

My group benefit plan



canada *life*™

 **RRC** POLYTECH

Retirees

We are pleased to offer you our services. As we adhere to principles of inclusion, all genders are incorporated in the language used in our communications with you.

BENEFIT DETAILS

Canada Life™ is a leading Canadian life and health insurer. Canada Life's financial security advisors work with our clients from coast to coast to help them secure their financial future. We provide a wide range of retirement savings and income plans; as well as life, disability and critical illness insurance for individuals and families. As a leading provider of employee benefits in Canada, we offer effective benefit solutions for large and small employee groups.

Canada Life Online

Visit our website at www.canadalife.com for:

- information and details on Canada Life's corporate profile and our products and services
- investor information
- news releases
- contact information
- online claims submission

My Canada Life at Work

As a Canada Life plan member, you can register for My Canada Life at Work™ at www.mycanadalifeatwork.com. Make sure to have your plan and ID numbers available when registering.

With My Canada Life at Work you can:

- Submit claims quickly
- Review your coverage and balances
- Find healthcare providers like chiropractors and massage therapists near you
- Save your benefits cards to your payment service application or program
- Get notified when your claims have been processed

Canada Life's Toll-Free Number

To contact a customer service representative at Canada Life for assistance with your medical and dental coverage, please call 1-800-957-9777.

Customer complaints

We are committed to addressing your concerns promptly, fairly and professionally. Here is how you may submit your complaint.

- Toll-free:
 - Phone: 1-866-292-7825
 - Fax: 1-855-317-9241
- Email: ombudsman@canadalife.com
- In writing:

The Canada Life Assurance Company
Ombudsman's Office T262
255 Dufferin Avenue
London, ON N6A 4K1

For additional information on how you may submit a complaint, please visit www.canadalife.com/complaints.

The information provided in the booklet is intended to summarize the provisions of Group Policy No. 160978. If there are variations between the information in the booklet and the provisions of the policy, the policy will prevail to the extent permitted by law.

This booklet contains important information and should be kept in a safe place known to you and your family.

The Plan is administered by



and arranged by



HUB International

This booklet was prepared on: May 5, 2025

Access to Documents

You have the right, upon request, to obtain a copy of the policy, your application and any written statements or other records you have provided to Canada Life as evidence of insurability, subject to certain limitations.

Legal Actions

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Appeals

You have the right to appeal a denial of all or part of the insurance or benefits described in the contract as long as you do so within one year of the initial denial of the insurance or a benefit. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

Benefit Limitation for Overpayment

If benefits are paid that were not payable under the policy, you are responsible for repayment within 30 days after Canada Life sends you a notice of the overpayment, or within a longer period if agreed to in writing by Canada Life. If you fail to fulfil this responsibility, no further benefits are payable under the policy until the overpayment is recovered. This does not limit Canada Life's right to use other legal means to recover the overpayment.

Quebec Time Limit for the Payment of Benefits

Where Quebec law applies, benefits will be paid in accordance with the terms set out in this plan within 60 days following receipt of the required proof of claim.

Employer Role

The employer's role is limited to providing employees with information and not advice.

Protecting Your Personal Information

At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information. Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with. We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information. We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your [online account](#) or by submitting a request through our [privacy centre](#) at www.canadalife.com/privacy. This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit www.canadalife.com/privacy.

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Benefit Summary

This summary must be read together with the benefits described in this booklet. You are only covered for the benefits that apply to the option that you choose.

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
HEALTHCARE*				
Deductible				
In-Canada Prescription Drug Expenses	Not Covered	Nil	Nil	An amount equal to the dispensing fee
All Other Expenses	Nil	Nil	Nil	Nil
Reimbursement Levels				
In-Canada Ambulance Expenses	100%	100%	100%	100%
In-Canada Hospital Expenses	100%	100%	100%	100%
Manitoba Medical Hostel Accommodation	100%	100%	100%	100%
Out-of-Country Emergency Care Expenses	Not Covered	80%	80%	80%
In-Canada Prescription Drugs Expenses	Not Covered	70%	70%	85%
Global Medical Assistance Expenses	Not Covered	100%	100%	100%
Dental Accident Treatment	Not Covered	100%	100%	100%
All Other Covered Expenses	Not Covered	80%	80%	80%

