirectly from war or act of war (whether declared or undeclared), insurrection or riot, or hostilities of any kind

charges for services or supplies resulting from any intentionally self-inflicted wound

charges for experimental procedures or treatment not approved by the Canadian Medical Association or the appropriate medical specialty society

charges made by a physician for travel, broken appointments, communication costs, filling in of forms, or physician's supplies

Dental Care

Dental Care

Your Dental Care Benefit is provided directly by Thompson Rivers University. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.

If you or your dependents require any of the dental services specified under Covered Expenses, your Dental Care benefit can provide financial assistance.

Payment of Covered Expenses is subject to any maximum amounts shown below under The Benefit and in the expenses listed under Covered Expenses.

Claim amounts that will be applied to the maximum are the amounts paid after applying the Deductible, Benefit Percentage, and any other applicable provisions.

The Benefit

Dental Care - The Benefit

Deductible - Nil

Dental Fee Guide - Current Fee Guide for General Practitioners and Specialists for the Province in which the services are rendered

If the services are rendered in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners and Specialists plus inflationary adjustment as determined by Manulife Financial.

Benefit Percentage (Co-insurance)

- 100% for Level I - Basic Services

- 100% for Level II - Supplementary Basic Services

- 70% for Level III - Dentures

- 70% for Level IV - Major Restorative Services

- 50% for Level V - Orthodontics

Benefit Maximums

- unlimited for Level I, Level II, Level III and Level IV

- $2,000 per lifetime for Level V

Termination Age - the end of the month following the attainment of employee's age 70 or the end of the month following retirement, whichever is earlier

Waiting Period

first day of the month coincident with or next following the date employment commences

Covered Expenses

Dental Care - Covered Expenses

The following expenses are covered if they:

are incurred for the necessary dental care of a covered person while covered under this benefit

are incurred for services provided by a dentist, a dental hygienist working within the scope of his license, or a denturist working within the scope of his license

are reasonable as determined by your employer or Manulife Financial, taking all factors into account

do not exceed the fees recommended in the Dental Fee Guide, or reasonable and customary charges as determined by your employer or Manulife Financial, if the expenses are not listed in the Dental Fee Guide

Alternate Treatment

Dental Care - Alternate Treatment

Where any two or more courses of treatment covered under this benefit would produce professionally adequate results for a given condition, the administrator, acting on behalf of your employer, will pay benefits, unless otherwise specified, as if the least expensive course of treatment were used. Your administrator will determine the adequacy of the various courses of treatment available, through a professional dental consultant.

Level I - Basic Services

Dental Care - Level I - Basic Services

complete oral exam, once every 6 months

full-mouth x-rays, one per 36 months

panoramic x-rays, one per 36 months

one unit of light scaling and one unit of polishing once every 6 months for dependent children under age 19 and once every 9 months for any other person, when the service is performed outside Quebec, or prophylaxis (polishing) once every 6 months for dependent children under age 19 and once every 9 months for any other person, when the service is performed in Quebec

recall exams, bitewing x-rays, and fluoride treatments, once every 6 months for dependent children under age 19 and once every 9 months for any other person

routine diagnostic and laboratory procedures

oral hygiene instruction, one per 6 months

fillings, retentive pins and pit and fissure sealants. Bonded amalgam fillings are not subject to alternate treatment.

onlays

pre-fabricated full coverage restorations (metal and plastic)

space maintainers (appliances placed for orthodontic purposes are not covered), limited to dependent children only

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

injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery

Level II - Supplementary Basic Services

Dental Care - Level II - Supplementary Basic Services

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 16 units per calendar year

- provisional splinting

- occlusal equilibration

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

Level III - Dentures

Dental Care - Level III - Dentures

initial provision of full or partial removable dentures

replacement of removable dentures, provided the dentures are required because:

- a natural tooth is extracted and the existing appliance cannot be made serviceable

- the existing appliance is at least 5 years old and cannot be made serviceable, or

- the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation

Level IV - Major Restorative Services

Dental Care - Level IV - Major Restorative Services

crowns when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay. Charges for temporary crowns are not eligible.

inlays

initial provision of fixed bridgework

replacement of bridgework, provided the new bridgework is required because:

- a natural tooth is extracted and the existing appliance cannot be made serviceable

- the existing appliance is at least 5 years old and cannot be made serviceable, or

- the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation

Level V - Orthodontics

Dental Care - Level V - Orthodontics

orthodontic services

Late Entrant Limitation

Dental Care - Late Entrant Limitation

If you or your dependents become covered for dental benefits more than 31 days after you first become eligible to apply, the benefit will be limited to $200 for each covered person for the first 12 months of coverage for levels I, II, III and IV combined. No coverage for level V is eligible for the first 12 consecutive months of coverage.

