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Introduction

This booklet contains information about your Group Benefits. Please keep it in a safe place. It is intended to summarize the principal features of your plan. All rights to benefits are governed by the Group Policies. If there are variations between the information in the booklet and the provisions of the policy, the policy will prevail.

Coverage underwritten by BC LIFE & BLUE CROSS:

Policy Numbers: same as the Extended Health and Dental group numbers.

- Basic Life
- Dependent Life
- Basic Accidental Death & Dismemberment (AD&D)
- Voluntary Accidental Death & Dismemberment
- Short Term Disability (STD)
- Long Term Disability (LTD)
- Extended Health Care (EHC)
- Dental Care

Coverage underwritten by INDUSTRIAL ALLIANCE PACIFIC LIFE INSURANCE COMPANY (IAP):

Optional Life - Policy Number 0676.

Administered by: **BC Health Services Ltd (BCHS)**
#410 – 2608 Granville Street,
Vancouver, BC V6H 3V3.
Telephone: 604 806 5328
Toll Free: 1 866 335 1182.
Fax: 604 488 0665.

Privacy Policy BC Life & Blue Cross

BC Life and Blue Cross have a Privacy Policy which governs their collection, use, and disclosure of personal information (including personal health information) about individuals who are members or dependents. The Privacy Policy requires them to keep such personal information confidential, but does permit use and disclosure of personal information in limited circumstances consistent with the proper administration of group benefit and insurance coverage plans.

A copy of their current Privacy Policy can be obtained on request and is also available on their website: www.pac.bluecross.ca. By participating in the group benefit and insurance plans, and submitting claims under those plans, you are consenting to the collection, use, and disclosure of your personal information pursuant to the terms of their Privacy Policy.

Privacy Policy Industrial Alliance Pacific Life Insurance Company

Please refer to the Application for Optional Group Life coverage for detail on IAP's privacy policy.

General Information

Eligibility

Employee

You are eligible for coverage if you are a regular full-time or regular part-time, salaried employee working not less than an average of 14.4 hours per week and you are not covered under a collective bargaining agreement. Students, casual or temporary employees are not eligible to participate.

All eligible employees must participate in all the non-optional benefits - Basic Group Life, Dependent Life, Basic AD&D, STD and LTD, Extended Health and Dental Care. However, if you are covered as a dependent under your spouse's Extended Health Care and/or Dental plans, you may elect not to participate in the BCHS' Extended Health Care and/or Dental plans.

Dependents

Your dependents include:

Your Spouse - your legally married husband or wife, or a person to whom you are not married but with whom you have lived for at least 12 months and publicly represent as your spouse. You may only cover one spouse and it must be the same person for all benefits. If you have more than one person who may be eligible for spousal coverage, or you need information about covering a separated spouse, contact your employer.

Your Children - any natural child, stepchild, legally adopted child, or any child under your legal guardianship who is:

- Unmarried
- Mainly supported by you, and
- Under the age of 21, or under age 30 if registered as a full time student at an accredited school or university.

A child of your insured spouse is eligible if the spouse lives with you and has custody of the child. Functionally impaired children may remain covered beyond age 21 provided they are incapable of self-sustaining employment, continue to be dependent upon you for support and have been continuously covered as a dependent prior to age 21.

Children under the age of 21 years who become employed on a full time basis, parents, or grandparents, are not considered eligible as dependents.

Effective Date of Coverage

Employee

Your coverage begins on the date as shown in the Schedule of Benefits section of this booklet, provided you:

- Have completed and signed the required Application Form, and
- Are not absent from work because of disability on the day coverage is to begin. If you are absent, your coverage will begin on the date you return to work.

Dependents

Coverage for your eligible dependents begins on the date your coverage begins, with two exceptions:

- If a dependent is in hospital on that date, coverage becomes effective on the date of discharge.
- Coverage for new dependents begins immediately, providing you apply within 4 months.

If you apply after 4 months, your dependents' coverage will not begin until approved by Blue Cross. They may be required to prove they are in good health and they have no outstanding dental work to be done. New-born children will be covered for Dependent Life 14 days after birth.

Termination of Coverage

Employee

Your coverage terminates on the earliest of the following dates:

- Termination of your employment.
- Ceasing to be eligible for coverage.
- Age 70 for all benefits, except STD, LTD, Optional Life and Voluntary AD&D, which terminate at age 65.
- Retirement.

Optional Life and Voluntary AD&D coverage continues to the end of the month while all other coverage ceases immediately.

Dependents

Coverage for your dependents terminates when your coverage does. Coverage will cease earlier if they become ineligible, by reason of age, divorce, etc.

Conversion of Benefits

Should your group coverage terminate for any reason, you may purchase individual coverage through the conversion option as follows:

- Basic Life and Optional Life (including spouse) Insurance to individual policies up to your level of coverage (maximum of \$200,000) without evidence of good health. The applications and required premiums must be received by BC Life within 31 days of the date your group coverage terminates. Conversion is not available upon attainment of age 65.
- Extended Health and Dental Care coverage to a Blue Cross standard individual policy. You must apply within 60 days of termination of your group coverage or Blue Cross will not cover pre-existing conditions.

No conversion is available for Basic or Voluntary AD&D, Dependent Life, Short or Long Term Disability, Worldwide Emergency Medical Assistance or Medical Referral Transportation benefits.

Integration with Government Plans

Extended Health Care benefits are intended to supplement and not overlap benefits under government plans such as the Medical Services Plan and Fair PharmaCare Program of BC. You are required, as a condition of coverage, to take all reasonable steps to qualify and obtain the fullest extent of coverage, benefits, contribution, or reimbursement available under all applicable government plans. Blue Cross will also make payment only where permitted by provincial legislation or other applicable law.