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Basic Expense Maximums				
Ambulance - emergency air ambulance - non-emergency medical transportation - non-emergency ambulance service	Included \$250 lifetime \$250 per trip	Included \$250 lifetime \$250 per trip	Included \$250 lifetime \$250 per trip	Included \$250 lifetime \$250 per trip
Hospital	Semi-private room	Semi-private room	Semi-private room	Semi-private room
Home Nursing Care	Not Covered	\$5,000 for a maximum of 12 months per condition	\$5,000 for a maximum of 12 months per condition	\$5,000 for a maximum of 12 months per condition
Manitoba Medical Hostel Accommodation	Included	Included	Included	Included
In-Canada Prescription Drugs	Not Covered	\$1,250 each calendar year per family	\$1,250 each calendar year per family	\$1,500 each calendar year per individual
Hearing Aids	Not Covered	\$1,500 every 5 years	\$1,500 every 5 years	\$1,500 every 5 years
Cardiac Program	Not Covered	\$300 lifetime	\$300 lifetime	\$300 lifetime
Oxygen and equipment required for its administration	Not covered	\$1,000 lifetime	\$1,000 lifetime	\$1,000 lifetime
Respirators	Not Covered	\$1,000 lifetime	\$1,000 lifetime	\$1,000 lifetime
Flash Glucose Monitoring Machines Including Sensors	Not Covered	Included	Included	Included
Continuous Positive Airway Pressure Machines (CPAP)	Not Covered	\$2,000 every 5 calendar years	\$2,000 every 5 calendar years	\$2,000 every 5 calendar years
Custom-made Foot Orthotics and Custom-fitted Orthopedic Shoes (including modifications to orthopedic footwear)	Not Covered	\$500 combined every 2 calendar years	\$500 combined every 2 calendar years	\$500 combined every 2 calendar years
Myoelectric Arms	Not Covered	\$10,000 per prosthesis	\$10,000 per prosthesis	\$10,000 per prosthesis

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
External Breast Prosthesis and Surgical Brassiere	Not Covered	\$100 per single prosthesis or brassiere each calendar year and \$200 per double prosthesis or brassiere each calendar year	\$100 per single prosthesis or brassiere each calendar year and \$200 per double prosthesis or brassiere each calendar year	\$100 per single prosthesis or brassiere each calendar year and \$200 per double prosthesis or brassiere each calendar year
Mechanical or Hydraulic Patient Lifters	Not Covered	\$2,000 per lifter once every 5 years	\$2,000 per lifter once every 5 years	\$2,000 per lifter once every 5 years
Outdoor Wheelchair Ramps	Not Covered	1 in a lifetime to a maximum of \$2,000	1 in a lifetime to a maximum of \$2,000	1 in a lifetime to a maximum of \$2,000
Blood Glucose Monitoring Machines	Not Covered	1 every 4 years	1 every 4 years	1 every 4 years
Wheelchairs (including repairs)	Not Covered	\$1,000 lifetime	\$1,000 lifetime	\$1,000 lifetime
Electric Wheelchairs	Not Covered	\$5,000 every 5 calendar years	\$5,000 every 5 calendar years	\$5,000 every 5 calendar years
Hospital Beds	Not Covered	\$1,000 lifetime	\$1,000 lifetime	\$1,000 lifetime
Transcutaneous Nerve Stimulators	Not Covered	\$700 lifetime	\$700 lifetime	\$700 lifetime
Extremity Pumps for Lymphedema	Not Covered	1 in a lifetime to a maximum of \$1,500	1 in a lifetime to a maximum of \$1,500	1 in a lifetime to a maximum of \$1,500
Custom-made Compression Hose	Not Covered	\$250 each calendar year	\$250 each calendar year	\$250 each calendar year
Wigs or Hairpieces	Not Covered	\$1,000 lifetime	\$1,000 lifetime	\$1,000 lifetime
Incontinence Supplies	Not Covered	\$200 each calendar year	\$200 each calendar year	\$200 each calendar year
Diagnostic Supplies	Not Covered	Included	Included	Included
Other Medical Supplies	Not Covered	\$250 lifetime	\$250 lifetime	\$250 lifetime
Dental Accident Treatment	Not Covered	Included	Included	Included