Pre-Determination of Benefits

Dental Care - Pre-Determination of Benefits

If the cost of any proposed dental treatment is expected to exceed $500, it is suggested that you submit a detailed treatment plan, available from your dentist, before the treatment begins. You can then be advised of the amount you are entitled to receive under this benefit.

Work in Progress When Coverage Terminates

Dental Care - Work in Progress When Coverage Terminates

Covered expenses related to dental treatment that was in progress at the time your dental benefits terminate (for reasons other than termination of the Plan Document or the Dental Care Benefit) are payable, provided the expense is incurred within 31 days after your benefit terminates.

Submitting a Claim

Dental Care - Submitting a Claim

To submit a claim, you and your dentist must complete a Dental Claim form available from your employer.

All claims must be submitted within 15 months after the date the expense was incurred.

Subrogation (Third Party Liability)

Subrogation (Third Party Liability)

If your dental expenses result from an injury caused by another person and you have the legal right to recover damages, the administrator, acting on behalf of your employer may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgement of your legal action, you will be required to reimburse the administrator those amounts you recover which, when added to the payments you received from the administrator, exceed 100% of your incurred expenses.

Exclusions

Dental Care - Exclusions

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

a charge, or a portion of a charge, which is eligible for reimbursement under any other part of this plan, or through a government plan or legally mandated program

self-inflicted injuries or illnesses

war, insurrection, the hostile action of any armed forces or participation in a riot or civil commotion

charges for broken appointments, third party examinations, travel to and from appointments, or completion of claim forms

charges for services or supplies:

- when there would have been no charge at all in the absence of plan benefit coverage
- which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person
- which are not specified as a covered expense under this benefit

treatment rendered for a full mouth reconstruction or for a vertical dimension

cosmetic treatment, unless this is needed because of an accidental injury which occurred while the person was covered under this Plan

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

the replacement of removable appliances which are lost, mislaid or stolen (considered on a case by case basis)

laboratory fees which exceed reasonable and customary charges, as determined by the employer or the administrator

Survivor Extended Benefit

Survivor Extended Benefit

If you die while your dependents are covered under this Group Benefit Program, your employer will continue the Dental Care benefit without requiring any contribution from you, until the earliest of:

the date your dependent is no longer a dependent, according to the definition of dependent (see Explanation of Commonly Used Terms)

the date similar coverage is obtained elsewhere

the date which is 90 days from your death, or

the date the Plan Document terminates

Weekly Income (Short Term Disability)

Weekly Income

Your Weekly Income Benefit is provided directly by Thompson Rivers University. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.

If you become Totally Disabled while covered and meet the Entitlement Criteria for this benefit, your employer will pay a disability benefit.

Definition of Totally Disabled

Weekly Income - Definition of Totally Disabled

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevent you from performing the regular duties of your own occupation.

The availability of work will not be considered by Manulife Financial or your employer 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.

The Benefit

Weekly Income - The Benefit

Benefit Amount- 70% of weekly earnings, to a maximum benefit of $2,050

Qualifying Period - 30 calendar days, if the disability is due to an accident; 30 calendar days, if the disability is due to a sickness

Benefits are payable from the end of the Qualifying Period. Benefits are not payable for or during the Qualifying Period.

You must be receiving regular, ongoing care and treatment from a physician during the Qualifying Period in order for benefits to be payable at the end of the Qualifying Period. Otherwise, benefits are not payable until the date you are first treated by your physician.

Maximum Benefit Period - 21 weeks

Tax Status- taxable

Termination Age - the end of the month following employee's attainment of age 70 or the end of the month following retirement, whichever is earlier

Waiting Period

first day of the month coincident with or following the date employment commences

Entitlement Criteria

Weekly Income - Entitlement Criteria

To be entitled to disability benefits, you must meet the following criteria:

you must be continuously Totally Disabled throughout the Qualifying Period

your employer or Manulife Financial must receive medical evidence documenting how your illness or injury causes restriction or lack of ability, such that you are prevented from performing the regular duties of your own occupation

you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by your employer or Manulife Financial

At any time, your employer or 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 your employer or Manulife Financial.

Subject to the aforementioned criteria, you may elect to use banked sick leave in replacement of weekly income benefits for all or a portion of the 21 week disability benefit period provided the application for weekly income is approved by the Administrator.