Beneficiary

You must designate a beneficiary on your Application Form. If at any time you wish to change this beneficiary, contact your employer for the appropriate form. You may designate more than one beneficiary if you wish. If a beneficiary is under the age of majority it is recommended that you complete a Trust Agreement form, also available from your employer.

For **Basic Accidental Death & Dismemberment** you are the beneficiary for any dismemberment or permanent loss. If you die accidentally, the beneficiary you select to receive your **Basic Life** insurance will also receive your Basic AD&D insurance.

For **Voluntary Accidental Death & Dismemberment** you are the beneficiary for any dismemberment or permanent loss. If you die accidentally, the beneficiary will be as indicated on your Voluntary AD&D application form.

For **Optional Life** your spouse's benefit will be paid to you unless your spouse appoints another beneficiary in writing. Any dependent childrens' benefits will be paid to you.

For **Dependent Life**, you are the beneficiary.

If you do not name a beneficiary, the benefit will be paid to your estate.

Survivor Benefits

Extended Health and Dental

If you die while covered under this plan, Extended Health and Dental coverage for your dependents will continue until the earliest of the following occurs:

- 24 months after your death.
- The date your dependent ceases to be a dependent other than as a result of your death.
- The date the contract is terminated.
- The date your dependent becomes eligible for coverage under a similar group plan.

Long Term Disability

If you die after being disabled for 180 or more consecutive days and while receiving a monthly benefit amount, a payment equal to 3 times your gross monthly benefit amount will be made to your eligible survivor. Eligible survivor means your spouse, if living, otherwise your children under age 21 or 30 if a full time student. If there are no eligible survivors, payment will be made to your estate.

Duplicate Coverage for EHC and Dental

If you and your spouse work for the same employer, please check with your employer to see if duplicate coverage is allowed for Dental and Extended Health benefits.

If you and your spouse work for different employers and you are both enrolled for similar benefits, duplicate coverage is allowed.

Coordination of EHC and Dental Benefits

If duplicate coverage is allowed, claims are paid based on the rules of the Canadian Life and Health Insurance Association guidelines. They are:

- Dependent 00 (employee) is always the primary claimant. Dependent 01 (spouse) is always the secondary claimant.
- Dependent children are always covered primarily under the parent who has the earliest birth date in the year (month and day).
- In situations of separation or divorce, the following order applies:
 - i) the plan of the parent with custody of the child.
 - ii) the plan of the spouse of the parent with custody of the child.

Total reimbursement shall never exceed 100% of the eligible expenses.

CARESnet

CARESnet is an online service from Blue Cross that offers you convenient and secure access to your benefit information 24 hours a day. Information about benefit coverage, claim status, and easy access to claim forms are the enhanced services CARESnet provides. To access CARESnet, visit Blue Cross's website: <http://www.pac.bluecross.ca/caresnet/> in British Columbia, or the applicable Blue Cross website in your province.

Basic Group Life

Your employer provides Basic Group Life Insurance for you and a separate plan for your dependents. If you want to increase your Life coverage, you may purchase Optional Life Insurance at low group rates (see Optional Life section in this booklet).

Basic Life Coverage

If you die while insured, your beneficiary will receive the amount of your Basic Group Life insurance as indicated in the Schedule of Benefits section in this booklet, rounded to the next higher \$1,000.

If your employment continues after age 65, coverage reduces by 50%. Coverage ceases at age 70 or prior retirement.

Dependent Life Coverage

Your spouse and dependent children are covered for amounts as shown in the Schedule of Benefits section of this booklet. Dependents not residing in Canada or the USA or dependents who are members of the armed forces in any country are not eligible for the Dependent Life insurance benefit.

Life Coverage and Disability

If you are totally disabled, your coverage will continue at the level in force on the date of your disability for as long as you are receiving Short or Long Term Disability benefits, up to age 65.

Benefits Payable Prior to Death

If you are terminally ill, you may qualify for an Advance Payment of a portion of your Basic Life insurance. Contact your employer for more details.

Claims

BC Life must receive notice of the death within **30 days** and a completed claim form along with any proof required, within **90 days**. However, no payment will be made on any claim submitted later than **1 year** from the date of death.

Optional Life

Optional Life Coverage

You, your spouse and your dependent children are eligible to apply for Optional Life coverage while you are covered under the BCHS Group Benefits Program, provided you and your spouse are under age 65.

Your spouse can apply for coverage even if you do not. You must be insured in order for your children to apply. If your spouse is an employee covered under the BCHS Group Benefits Program, you are both eligible for Optional Life coverage, but not eligible for additional spousal coverage.

Each applicant must fill out a medical questionnaire. You will be notified through your employer whether or not IAP approves your application or requires additional information.

Coverage Effective Date

Contact your employer for the application and medical questionnaire. Coverage begins on the first of the month after IAP approves your application. If you are off work due to sickness or injury, your coverage begins on the date you return to work. If your spouse or dependent child is in hospital on the date the application is approved, their coverage will begin the day after they are discharged from hospital.

Monthly Premium Rates per \$25,000 Coverage

You may purchase employee and spousal coverage in multiples of \$25,000 up to \$500,000. You may also purchase coverage for your dependent children in multiples of \$5,000 up to \$25,000.

	Smoker		Non-Smoker	
	Male	Female	Male	Female
Under 35	\$2.00	\$1.25	\$1.25	\$0.75
35 – 39	\$2.75	\$1.50	\$1.50	\$1.00
40 – 44	\$4.75	\$2.50	\$2.75	\$1.50
45 – 49	\$8.25	\$4.50	\$4.75	\$2.50
50 – 54	\$15.00	\$8.50	\$8.00	\$4.50
55 – 59	\$25.00	\$14.50	\$13.75	\$7.75
60 – 64	\$31.25	\$19.00	\$18.75	\$12.00

Dependent Child Rate: \$1.00 per \$5,000 of coverage.