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Paramedical Expense Maximums				
Athletic Therapists	Not Covered	\$100 each calendar year	\$100 each calendar year	\$1,000 combined each calendar year
Dietitians	Not Covered	\$350 each calendar year	\$350 each calendar year	
Psychologists/ Social Workers/ Psychotherapists/ Therapists/Counsellors	Not Covered	\$350 combined each calendar year	\$350 combined each calendar year	
Podiatrists/Foot Care Nurses	Not Covered	\$350 combined each calendar year	\$350 combined each calendar year	
Acupuncturists, Chiropractors, Chiropodists, Massage Therapists*, Naturopaths, Osteopaths, Physiotherapists, and Speech Therapists	Not Covered	\$500 combined each calendar year	\$500 combined each calendar year	
* Note: A physician's referral is required for massage therapy.				
Visioncare Expense Maximums				
Eye Examinations	Not Covered	Not Covered	Not Covered	1 every 2 calendar years to a maximum of \$125
Glasses, Contact Lenses and Laser Eye Surgery	Not Covered	Not Covered	Not Covered	\$200 combined every 2 calendar years
Out-of-Country Emergency Care Expenses	Not Covered	\$2,500 each calendar year	\$2,500 each calendar year	\$2,500 each calendar year
Global Medical Assistance (GMA)	Not Covered	Included	Included	Included
Healthcare Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Covered expenses will not exceed customary charges				
* All maximums are per person unless otherwise noted				

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
DENTALCARE*				
Payment Basis	Not Covered	Not Covered	The Manitoba Dental Association Fee Guide in effect on the date treatment is rendered	
Deductible	Not Covered	Not Covered	Nil	Nil
Reimbursement Levels				
Basic Coverage	Not Covered	Not Covered	80%	75%
Major Coverage	Not Covered	Not Covered	Not Covered	50%
Plan Maximum	Not Covered	Not Covered	\$1,000 combined each calendar year	\$1,250 combined each calendar year
* All maximums are per person unless otherwise noted				

Information About Your Flex Plan

When you become eligible for retiree coverage, you may elect one of the following benefit options for coverage as shown in the Benefit Summary.

Option 1:

In-Canada Ambulance Services, In-Canada Hospital Care and Manitoba Medical Hostel Accommodation

Option 2:

All Healthcare benefits

Option 3:

All Healthcare benefits and all Dentalcare benefits as listed for Option 3

Option 4:

All Healthcare benefits and all Dentalcare benefits as listed for Option 4

If you waive coverage at the time of retirement or elect coverage but subsequently discontinue coverage under this plan, you will not be eligible to rejoin the plan at a later date.

You are permitted to change your insurance at any time by electing a lesser benefit option, but you are not permitted to change to a higher benefit option.

COMMENCEMENT AND TERMINATION OF COVERAGE

You are eligible to participate in the plan:

- on the first day of the month following the date of retirement through Red River College Polytech,
or
 - on the first day of the month following the date of termination of spousal coverage
- You and your dependents will be covered as soon as you become eligible.

If you waive coverage, for reasons other than spousal coverage, at the time of retirement or elect coverage but subsequently discontinue your coverage under this plan, you will not be eligible to join the plan at a later date. If you lose your spousal coverage you must apply for coverage under this plan within 60 days of loss of such coverage.

Your coverage terminates when you are no longer eligible, you stop paying the required premiums, or the policy terminates, whichever is earliest.

- Your dependents' coverage terminates when your insurance terminates or your dependent no longer qualifies, whichever is earlier.

DEPENDENT COVERAGE

Dependent means:

- Your spouse, legal or common-law.
- Your unmarried children under age 22, or under age 25 if they are full-time students. Dependent children are not covered if they have coverage as an employee under this plan or any other group benefits plan.

Children under age 22 are not covered if they are working more than 30 hours a week, unless they are full-time students.

Children who are incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn 22, or while they are full-time students under 25, and the disorder has been continuous since that time.