Periods for Which You are Not Entitled to Benefits

Weekly Income - Periods for Which You are Not Entitled to Benefits

You are not entitled to benefit payments for any period that you are:

not receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by your employer or Manulife Financial

receiving Employment Insurance maternity or parental benefits

Totally Disabled on or after the date a lay-off or strike begins, subject to any Employment or Labour Standards Act

on leave of absence during which you become Totally Disabled, other than the post-natal recovery period of a maternity leave, unless your employer is required to provide benefits during this period as a result of legislation, regulation or case law

receiving benefits under an employer-sponsored salary continuance or wage loss replacement plan, or receiving temporary disability benefits from Workers' Compensation

receiving earnings or payments from any employer, including severance payments and vacation pay

incarcerated in a prison, correctional facility, or mental institution by order of authority of a criminal court

Amount of Disability Benefit Payable

Weekly Income - Amount of Disability Benefit Payable

The amount of disability benefit payable to you is the Benefit Amount shown above reduced by any disability benefits you receive or are entitled to receive from the following source(s) for the same or related disability:

Primary disability benefits to which you are entitled under your behalf under CPP or QPP, or a plan in another country for which there is a reciprocal agreement with the CPP/QPP pension plan, except for increases that take effect after the benefit period starts, and

benefits under any Workers' Compensation Act or similar law except for:

– permanent partial disability awards related to the disability for which you are receiving weekly disability income benefit

– benefits related to any other employment with another employer

Subrogation

Weekly Income - Subrogation

Manulife Financial shall have full rights of subrogation with respect to the full or partial amount of any weekly income benefits paid or payable to a claimant where the Disability of the claimant is caused or contributed to by the action of any third party.

With respect to Insurance Corporation of British Columbia (ICBC) weekly indemnity payments, integration will apply to the extent that the combination of benefits payable under this policy and ICBC weekly indemnity payments exceeds either:

100% of your gross weekly earnings; or

the applicable benefit percentage of your average total monthly income in the 12 month period immediately preceding commencement of the Disability, whichever is greater.

Where this provision is to apply, you will be required to provide satisfactory evidence of your total monthly income.

Where you make a successful wage loss claim against a third party for an injury for which you received or would receive weekly income benefits, Manulife Financial will be entitled to recover or decrease plan benefits by an amount equal to the amount that plan benefits in combination with the wage loss claim paid exceed 100% of pay subject to the following:

the amount of plan benefit recovered or decreased will be reduced or limited to the legal fees attributed to Manulife Financial's share of total claim recovery

the existence of an action commenced by or on your behalf does not preclude Manulife Financial from joining your action or commencing an action on its own behalf respecting the benefits paid, and

Where Manulife Financial or you intend to commence or join such an action, you shall advise each other in writing of that intention.

The above does not apply to a war disability pension paid under an Act of Government of Canada or other Commonwealth countries.

Tax Status of Benefits

Weekly Income - 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 a portion or all of the cost, then any disability benefit 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.

Payment of Disability Benefits

Weekly Income - Payment of Disability Benefits

Disability benefit payments will be made bi-weekly in arrears. Any payment for a period of less than two weeks will be made at a daily rate of one-fourteenth of your weekly benefit amount.

Partial Disability Benefit

Weekly Income - Partial Disability Benefit

If you become Partially Disabled after qualifying for Disability benefits, Manulife Financial will pay a Partial Disability benefit, as outlined below.

- Partial Disability Definition

- Partial Disability Definition

Partially Disabled shall mean you are unable to do a portion of your normal workload, where such portion is agreed by your employer to conform to the configuration of your workload in your instructional or non-instructional areas and where the partial sick leave is in any event no greater than 80% of a full-time workload in that area.

If you are determined to be partially disabled, you will be entitled to sick leave on a pro-rated basis until you have satisfied the Qualifying Period for Weekly Income benefits of 30 calendar days. In any event, to qualify for Weekly Income benefits, you must complete the Qualifying Period within 6 months of the date you commenced part-time sick leave.

Rehabilitation Assistance

Weekly Income - Rehabilitation Assistance

Manulife Financial acknowledges and supports the efforts of the Disability Management Rehabilitative Committee, made up of representatives of the Employer and Employees. Rehabilitation provisions and guidelines have been established by the Disability Management Rehabilitative Committee.

Manulife Financial reserves the right to recommend a program of rehabilitation when you are eligible for weekly income benefits, where no such program exists and where Manulife Financial deems appropriate.

Manulife Financial will reimburse reasonable and customary expenses that you incur in connection with an approved program. Manulife Financial shall not reimburse expenses that are payable through government programs or a third party Insurer.