Note: Rates will increase on April 1st if you have moved from one age category to another in the preceding year. 'Non-Smoker' means a person who has not used tobacco products in any form in the last 12 months.

Payment of Premium

The premium for this insurance will be deducted automatically from your earnings. The first payment is due the date coverage begins, and on the first of each month thereafter.

Payment of Benefit

You select your beneficiary at enrolment and you may change your selection at any time. Your spouse's benefit will be paid to you unless your spouse appoints another beneficiary in writing. Your dependent childrens' benefits will be paid to you.

Waiver of Premium

If you become totally disabled and you want your Optional Life coverage to continue, you must continue to pay the premium for the first six months of disability. Thereafter, your coverage will continue without the payment of premium, provided:

- Total disability occurs prior to your 65th birthday.
- You are receiving Short or Long Term Disability benefits, and
- Your disability is not due to a self-inflicted injury or an act of war.

Your spouse's and dependent childrens' coverage will also continue at no premium charge up to their normal termination date. If your spouse or dependent child becomes totally disabled, premiums must continue to be paid.

Additional Benefits

If you suffer a specific loss as a result of sickness or accidental injury, you will receive a lump sum benefit equal to 20% of your Basic Life coverage up to \$20,000. The loss must occur within 365 days of the accident or sickness which caused the loss. You are covered for the loss of one leg, one foot, one arm, one hand, hearing in one ear or entire sight in one eye. If death occurs from the same cause within the 365 days, your amount of Optional Life coverage will be reduced by the amount paid for the specific loss.

Benefits Prior to Death

If you are terminally ill, you may qualify for an advance payment of a portion of your Optional Life insurance. Contact your employer for details.

Suicide Exclusion

No benefit amount is payable if death results from suicide within 2 years of the effective date of the insured person's coverage under this Optional Life insurance.

Claims

In the event of death, IAP must receive notice of death and a completed claim form along with any proof required within **90 days**. However, no payment will be made on any claim submitted later than **1 year** from the date of death.

Coverage Ends

Coverage ends on the last day of the month in which your BCHS Group Benefits coverage ends, or at age 65, whichever is earlier. You may also terminate coverage by submitting written notice to your employer. Coverage will end on the date stated or the date the notice is received by the employer, whichever is later. Premiums are due to the end of the month in which termination occurs.

Basic Accidental Death & Dismemberment (AD&D)

Your employer provides you with Basic Accidental Death & Dismemberment coverage. If you want to increase your coverage, you may purchase Voluntary (Optional) AD&D Insurance at low group rates (see Voluntary AD&D section in this booklet).

Basic AD&D Coverage

If you die accidentally within one year of an accident, your beneficiary will receive the amount of your Basic AD&D insurance as indicated in the Schedule of Benefits section in this booklet, which is equal to the amount of your Basic Life coverage.

If you suffer a dismemberment or permanently lose the use of a designated part of your body within the same time period, you will receive the benefit as detailed in the Table of Loss in this section. Only one of the amounts, the largest specified, will be paid for all injuries resulting from any one accident.

If your employment continues after age 65, coverage reduces by 50%. Coverage ceases at age 70 or prior retirement.

Basic AD&D Coverage and Disability

If you are totally disabled, your coverage will continue at the level in force on the date of your disability for as long as you are receiving Short or Long Term Disability benefits, up to age 65.

Other Benefits

Under specific circumstances, the plan may also cover some expenses related to rehabilitation, repatriation of remains, spousal occupational training, post secondary education for dependent children and family travel. Contact your employer for details.

Exclusions

Coverage only applies to bodily injury caused by an accident. It does not apply when the loss is caused by suicide, intentionally self inflicted injury, declared or undeclared war or act of war, an air crash when you are the pilot or a member of the crew, or active full time service in the armed forces. The maximum payout for any single aircraft accident is \$5 million.

<i>Table of Loss (includes loss of use)</i>	<i>% of Insured Amount Payable</i>
Life	100%
Both Hands or Feet	100%
Entire Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Entire Sight of One Eye	100%
One Foot and Entire Sight of One Eye	100%
Speech and Hearing	100%
One Arm or One Leg	75%
One Hand or One Foot	66.6%
Entire Sight of One Eye	66.6%
Speech or Hearing	50%
Thumb and Index Finger of the Same Hand	33.3%
Four Fingers of the Same Hand	33.3%
Hearing in One Ear	16.6%
All Toes of the Same Foot	12.5%
Quadriplegia (complete paralysis of both upper and lower limbs)	100%
Paraplegia (complete paralysis of both lower limbs)	100%
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	100%

Claims

In the event of any loss for which this benefit is payable, BC Life must receive notice within **30 days** of the date of loss, and a completed claim form along with any required proof within **90 days**. However, no payment will be made on any claim submitted later than **1 year** from the date of accident. Contact your employer for the appropriate claim forms.

Voluntary Accidental Death & Dismemberment

Your employer provides you with Basic AD&D insurance. If you want to supplement this coverage, you may purchase Voluntary AD&D insurance for yourself and your family.

Effective Date

If you wish to purchase this benefit, contact your employer for the application form. No medical approval is required and coverage will be effective on the first of the month following the date the completed application is received by your employer. You are eligible to purchase this coverage if you are under age 65.

Coverage Amounts

For both the Employee Only and the Employee and Family Plan, you may purchase units of \$25,000 up to a maximum amount of \$300,000 (*up to \$500,000 if your date of hire was prior to April 1, 2008*).