BENEFICIARY DESIGNATION

You may make, alter, or revoke a designation of beneficiary as permitted by law. Any designation of beneficiary you made under your employer's previous policy prior to the effective date of this policy applies to this policy until you make a change to that designation. You should review your beneficiary designation from time to time to ensure that it reflects your current intentions. You may change the designation by completing a form available from your employer.

HEALTHCARE

A deductible may be applied before you are reimbursed. All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits may be subject to plan maximums and frequency limits. Check the **Benefit Summary** for this information.

The plan covers customary charges for the following services and supplies. All covered services and supplies must represent reasonable treatment. Treatment is considered reasonable if it is accepted by the Canadian medical profession, it is proven to be effective, and it is of a form, intensity, frequency and duration essential to diagnosis or management of the disease or injury.

Covered Expenses

- Emergency ambulance transportation, including air ambulance, to the nearest centre where adequate treatment is available

When recommended by a physician, the following non-emergency services are also covered:

- Ambulance services
- Medical transportation, other than ambulance, if provided by a qualified medical transfer service
- Hospital or nursing home confinement or home nursing care if it represents acute, convalescent, or palliative care.

Acute care is active intervention required to diagnose or manage a condition that would otherwise deteriorate.

Convalescent care is active treatment or rehabilitation for a condition that will significantly improve as a result of the care and follows a 3-day confinement for acute care.

Palliative care is treatment for the relief of pain in the final stages of a terminal condition.

- Preferred accommodation in a hospital or accommodation in a nursing home is covered when provided in Canada.

For hospital accommodation, the plan covers the difference between the hospital's semi-private and standard ward rates. For out-of-province hospital accommodation, any difference between the hospital's standard ward rate and the government authorized allowance in the person's home province is also covered.

The plan also covers the hospital facility fee related to dental surgery and any out-of-province hospital out-patient charges not covered by the government health plan in the person's home province.

For accommodation in a nursing home, the plan covers the government authorized co-payment.

Limitation

Residences established primarily for senior citizens or which provide personal rather than medical care are not covered.

- The plan covers home nursing services of a registered nurse, a registered practical nurse if the person is a resident of Ontario or a licensed practical nurse if the person is a resident of any other province, when services are provided in Canada.

Nursing care is care that requires the skills and training of a professional nurse, and is provided by a professional nurse who is not a member of the patient's family.

You should apply for a pre-care assessment before home nursing begins.

- Drugs and drug supplies described below when prescribed by a person entitled by law to prescribe them, dispensed by a person entitled by law to dispense them, and provided in Canada. Benefits for drugs and drug supplies provided outside Canada are payable only as provided under the out-of-country emergency care provision.
 - The following drugs are covered if they are listed in the applicable provincial drug formulary in effect on the date of purchase:
 - (a) drugs which require a written prescription
 - (b) injectable drugs including vitamins and insulins
 - (c) extemporaneous preparations or compounds if one of the ingredients is a covered drug
 - (d) certain other drugs that do not require a prescription by law may be covered when they are prescribed. If you have any questions, contact your plan administrator before incurring the expense
 - The following diabetic supplies are covered:
 - (a) insulin syringes
 - (b) disposable needles for use with non-disposable insulin injection devices
 - (c) lancets and test strips

Unless the prescriber has prescribed a drug by its brand name and has specified in writing that the product is not to be interchanged, the plan will cover only the cost of the lowest priced equivalent generic drug.

For drugs eligible under a provincial drug plan, coverage is limited to the deductible amount and coinsurance you are required to pay under that plan.