Termination of Benefit Payments

Weekly Income - Termination of Benefit 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 provision

the date you work in any occupation for wage or profit

the date you do not supply your employer or Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restriction or lack of ability, such that you are prevented from performing the regular duties of your own occupation

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 on 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 your employer or Manulife Financial

the date on which benefits have been paid up to the Maximum Benefit Period for this benefit

the date you retire

the date of your death

Recurrent Disability

Weekly Income - Recurrent Disability

If you are completing the Qualifying Period or were receiving weekly income benefits and become Totally Disabled from the same or related Disability within 14 consecutive days after returning to active work, provided it is not considered rehabilitative employment, you will be considered to be within the original Qualifying Period or within the original weekly income benefit period. If you have returned to active work for one full day and becomes Disabled from a new illness or injury unrelated to the illness or injury that caused the previous absence, it will be considered a new period of Disability.

Submitting a Claim

Weekly Income - Submitting a Claim

To submit a claim, you must complete the Weekly Income Claim form which is available from your employer. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted within 180 days from the end of the Qualifying Period.

Exclusions

Weekly Income - Exclusions

No benefits are payable for any disability related to:

any illness or injury which arises out of or in the course of employment, unless Workers' Compensation denies your claim

self-inflicted injuries or illnesses

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 your employer or Manulife Financial

Long Term Disability

Long Term Disability

The Long Term Disability Benefit is insured under Manulife Financial's Policy G0031019.

For Plan FB only

If you become Totally Disabled while insured and meet the Entitlement Criteria for this benefit, Manulife Financial will pay a disability benefit.

Definition of Totally Disabled

Long Term Disability - Definition of Totally Disabled

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing all the duties of:

your own occupation, during the Qualifying Period and the 24 months immediately following the Qualifying Period

any occupation:

- for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 24 months specified above
- the current monthly earnings are 75% or more of the monthly earnings for your own occupation at the time of initial disability

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.

The Benefit

Long Term Disability - The Benefit

Benefit Amount - 70% of monthly earnings, to a maximum of $8,750

Non-Evidence Limit - $8,750

Qualifying Period - 177 days or expiration of benefits under the Weekly Income benefit, whichever is later

Benefits are payable from the end of the Qualifying Period. Benefits are not payable for or during the Qualifying Period.

You must be receiving regular, ongoing care and treatment from a physician during the Qualifying Period in order for benefits to be payable at the end of the Qualifying Period.

Maximum Benefit Period - the last day of the month following attainment of age 65

Termination Age - age 65 less the Qualifying Period, or retirement, whichever is earlier

Tax Status- taxable

Waiting Period

first of the month coincident with or next following the date employment commences

Entitlement Criteria

Long Term Disability - Entitlement Criteria

To be entitled to disability benefits, you must meet the 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 30 days 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 all the duties of:

- your own occupation, during the Qualifying Period and the 24 months immediately following the Qualifying Period
- any occupation:
  - for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 24 months specified above
  - the current monthly earnings are 75% or more of the monthly earnings for your own occupation at the time of initial disability

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.

Periods for Which You are Not Entitled to Benefits

Long Term Disability - Periods for Which You are Not Entitled to Benefits

You are not entitled to benefit payments for any period that you are:

not receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial

receiving Employment Insurance maternity or parental benefits

Totally Disabled on or after the date a lay-off or strike begins, subject to any provincial or Labour Standards Act

on leave of absence during which you become Totally Disabled, unless your employer is required to pay benefits during this period as a result of legislation, regulation or case law

residing outside Canada for any period exceeding 90 consecutive days or a total of 180 days in any 365 day period unless:

- you remain under the regular care of a licensed physician deemed appropriate by Manulife Financial
- you have previously notified and received approval in writing from Manulife Financial
- proof of the ongoing Disability can be determined on evidence satisfactory to Manulife Financial within 30 days of request

receiving benefits under an employer-sponsored salary continuance or short term wage loss replacement plan

incarcerated in a prison, correctional facility, or mental institution by order of authority of a criminal court

Amount of Disability Benefit Payable

Long Term Disability - Amount of Disability Benefit Payable

The amount of disability benefit payable to you is the Benefit Amount shown above reduced by any disability benefits you receive or are entitled to receive from the following sources for the same or related disability:

any earnings for employment not approved as Rehabilitative Employment

any amount payable under the Workers' Compensation Act or Law or any other legislation of similar purpose

any amount you receive from any group insurance, wage continuation or pension plan of your employer that provides disability or retirement income

any amount of disability income provided by any compulsory act or law

any periodic primary disability benefit payment from the Canada or Quebec Pension Plans or other similar social security plan of any country to which you are entitled

any amount of disability income provided by any group or association disability plan to which you might belong or subscribe

any amount of Guaranteed Available Income for Need (GAIN) benefits received for the same period, except where GAIN benefits received for that period are repaid to GAIN. Where you have been deemed eligible for GAIN benefits which exceed the Long Term Disability benefits level, Long Term Disability benefits will not be subject to reduction for that additional amount.