Note: if your date of hire is April 1, 2008 or later, the combined coverage amount for both the Basic and Voluntary AD&D cannot exceed \$750,000.

Family Coverage

The Family Plan provides coverage for you, your spouse and dependent children. The amount of coverage for family members is expressed as a % of the amount you select for yourself, as follows:

Spouse and eligible dependent children:

- Spouse - 40% of employee amount
- Each child - 10% of employee amount

Spouse and no eligible dependent children:

- Spouse - 50% of employee amount

No spouse but eligible dependent children:

- Each child - 15% of employee amount

Monthly Premium Rates

Employee Only Plan: \$1.00 per \$25,000 coverage.

Employee and Family Plan: \$1.375 per \$25,000 coverage.

Payment of Premium

The premium for this insurance will be deducted automatically from your earnings. The first payment is due the date coverage begins, and on the first of each month thereafter.

Waiver of Premium if Disabled

If you become totally disabled and want your Voluntary AD&D benefit to continue, you must pay the premium for the first 6 months of total disability. Thereafter, your coverage will continue without payment of premium for as long as you are receiving Short or Long Term Disability benefits, up to age 65.

Payment of Benefit

- 1) When death or loss occurs because of an accidental injury and within 365 days of the accident date, BC Life will pay the Voluntary AD&D benefit amount:
 - a) to your beneficiary, for loss of life, or
 - b) to you, for any other loss.
- 2) If you select family coverage, each of your eligible dependents will be insured for a portion of the Voluntary AD&D benefit amount indicated in this section.
- 3) Please refer to the Basic AD&D section of this booklet for information on:
 - a) the table of loss and benefit amounts (only one of the amounts, the largest specified, will be paid for all injuries resulting from any one accident)
 - b) exclusions
 - c) supplementary benefits (e.g. repatriation benefits, etc.).

Claims

In the event of any loss for which the Voluntary AD&D benefit is payable, BC Life must receive notice within **30 days** of the date of loss, and a completed claim form along with any required proof within **90 days**. However, no payment will be made on any claim submitted later than **1 year** from the date of accident.

Coverage Ends

Coverage ends on the last day of the month in which your BCHS Group Insurance ends, or at age 65, whichever is earlier. You may also terminate coverage by submitting written notice to your employer. Coverage will end on the date stated or the date the notice is received by the employer, whichever is later. Premiums are due to the end of the month in which termination occurs.

Short Term Disability (STD)

Short Term Disability provides you with a weekly income if you are unable to work due to a disabling sickness or injury for which Worker's Compensation benefits are not payable.

You will receive the amount of benefit as shown in the Schedule of Benefits section of this booklet, rounded to the next higher \$1. This benefit would be reduced or co-ordinated with other income or disability benefits for which you may qualify (see Coordination With Other Income Sources in this section).

Benefit Period

Your STD benefits begin on the 1st day of disability if due to an accident and the 8th day of disability if due to an illness, and will continue for 120 days or until recovery, whichever occurs first. Note the following exception: if you reach age 65 while receiving STD benefits and have at that time received payments for less than 105 days, benefit payments will continue during disability until you have received 105 days of benefits.

Are Benefits Taxable?

Benefits are taxable if your employer contributes to the cost of your STD premium and non-taxable if you pay the entire cost. See Schedule of Benefits section of this booklet for confirmation of your taxable status.

Rehabilitation Program

Unlike Long Term Disability, employees on STD have not generally been absent from work for an extended period of time and reintegration into the workforce is not normally required. In consultation with you, your employer and with your physician's agreement, BC Life will determine your eligibility for this program and its duration.

Recurrent Disability

A recurrent disability will be considered part of the prior disability if, after receiving STD benefits, you return to work on a full-time basis and are able to perform all the essential duties of your occupation for less than 14 calendar days. If you return to work on a full-time basis for 14 calendar days or more, a recurrence of disability will be treated as a new period of disability and you must complete another elimination period. If you become disabled within this 14

calendar day period from an unrelated disability, it would be considered a new claim and you would need to start the elimination period again.

Coordination With Other Income Sources

Your STD benefit will be reduced by other income you receive so that your total gross income from the following sources does not exceed 100% of your pre-disability gross earnings:

- STD benefits from this plan.
- Canada Pension Plan, excluding any payments for your dependent children.
- Disability or retirement benefits paid under any group insurance or retirement plan available through employment.
- No-fault auto insurance or similar law providing disability or loss-of-time benefits.
- Any other government plan, agency or law.
- Any employer, in the form of salary or severance allowance (other than earnings from rehabilitative employment, or from self-employment which provided you a regular income for at least 12 months before your disability).

BC Life must be advised of all income received or payable from the above sources. You are required to provide either a statement of income received or payable, or proof your application for benefits has been declined.

Rehabilitation Earnings

If you receive income from rehabilitative employment, your STD benefit will be adjusted so that your gross income from all sources does not exceed 100% of your indexed pre-disability gross monthly earnings.

Canada Pension Plan Benefits

Your STD benefit will not be reduced by cost-of-living increases to any CPP benefits which you may be receiving.

Exclusions

Benefits are not payable for disabilities which result from insurrection, war or participation in a riot.

Conditions

While receiving STD benefits, you must:

- be under the supervision of a physician approved by BC Life.
- receive treatment considered appropriate for your condition.

Third Party Liability

If another party may be held responsible for your disability or your loss of income, you will be asked to sign a reimbursement agreement. You will receive your STD benefits, but if you receive a settlement from the other party for your loss of income, you may be required to repay some or all of your STD benefits.