If necessary, the amount of your benefit will be further reduced so that your total income from all sources does not exceed 100% of your pre-disability gross earnings (net earnings, if your benefit is non-taxable). All sources include those sources stated above and any benefit you are entitled to receive from Canada or Quebec Pension Plans' dependent benefits

Notwithstanding the above, in the case of ICBC Weekly Indemnity payments, integration will apply to the extent that the combination of plan benefits and ICBC Weekly Indemnity payments exceed either:

100% of your gross monthly earnings, or

the applicable benefit percentage of the individual average total monthly income in the 12-month period immediately preceding commencement of the Disability, whichever is the greater. Where this provision is to apply you will be required to provide satisfactory evidence of your total monthly income.

Notwithstanding the above, if you make a successful wage loss claim against a third party for an injury for which you received or would receive Long Term Disability benefits, Manulife Financial will be entitled to recover or decrease plan benefits by an amount equal to the amount that plan benefits in combination with the wage loss claim paid exceed 100% of pay subject to the following:

the amount of plan benefit recovered or decreased will be reduced or limited to the legal fees attributed to Manulife Financial's share of total claim recovery

the existence of an action commenced by or on behalf of yourself does not preclude Manulife Financial from joining your action or commencing an action on its own behalf respecting the benefits paid

Where Manulife Financial or you intend to commence or join such an action, you shall advise each other in writing of that intention

The above reductions do not include any war disability pension paid under an Act of the Governments of Canada of other Commonwealth countries.

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.

Benefit Calculation Rules

Long Term Disability - Benefit Calculation Rules

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, and

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

Tax Status of Benefits

Long Term Disability - 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 a portion or all of the cost, then any disability benefit 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.

Payment of Disability Benefits

Long Term Disability - Payment of Disability Benefits

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.

Rehabilitation Assistance

Long Term Disability - Rehabilitation Assistance

Once Manulife Financial determines that you are Totally Disabled, if appropriate, and at Manulife Financial's discretion, you may be offered rehabilitation to assist you in returning to gainful employment, either to your pre-disability occupation or to another occupation.

In considering whether Rehabilitation Assistance is appropriate for you, Manulife Financial will take into account:

the nature, extent and expected duration of your disability

your level of education, training or experience

the nature, scope, objectives and cost of a Vocational Plan

- Vocational Plan

- Vocational Plan

A Vocational Plan is a training or job placement program that is expected to facilitate your return to gainful employment.

If it is determined that Rehabilitation Assistance is appropriate for you, in partnership with you and your employer, Manulife Financial will provide a structured Vocational Plan that will prepare you for a return to work, either:

with your employer

with an alternate employer

in a self-employed capacity

Expenses incurred by you in connection with the Vocation Plan will be reimbursed by Manulife Financial provided such expenses are:

Reasonable and Customary

not payable through any government program or third-party insurer

- Disability Benefits During Rehabilitation

- Disability Benefits During Rehabilitation

You will continue to be entitled to disability benefits while participating in the Vocational Plan, for up to 24 months. If you receive any earnings as part of the plan, your disability benefit will be reduced once your total income (your disability benefit plus your earnings) exceeds 100% of your pre-disability gross earnings; net earnings if your benefit is not taxable.

Participation in the Vocational Plan as described above will not extend for a period greater than 24 months, unless you have been classified as having been Totally Disabled from all occupations, in which case benefits will continue for a period of 24 months coincident with the commencement of Rehabilitation Assistance.

If you cease to participate in the Vocational Plan because of a change in your medical status, Manulife Financial will require medical evidence documenting how your current medical status prevents you from continuing with the Vocational Plan.

If you are not available or do not co-operate or participate in the Vocational Plan, you will no longer be entitled to disability benefits.

Termination of Benefit Payments

Long Term Disability - Termination of Benefit Payments

Your disability benefit payments will cease on the earliest of:

the date you cease to be Totally Disabled, as defined under this 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 all the duties of:

- your own occupation, during the Qualifying Period and the 24 months immediately following the Qualifying Period
- any occupation:
  - for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 24 months specified above
  - the current monthly earnings are 75% or more of the monthly earnings for your own occupation at the time of initial disability

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 end of the month following the date of your death

Recurrent Disability

Long Term Disability - 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 Long Term Disability benefits were paid, Manulife Financial will treat the disability as a continuation of your previous disability.

You will not be required to satisfy the 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.

Appeals Process

Long Term Disability - Appeals Process

If you appeal the denial or termination of a Long Term Disability claim, you must submit to your employer a written notice of appeal. The notice must be submitted to Manulife Financial within 60 days of the date of the denial or termination notice.

Where Manulife Financial denies benefits due to insufficient medical evidence being provided, you will have 6 months in which to provide satisfactory medical evidence to support your claim. Any costs associated with the gathering of such information will be your responsibility.

You may arrange to have your claim reviewed by a Claims Review Committee composed of three physicians: one designated by you, one by your employer and a third agreed upon by the appointees. The expenses incurred by a Claims Review Committee will be paid by your employer.

Where you have disputed the decision of Manulife Financial and are awaiting the outcome of a review or an appeal, you will be considered to be on a leave of absence without pay during the portion of time you are not receiving pay or benefit allowance. During this time, coverage for all benefits other than Long Term Disability will be continued during the period the claim is under appeal.

Should the majority decision of the Claims Review Committee find in your favour, Manulife Financial shall continue your benefit payments.

If the above provision is in conflict with the applicable law of your province of residence, the provision shall be deemed amended to conform with the minimum requirements of that law.

Waiver of Premium

Long Term Disability - 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.

Submitting a Claim

Long Term Disability - Submitting a Claim

To submit a claim, you must complete the Long Term Disability claim form which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted to Manulife Financial within 180 days from the end of the Qualifying Period.

Exclusions

Long Term Disability - Exclusions

No benefits are payable for any disability related to:

self-inflicted injuries or illnesses

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, 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 disability caused by, contributed by, or resulting from a Pre-Existing Condition and which begins in the first 12 months after your date of hire. A Pre-Existing Condition means a sickness or injury for which you have received medical care in the three months prior to your date of hire. Medical care is considered to be obtained when you consult a physician, use medication on the advice of a physician, or receive other medical services or supplies.

Benefits Insured by Industrial-Alliance Pacific

THOMPSON RIVERS UNIVERSITY
SUMMARY OF INSURANCE COVERAGE
Policy No. 100003738 issued by Industrial Alliance Pacific Insurance and Financial Services Inc.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

You are covered for any injury sustained as the result of an accident anywhere in the world - 24 hours per day - on or off the job.

Benefit Amount - Matches Employee Life insurance.

Termination Age - Matches Employee Life insurance.

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

The "loss" or "loss of use" must occur within 365 days of the date of the accident. These benefits are payable on a lump sum basis and in addition to any other benefits you may receive.

	% of Principal Sum
Life	100%
Both Hands or Both Feet or Entire Sight of Both Eyes	100%
One Hand and One Foot or One Hand and Entire Sight of One Eye	100%
One Foot and Entire Sight of One Eye or Speech and Hearing in both Ears	100%
One Arm or One Leg	75%
One Hand or One Foot	75%
Entire Sight of One Eye	66 2/3%
Speech or Hearing in both Ears	50%
Thumb and Index Finger of Either Hand or Four Fingers of Either Hand	33 1/3%
Hearing in One Ear	16 2/3%
All Toes of One Foot	25%
Quadriplegia (total paralysis of all four limbs) or Paraplegia (total paralysis of the lower limbs)	200%
Hemiplegia (total paralysis of one side of the body)	200%

CONVERSION OPTION

Upon termination of active employment with the Policyholder, an insured may convert his/her insurance to an individual accident insurance plan, with no evidence of insurability, for an amount of principal sum equal to or lower than the amount of principal sum in force at the time of termination. Application for conversion must be made within 31 days. Premiums become payable annually in advance

DAY CARE BENEFIT ($10,000)

If injury results in the loss of life, the Company will pay 5% of the principal sum for each year the dependent child is enrolled in a legally licensed day care (not to exceed four years) for each dependent child who is under 13 years of age and enrolled in a legally licensed day care centre on the date of the accident, or within the 12 months following.

FAMILY TRANSPORTATION BENEFIT ($10,000)

If injury results in confinement as an inpatient in a hospital, and such injury results in a loss being payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, and the hospital is located at least 150 km from the insured's residence, the Company will pay the expenses actually incurred by a member of the immediate family for hotel accommodation and transportation by the most direct route to the confined insured.

Benefits Insured by Industrial-Alliance Pacific

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT ($10,000)

If injury requires the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the insured's principal residence and/or the cost of modification to one motor vehicle utilized by the insured, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

REHABILITATION BENEFIT ($15,000)

If injury requires that the insured undergo special training in order to be qualified to engage in a special occupation in which the insured would not have engaged except for such injury, the Company will pay the reasonable and necessary expense incurred for such training, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

REPATRIATION BENEFIT ($15,000)

If injury results in loss of life, the Company will pay the expense incurred for shipment of the body to the city of residence of the deceased.