Terminal Disability

If you are suffering from a terminal disability, you may qualify for an advance payment of a portion of your Basic Life Insurance (and Optional Life Insurance, if applicable). Contact your employer for more details.

Leaves of Absence

If your STD coverage is continued during your leave and you become disabled, you will be entitled to STD benefits. However, you will not receive STD payments for any part of your scheduled absence. If your STD coverage is not continued during your leave you will not be entitled to any STD benefits if you become disabled while on leave.

Note: employees with dates of hire April 1, 2008 or later will be eligible for STD coverage during a Maternity or Paternity leave only.

Claims

- Obtain a claim form from your employer as soon as possible after becoming disabled.
- The completed claim forms must be forwarded to BC Life within **30 days following the end of the elimination period.**
- BC Life may request supplementary reports to update the medical or vocational information on file. Any cost for completion of reports will be your responsibility.

Long Term Disability (LTD)

Benefit Amount

Long Term Disability provides you with a monthly income if you are unable to work due to a disabling sickness or injury. Receipt of LTD benefits is not automatic but is subject to medical approval by BC Life.

You will receive the amount of benefit as shown in the Schedule of Benefits section of this booklet, rounded to the next higher \$1. This benefit would be reduced or co-ordinated with other income or disability benefits for which you may qualify (see Coordination With Other Income Sources in this section).

Payments will continue until you recover or reach age 65, whichever occurs first.

Elimination Period

The elimination period is the period of time, when you are continuously disabled, which must be completed before your claim will be considered. The elimination period is 120 days, and payments will begin on the 121st calendar day of disability.

If during the elimination period you attempt to return to work but within 14 calendar days cease work because of the same disability, you will not be required to start a new elimination period. Instead your elimination period will be extended by the number of days you worked.

Definition of Disability

You are defined as disabled if, during the elimination period and the subsequent 24 months of disability, you are prevented by injury or sickness from performing each of the essential duties of your own occupation. After that if you are prevented from performing each of the essential duties of any occupation for which you are, or may become, reasonably qualified by education, training, or experience and which pays at least 60% of your pre-disability gross earnings indexed for inflation.

Are Benefits Taxable?

Benefits are taxable if your employer contributes to the cost of your LTD premium and non-taxable if you pay the entire cost. See Schedule of Benefits section of this booklet for confirmation of your taxable status.

Cost of Living Adjustment (COLA)

This is an optional feature of the LTD plan, available under the Executive plan only. If you become totally disabled, BC Life will pay an annual Cost of Living Adjustment (COLA) based on the increase in the Canadian Consumer Price Index (CPI) to a maximum of 3%. Any COLA increase will be paid on the first anniversary of benefit payment and each following anniversary for as long as you are receiving benefits. If this option is available to you it will be reflected in the Schedule of Benefits section of this booklet.

Rehabilitation Program

While you are disabled, BC Life may suggest a rehabilitation program to help you return to the work force. This program requires the agreement of your physician and pre-approval by BC Life. It may include, but is not limited to, a return to work on a part-time or full-time basis, therapy, vocational evaluation, or job preparation. Income you receive under this program will be integrated with your monthly benefit.

Recurrent Disability

A recurrent disability will be considered part of the prior disability if, after receiving LTD benefits, you return to work on a full-time basis and are able to perform all the essential duties of this occupation for less than 6 months. If you return to work on a full-time basis for 6 months or more, a recurrence of disability will be treated as a new period of disability and you must complete another elimination period.

Partial Disability

You may qualify for partial disability if, within 31 days of the end of a period when you received an LTD benefit payment and as a result of the same injury or sickness, you are incapacitated to the extent that, although unable to perform all the essential duties of your own occupation on a full-time basis, you are currently:

- Participating in a rehabilitation program, or
- Performing at least one of the essential duties of your own or any occupation on a part-time or full-time basis, and
- Earning at least 20% less per month than your indexed pre-disability earnings, due to that same injury or sickness.

Availability of work is not considered when assessing disability.

Coordination with Other Income Sources

Your LTD benefit will be reduced by other income you receive so that your total gross income from the following sources does not exceed 85% of your pre-disability gross earnings (if benefit is taxable), or 85% of your pre-disability net earnings (if benefit is non-taxable):

- LTD benefits from this plan.
- Canada Pension Plan, excluding any payments for your dependent children.
- Workers' Compensation or similar law.
- Disability or retirement benefits paid under any group insurance or retirement plan available through employment.
- No-fault auto insurance or similar law providing disability or loss-of-time benefits.
- Any other government plan, agency or law.
- Any employer, in the form of salary or severance allowance (other than earnings from rehabilitative employment, or from self-employment which provided you a regular income for at least 12 months before your disability).

BC Life must be advised of all income received or payable from the above sources. You are required to provide either a statement of income received or payable, or proof your application for benefits has been declined.

Rehabilitation Earnings

If you receive income from rehabilitative employment your LTD benefit will be further adjusted so that your gross income from all sources does not exceed 100% of your indexed pre-disability gross monthly earnings (if benefit is taxable), or 100% of your indexed pre-disability net monthly earnings (if benefit is non-taxable).

Canada Pension Plan & Workers' Compensation Benefits

Your LTD benefit will not be reduced by cost-of-living increases to any CPP or Worker's Compensation benefits which you may be receiving.

Exclusions

Benefits are not payable for disabilities which result from insurrection, war or participation in a riot, or from intentionally self-inflicted injury or sickness while sane or insane.

Conditions

While receiving LTD benefits, you must:

- Be under the supervision of a physician approved by BC Life.
- Receive treatment considered appropriate for your condition.
- Participate in a rehabilitation program considered appropriate by BC Life and your physician.
- Not reside outside Canada without prior approval by BC Life.

Third Party Liability

If another party may be held responsible for your disability or your loss of income, you will be asked to sign a reimbursement agreement. You will receive your LTD benefits, but if you receive a settlement from the other party for your loss of income, you may be required to repay some or all of your LTD benefits.

Terminal Disability

If you are suffering from a terminal disability, you may qualify for an advance payment of a portion of your Basic Life Insurance (and Optional Life Insurance, if applicable). Contact your employer for more details.

Pre-existing Conditions Limitation – *Applicable to insureds with date of hire April 1, 2008 or later*

Benefits will not be paid for any pre-existing condition, as defined as follows:

A sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures), or consumed prescribed drugs within 3 months:

- Prior to the date you became insured under this benefit, or
- Prior to the date of any increased amount of insurance (change in either the non evidence limit or the maximum benefit amount).

This exclusion will not apply if you become disabled more than 12 months:

- After you became insured under this benefit, or
- After you became eligible for any increased amount of insurance.

Leaves of Absence

If your LTD coverage is continued during your leave and you become disabled, you will be entitled to LTD benefits. However, you will not receive LTD payments for any part of your scheduled absence. If your LTD coverage is not continued during your leave you will not be entitled to any LTD benefits if you become disabled while on leave.

Note: employees with dates of hire April 1, 2008 or later will be eligible for LTD coverage during a Maternity or Paternity leave only.

Claims

- To ensure your payments begin on time, notify your employer as soon as you know you will be unable to return to work, or after you have been off work for 30 days.
- Completed claims must be forwarded to BC Life within **90 days following the end of the elimination period.**
- BC Life may request supplementary reports to update the medical or vocational information on file. Any cost for completion of reports will be your responsibility.

Extended Health Care (EHC)

Together, your provincial government plan and the BCHS Extended Health Care plan cover most of your health care expenses.

Coverage and Deductibles

The Extended Health Care plan will reimburse many medical expenses not covered by your provincial government plan at a level as shown in the Schedule of Benefits section of this booklet. Please refer to this section also for confirmation of whether or not a deductible applies to your plan.

Definition of Practitioner

An individual who is currently licensed, certified, or registered to practice a profession in the province where the care or service is provided.

Financial Limits

There is no overall financial limit on claims under your EHC plan, however, certain types of coverage have individual limits as noted below.

Eligible Expenses

Reasonable and customary charges for medically necessary services and supplies, including:

- Prescription drugs and medicines, including oral contraceptives. Excluded are drugs used for fertility purposes, vitamin preparations, food and mineral supplements and drugs not approved by the Food and Drug Act. You will be reimbursed for the cost of approved prescription drugs, up to your provincial government's plan deductible or co-payment. Your provincial government plan may only reimburse a portion of the cost in excess of their deductible, while the BCHS' plan will reimburse the remaining cost.
- Corrective lenses and frames and contact lenses (excluding non-prescription sunglasses and safety goggles). Refer to the Schedule of Benefits section in this booklet for confirmation of the Vision Care benefit amount available to you.
- Additional costs for semi-private or private accommodation in an approved hospital or its extended care unit.

- Hospital co-insurance charges of the extended care unit of an approved hospital.
- Services of licensed or registered chiropractors or naturopaths (excluding X-ray services). Refer to the Schedule of Benefits section of this booklet for the annual reimbursement amount.
- Services of licensed or registered podiatrists (excluding X-rays and appliances). Refer to the Schedule of Benefits section of this booklet for the annual reimbursement amount.
- Services of licensed or registered physiotherapists or massage therapists. Refer to the Schedule of Benefits section of this booklet for the annual reimbursement amount.
- Services of registered speech language pathologists. Refer to the Schedule of Benefits section of this booklet for the annual reimbursement amount.
- Services of licensed clinical psychologists. Refer to the Schedule of Benefits section of this booklet for the annual reimbursement amount.
- Acupuncture treatments. Refer to the Schedule of Benefits section of this booklet for the annual reimbursement amount.
- Services of a registered private duty nurse for acutely ill patients who are registered bed patients in an approved hospital, when recommended by the attending physician. The maximum benefit is 720 hours per person per calendar year.
- In-home nursing and/or home support services when recommended by the attending physician. The combined maximum benefit is \$10,000 per person per calendar year.
- Diabetic supplies such as insulin, syringes, needles, litmus-type testing material, electronic blood glucose monitors and insulin infusion pumps, when prescribed by the attending physician.
- The purchase or rental (up to the purchase price) of a standard wheelchair, hospital bed (manual type), iron lung, respirator or cardiac screener, when ordered by the attending physician. Expenses in excess of \$5,000 must be approved in advance by Blue Cross.
- Oxygen, oxygen masks and regulators, blood and blood plasma, crutches, splints, casts, trusses, ostomy and ileostomy supplies, rigid support

braces and permanent prostheses (artificial limbs and eyes, and mastectomy forms) when ordered by the attending physician. The plan will also pay for the repair or replacement of worn prostheses and braces.

- Wigs or hairpieces needed as a result of medical treatment or injury when ordered by the attending physician. The maximum lifetime benefit is \$500 per person.
- Orthopedic shoes, including modifications and repairs, and foot orthotics, when prescribed by a physician or podiatrist for congenital or post-traumatic foot problems. The maximum benefit in a calendar year is \$400 per adult and \$200 per dependent child.
- Dental treatment for accidental injuries. The treatment must be performed by a registered dentist and must be completed within 52 weeks of the accident. For an injury to be defined as accidental, it must be the result of a direct blow to the external mouth or face resulting in damage to the natural teeth. An injury caused by putting an object wittingly or unwittingly in the mouth does not qualify for coverage. Payments will not be made for temporary, duplicate or incomplete procedures, or for correcting unsuccessful procedures. Payment is based on the current Dental Fee Schedule in your province of residence.
- Hearing aids when prescribed by certified ear, nose and throat specialists or supplied by recognized audiologists on the recommendation of a physician. The cost of repairs are covered. Batteries and recharging devices are not covered. The maximum benefit in a four-year period is \$600 per person.
- Surgical brassieres (1 to \$150 per person per calendar year) and surgical stockings (2 pairs to \$250 per person per calendar year).
- In the case of a medical emergency in your province, transportation by ambulance, railroad, boat or scheduled aircraft to the nearest hospital equipped to provide the required treatment. In an acute emergency, air ambulance service will also be covered. If an attendant is required, his/her transportation expenses will be covered as well.