SEAT BELT BENEFIT

If injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, the principal sum will be increased by 10%, subject to a maximum of $25,000.00 if, at the time of the accident, the insured was driving or riding in a vehicle and wearing a properly fastened seat belt.

WAIVER OF PREMIUM

In the event of total disability and waiver of premium has been approved and accepted by the group life carrier, then premium under this plan will be waived until the earlier of: death, recovery, attainment of age 65 or the date the policy is cancelled.

TERMINATION OF INSURANCE OF AN INSURED

Coverage will terminate immediately on the earliest of: (a) the policy termination date; (b) the premium due date if the Policyholder fails to pay the insured's premium, except as a result of an inadvertent error; (c) the premium due date next following the date an insured is ineligible for coverage.

LIMITED AIR TRAVEL COVERAGE

Coverage includes injury sustained in consequence of riding as a passenger and not as a pilot or member of the crew; in boarding or alighting from or being struck by; or making a forced landing with or from:

(a) any aircraft having a current and valid airworthiness certificate and which is operated by a person holding a current and valid pilot's license of a rating authorizing him to pilot such aircraft, or
(b) any transport-type aircraft operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world, provided the aircraft is not being used for test or experimental purposes.

Notwithstanding (a) and (b) above, coverage excludes injury sustained while and in consequence of riding as a passenger, pilot, operator or member of the crew, in or on, boarding or alighting from or being struck by or making a forced landing with or from any aircraft owned, operated or leased by the policyholder.

Benefits Insured by Industrial-Alliance Pacific

WHEN DOES THIS INSURANCE NOT APPLY?

- declared or undeclared war or any act thereof;
- active full-time service in the armed forces of any country;
- suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
- injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in the part titled “Limited Air Travel Coverage”.

This summary is for information purposes only. For further details, refer to the Master Policy which is on file with the Policyholder. This group Master Policy sets forth in detail the terms and conditions of the Plan and all rights and obligations are determined in accordance with the Master Policy, not this summary.

Benefits Insured by Industrial-Alliance Pacific

THOMPSON RIVERS UNIVERSITY
SUMMARY OF INSURANCE COVERAGE
Policy No. 100003750 issued by Industrial Alliance Pacific Insurance and Financial Services Inc.

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Benefit Amount
Employee - $25,000 or any multiple of $25,000 to a maximum of $500,000

Termination Age – Matches Employee Optional Life insurance.

If you elect to participate, you are covered for injuries sustained as the result of any accident anywhere in the world - 24 hours per day - on or off the job, for the Principal Sum amount you have select. You may select any Principal Sum of insurance from a minimum of $25,000.00 to a maximum of $500,000.00 in units of $25,000.00.

You may also elect to insure your family. If you do not have children, your spouse will be insured for 60% of the amount you have selected for yourself. If you and your spouse have children, your spouse will be insured for 50% of the amount you have selected and each child (regardless of the number) will be insured for 10% of the amount you have selected for yourself. If you do not have a spouse, each child will be insured for 25% of the benefit you have selected for yourself. Children subject to a maximum of $75,000.00.

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

The “loss” or “loss of use” must occur within 365 days after the date of the accident. These benefits are payable on a lump sum basis and in addition to any other benefits you may receive.

	% of Principal Sum
Life	100%
Both Hands or Both Feet or Entire Sight of Both Eyes	100%
One Hand and One Foot or One Hand and Entire Sight of One Eye	100%
One Foot and Entire Sight of One Eye or Speech and Hearing in both Ears	100%
One Arm or One Leg	75%
One Hand or One Foot	75%
Entire Sight of One Eye	66 2/3%
Speech or Hearing in both Ears	50%
Thumb and Index Finger of Either Hand	33 1/3%
Four Fingers of Either Hand	33 1/3%
Hearing in One Ear	16 2/3%
All Toes of One Foot	25%
Quadriplegia (total paralysis of all four limbs) or Paraplegia (total paralysis of the lower limbs)	200%
Hemiplegia (total paralysis of one side of the body)	200%

COMMON DISASTER BENEFIT ($500,000)

In the event of the accidental death of both the participant and his/her insured spouse, and provided benefits for such loss becomes payable in accordance with the policy as a result of the same accident, and both deaths occur within 90 days after the date of the accident, the Principal Sum applicable to the participant’s insured spouse will be increased to the amount of the participant’s Principal Sum.

Benefits Insured by Industrial-Alliance Pacific

CONVERSION OPTION

Upon termination of active employment with the Policyholder, a participant may convert his/her insurance only (and not that of his/her insured spouse or insured dependent children) to an individual accident insurance plan, with no evidence of insurability, for an amount of principal sum equal to or lower than the amount of principal sum in force at the time of termination, not to exceed $500,000.00 when combined with the Basic AD&D Plan conversion. Application for conversion must be made within 31 days. Premiums become payable annually in advance.

DAY CARE BENEFIT ($10,000)

If injury results in the loss of life of a participant, the Company will pay 5% of the principal sum for each year the dependent child is enrolled in a legally licensed day care (not to exceed four years) for each dependent child who is under 13 years of age and enrolled in a legally licensed day care centre on the date of the accident, or within the 12 months following.

EDUCATION BENEFIT ($5,000)

If injury results in loss of life of a participant, the Company will pay 2% of the principal sum to any dependent child who, on the date of the accident, was enrolled as a full-time student in any institution of higher learning beyond the secondary school level (not to exceed four years). If, at the time of loss, there is no dependent children eligible for the Education Benefit, the Company shall pay an additional amount of $2,500.00 to the designated beneficiary.

FAMILY TRANSPORTATION BENEFIT ($10,000)

If injury results in confinement as an inpatient in a hospital, and such injury results in a loss being payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, and the hospital is located at least 150 km from the participant's, insured spouse's, or insured dependent child's residence, the Company will pay the expenses actually incurred by a member of the immediate family for hotel accommodation and transportation by the most direct route to the confined participant, insured spouse, or insured dependent child.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT ($10,000)

If injury requires the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the participant's, insured spouse's, or insured dependent child's principal residence and/or the cost of modification to one motor vehicle utilized by the participant, insured spouse, or insured dependent child. Provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

REHABILITATION BENEFIT ($15,000)

If injury requires that the participant undergo special training in order to be qualified to engage in a special occupation in which the participant would not have engaged except for such injury, the Company will pay the reasonable and necessary expense incurred for such training. Provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

REPATRIATION BENEFIT ($15,000)

If injury results in loss of life, the Company will pay the expense incurred for shipment of the body to the city of residence of the deceased.

SEAT BELT BENEFIT

If injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, the principal sum will be increased by 10%, subject to a maximum of $25,000.00 if, at the time of the accident, the participant, insured spouse, or insured dependent child was driving or riding in a vehicle and wearing a properly fastened seat belt.

Benefits Insured by Industrial-Alliance Pacific

SPOUSAL RETRAINING BENEFIT ($5,000)

If injury results in the loss of life of a participant, the Company will reimburse the spouse for the actual expenses incurred for a formal occupational training program in order to become qualified for active employment in an occupation in which the spouse would not otherwise have sufficient qualifications.

WAIVER OF PREMIUM

In the event a participant becomes totally disabled and the Waiver of Premium Benefit has been approved and accepted by the group life carrier, then premium under this plan will be waived until the earlier of: death, recovery, attainment of age 65 or the date the policy is cancelled.

TERMINATION OF INSURANCE OF AN INSURED

Coverage will immediately terminate on the earliest of:

A. For the participant: (a) the policy termination date; (b) the premium due date if the Policyholder fails to pay the participant's premium, except as a result of an inadvertent error; (c) the premium due date next following the date a participant is ineligible for coverage.
B. For the insured spouse and/or insured dependent child: (a) the date such person becomes ineligible for coverage; and (b) the date the participant's insurance is terminated.

LIMITED AIR TRAVEL COVERAGE

Coverage includes injury sustained in consequence of riding as a passenger and not as a pilot or member of the crew; in boarding or alighting from or being struck by; or making a forced landing with or from:

(a) any aircraft having a current and valid airworthiness certificate and which is operated by a person holding a current and valid pilot's license of a rating authorizing him to pilot such aircraft, or
(b) any transport-type aircraft operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world, provided the aircraft is not being used for test or experimental purposes.

Notwithstanding (a) and (b) above, coverage excludes injury sustained while and in consequence of riding as a passenger, pilot, operator or member of the crew, in or on, boarding or alighting from or being struck by or making a forced landing with or from any aircraft owned, operated or leased by the policyholder.

WHEN DOES THIS INSURANCE NOT APPLY?

- declared or undeclared war or any act thereof;
- active full-time service in the armed forces of any country;
- suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
- injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in the part titled "Limited Air Travel Coverage".

This summary is for information purposes only. For further details, refer to the Master Policy which is on file with the Policyholder. The group Master Policy sets forth in detail the terms and conditions of the Plan and all rights and obligations are determined in accordance with the Master Policy, not this summary.