Emergency Coverage outside your Province, Territory or Country

The following expenses are eligible in an emergency while travelling or vacationing outside your province, territory or country.

- Hospital charges for room, board, services and supplies when confined as a bed patient for up to 90 days.
- Physician, laboratory and x-ray services.
- Local ambulance service to the nearest hospital equipped to provide the required emergency treatment.
- Air ambulance on a regularly scheduled flight from the original hospital to the hospital nearest your residence.
- Other services and supplies on the same basis they would be covered in your province.
- There is no overall maximum for emergency coverage.

Out of Canada Medical Referral

If you need treatment which is not available in Canada, the plan covers medical and hospital services outside Canada which are recommended by your physician. The treatment must be authorized in advance and be partly reimbursed by your provincial government plan. The lifetime maximum benefit is \$100,000.

Exclusions

Your EHC plan does not cover:

- Dentures or dental treatment (except as specified).
- Professional services of physicians and surgeons in your province or territory or any person who renders a professional health service (except as specified).
- Expenses which are eligible for payment under your provincial government Pharmacare/medical/hospital plans, or any other government authority such as Workers' Compensation.
- Expenses incurred prior to the effective date of coverage or incurred by an employee or dependent (other than a newborn infant) hospitalized on their effective date of coverage.
- Charges for completion of claim forms or written reports.
- Drugs and medicines that can be bought without a written prescription.

- Remedies prescribed by a naturopath or a podiatrist, or HCG injections.
- Erectile Dysfunction and Obesity drugs.
- Services of the Health & Home Care Society of BC, Graduate or Licensed Practical Nurses (except for in-home nursing), services of religious or spiritual healers, occupational therapy and rest cures.
- Air humidifiers and purifiers.
- Transportation charges incurred for health reasons (except as outlined), health examinations of any kind, elective treatment and/or diagnostic procedures and charges incurred for purely preventative purposes.
- Charges incurred while outside your province of residence for: (1) pre-existing conditions requiring continuous or routine medical care; and (2) expenses due to therapeutic abortion, childbirth, or complications related to pregnancy occurring within 21 days of the expected delivery date.
- Services and supplies for cosmetic purposes.
- Expenses resulting from intentional self-inflicted injuries while sane or insane.
- Expenses resulting from suicide or attempted suicide.
- Expenses for which a third party is liable.
- Expenses relating to or as a result of war, riot or insurrection.
- Services performed by any person who is related to or resident with you or your spouse.
- Expenses arising from a direct or indirect attempt at or commission of an indictable offence under the Criminal Code of Canada or under similar law of any other country.

Worldwide Emergency Medical Assistance

This benefit supplements your Extended Health Care coverage. It provides you and your eligible dependents with assistance during a medical emergency anywhere in the world. The following type of assistance is provided.

- Assistance in locating the closest medical facility capable of treating you.

- A medical advisor to review the diagnosis and recommended course of treatment by foreign doctors.
- Arrangements for emergency medical evacuation or repatriation of remains.

Communication Assistance

- Multilingual translation and interpretation services.
- Contact of family, personal physician, employer and insurance company, if requested.
- Locating qualified legal assistance.
- Assistance in replacing lost or stolen travel documents and other incidental travel-related emergency services.
- Assistance with claims payment and funds transfer.
- Direct payment of expenses in excess of \$1,000 US.
- Assistance in arranging for disrupted travel plans including unaccompanied companions.

You will receive a special identification card listing the telephone numbers to call if you need help.

Optional EHC Benefits

Direct Pay Drug Card (Bluenet)

This is an optional pay-direct feature of the Extended Health plan. It provides for all prescription drug claims to be paid at the point of sale, eliminating the need to submit drug claims to Blue Cross for reimbursement. Not available on all plans. If this benefit is available to you it will be reflected in the Schedule of Benefits section of this booklet.

Eye Examinations

Coverage for eye examinations is an optional feature of the Extended Health plan. Not available on all plans. If this benefit is available to you it will be reflected in the Schedule of Benefits section of this booklet.

Medical Referral Transportation Benefit (MRT)

MRT is an optional feature of the Extended Health plan. It provides you or an eligible dependent with medical/dental care unavailable in your locality. This benefit will reimburse specified travel expenses to and from the nearest place of treatment. If this benefit is available to you it will be reflected in the Schedule of Benefits section of this booklet.

Claims

Pay Direct Drug Card (BlueNet)

If this option is available to you and provided your pharmacy is connected to Blue Cross's electronic processing system, Blue Cross will pay them directly for prescription drugs and testing supplies for diabetics covered under your EHC plan. Simply show the pharmacist your EHC ID card. The pharmacist will charge you only for amounts not covered by Blue Cross. If you or the pharmacy do not have access to this system, or for other types of expenses, please follow the instructions below.

Paper Claims

- Because Blue Cross does not return receipts after the claim is processed, it is recommended that you keep a photocopy of the receipts that you submit to them. They will send you a remittance statement for your records each time you submit a claim.
- If you have duplicate coverage, please review the *Coordination of Benefits* under the General Information section of this booklet. Two separate claim forms (one for the primary plan and one for the secondary plan) must be completed. The remittance statement from the first plan must be submitted to the second plan. Because claims information regarding the other plan is not retained on Blue Cross's files, be sure to provide information on the second plan on both claim forms. Incomplete claims will be returned for clarification.
- Certain medical expenses are covered under the government plan. If you submit your claim to Blue Cross before you submit your claim to the government plan, they will deduct what the government plan would normally pay (e.g. PharmaCare expenses) from your EHC claim. The balance of the EHC claim is then paid according to the plan design selected by your employer.

- Accumulate receipts and when reasonable reimbursement is due, submit a claim as follows:
 - i) Obtain a claim form from your employer.
 - ii) For out of province or territory claims, obtain an Out of Province form from both your employer and your government plan. Submit completed forms to Blue Cross for processing.
 - iii) Follow the instructions on the claim form. To avoid delay in claims payment, please include original receipts and all other requested information with your claim (photocopies of receipts are acceptable only when accompanied by a claims payment statement from another carrier).
 - iv) Blue Cross suggests you submit claims within **90 days** from the date the expense was incurred. However, they must receive your claim by **December 31st** of the calendar year following the year in which the expense being claimed was incurred, otherwise your claim will not be paid under any circumstances.

Example: **Blue Cross must receive your receipts for 2007 before December 31, 2008.**

Dental Care

Please refer to the Schedule of Benefits section of this booklet for confirmation of your levels of Dental coverage.

- **Plan A** - Basic Services, which include most routine dental services.
- **Plan B** - Major Restorative Services, such as bridges and crowns.
- **Plan C** - Orthodontic Services for correction of improper bite.

Fee Schedule

All eligible expenses are reimbursed up to the current Blue Cross Dental Fee Schedule in your province or territory of residence. You are responsible for fees in excess of the Fee Schedule.

Pre-Authorization

You should ask your dentist for a verbal estimate of the cost of your proposed treatment. If the estimate is over \$300, ask your dentist to submit a pre-authorization request to Blue Cross so that you can determine the portion Blue Cross will cover before beginning the treatment.

Basic Services – Plan A

You will be reimbursed for the percentage amount as shown in the Schedule of Benefits section of this booklet for:

Most routine dental services, including:

- Oral examinations (two per calendar year), cleaning, routine scaling and fluoride treatment (twice per calendar year), x-rays (limited to the equivalent of one full mouth series per calendar year).
- Consultations (as a separate appointment - twice per calendar year), complete mouth x-rays (once every three calendar years).
- fixed band and loop space maintainers.
- Basic procedures necessary for the extraction of teeth, and other basic surgical procedures normally performed by a dentist.

- Fillings of amalgam, silicate, resin or composite materials (white composite on front teeth only).
- Stainless steel crowns (limited to once per tooth per two year period).
- Gold inlays or onlays (once per tooth per five-year period) but only when there are three or more surfaces of the tooth to be restored, decay is evident on pre-treatment x-rays and one or more cusps are involved. If less than three surfaces are treated, the amalgam equivalent for the restoration will be paid. X-rays and study models are required for approval by Blue Cross prior to start of treatment when an onlay or inlay or a series of onlays or inlays is planned.
- Gold foil, but only in cases of repair to existing gold restorations.
- Relining or repairing, but not remaking, of bridgework and dentures.
- Endodontic treatment, including root canal therapy (once per tooth per lifetime) and periodontal treatment of gums.
- Emergency Basic Services treatment which is incurred while traveling or on vacation outside your province, territory or Canada.

Major Restorative Services – Plan B

You will be reimbursed for the percentage amount as shown in the Schedule of Benefits section of this booklet for crowns, bridges and onlays and/or inlays involved in bridgework. Also for partial dentures and complete upper and lower dentures. These items will only be replaced if they are at least five years old and cannot be repaired. Lost, stolen or broken dentures will not be replaced.

Orthodontic Services – Plan C

You will be reimbursed for the percentage amount and Lifetime Maximum as shown in the Schedule of Benefits section of this booklet for corrections for malocclusions (improper bite). Lost, stolen or broken appliances will not be replaced. Orthodontic coverage is not available on all plans.

Exclusions

The Dental Plan does not provide for:

- A course of treatment (excluding Orthodontia) started prior to the effective date of coverage.

- Expenses which are eligible for payment under your provincial government medical/hospital plans, or any other government authority, such as Workers' Compensation.
- Charges for completion of claim forms or written reports, broken appointments, oral hygiene or nutritional instruction.
- Travel expenses for treatment.
- Extra charges for procedures which would normally be included in the basic service.
- Services and supplies for a full mouth reconstruction for a vertical dimension correction, or for correction of a temporal mandibular joint dysfunction (jaw structure).
- Procedures to correct congenital malformations or for purely cosmetic reasons.
- Incomplete, unsuccessful or temporary procedures, recent duplication of services by the same or different dentists, drugs, pantographic tracings, osseous or tissue grafts.
- Intentional self-inflicted injuries while sane or insane.
- Expenses for which a third party is liable, and expenses relating to or as a result of war, riot or insurrection.
- Expenses arising from a direct or indirect attempt at or commission of an indictable offense under the Criminal Code of Canada or under similar law of any other country.

Claims

Present your Blue Cross identification card and ask the dentist to bill Blue Cross directly. You are responsible for any portion not covered by Blue Cross. If you pay the dentist directly, Blue Cross will reimburse you for the eligible portion of the cost. Claims **should** be submitted within 90 days of the treatment. They **must** be submitted within one year.