- Rental or, at Canada Life's discretion, purchase of certain medical supplies, appliances and prosthetic devices prescribed by a physician
- Custom-made foot orthotics and custom-fitted orthopedic shoes when part of a brace as well as orthopaedic shoes when not part of a brace are eligible when prescribed by a physician or podiatrist. Modifications to orthopedic footwear are eligible when prescribed by a physician or podiatrist
- Hearing aids, including batteries, tubing and ear molds provided at the time of purchase, when prescribed by a physician
- Breathing equipment when prescribed by a physician. For equipment available on a rental basis, Canada Life covers either the rental cost or, at its discretion, the cost of the purchase. Eligible items include but are not limited to, continuous positive airway pressure machines, apnea monitors for respiratory dysrhythmias. Please contact Canada Life for more details.
- Diabetic supplies prescribed by a physician: Novolin-pens or similar insulin injection devices using a needle, blood-letting devices including platforms but not lancets. Lancets are covered under prescription drugs
- Blood-glucose monitoring machines prescribed by a physician
- Flash glucose monitoring machines prescribed by a physician, including sensors
- Diagnostic laboratory and imaging procedures performed in the person's province of residence are covered when that type of procedure is not listed as an insured procedure under their provincial government plan. For greater certainty, a procedure is not eligible for coverage if a person can choose to pay for it, in whole or in part, instead of having the procedure covered under their provincial government plan

- Treatment of injury to sound natural teeth. Treatment must start within 90 days after the accident unless delayed by a medical condition

A sound tooth is any tooth that did not require restorative treatment immediately before the accident. A natural tooth is any tooth that has not been artificially replaced

Limitations

No benefits are paid for:

- accidental damage to dentures
- dental treatment completed more than 12 months after the accident
- orthodontic diagnostic services or treatment
- Treatment under a cardiac rehabilitation program approved by the Heart and Stroke Foundation of Canada or the Canadian Cardiovascular Society when prescribed by the attending physician after a heart attack, coronary bypass surgery or valve replacement
- Out-of-hospital treatment of nutritional disorders by a registered dietitian
- Out-of-hospital treatment of movement disorders by a licensed physiotherapist
- Out-of-hospital treatment of movement disorders by a licensed athletic therapist
- Out-of-hospital services of a qualified acupuncturist
- Out-of-hospital services of a qualified chiropodist
- Out-of-hospital treatment of muscle and bone disorders, including diagnostic x-rays, by a licensed chiropractor
- Out-of-hospital services of a qualified massage therapist when referred by a physician
- Out-of-hospital services of a licensed naturopath
- Out-of-hospital services of a licensed osteopath, including diagnostic x-rays
- Out-of-hospital treatment by a registered psychologist, qualified social worker, qualified psychotherapist, qualified therapist, or qualified counsellor
- Out-of-hospital treatment of foot disorders, including diagnostic x-rays, by a licensed podiatrist, registered foot care nurse, licensed nurse or registered nurse
- Out-of-hospital treatment of speech impairments by a qualified speech therapist

Visioncare

- Eye examinations, including refractions, when they are performed by a licensed ophthalmologist or optometrist, and coverage is not available under your provincial government plan
- Glasses and contact lenses required to correct vision when provided by a licensed ophthalmologist, optometrist or optician
- Laser eye surgery required to correct vision when performed by a licensed ophthalmologist

Manitoba Medical Hostel Accommodation

The plan will pay for the following expenses if you are referred away from home by your physician for diagnostic testing or treatment at a Manitoba hospital located more than 60 kilometres from your home and you are placed in a recognized medical hostel associated with the hospital.

Benefits are limited to moderate quality accommodation for the area in which the treatment is rendered or testing performed.

Global Medical Assistance Program

This program provides medical assistance through a worldwide communications network which operates 24 hours a day. The network locates medical services and obtains Canada Life's approval of covered services, when required as a result of a medical emergency arising while you or your dependent is travelling for vacation, business or education. Coverage for travel within Canada is limited to emergencies arising more than 500 kilometres from home. You must be covered by the government health plan in your home province to be eligible for global medical assistance benefits. The following services are covered, subject to Canada Life's prior approval:

- On-site hospital payment when required for admission, to a maximum of \$1,000
- If suitable local care is not available, medical evacuation to the nearest suitable hospital while travelling in Canada. If travel is outside Canada, transportation will be provided to a hospital in Canada or to the nearest hospital outside Canada equipped to provide treatment

When services are covered under this provision, they are not covered under other provisions described in this booklet

- Transportation and lodging for one family member joining a patient hospitalized for more than 7 days while travelling alone. Benefits will be paid for moderate quality lodgings up to \$1,500 and for a round trip economy class ticket
- If you or a dependent is hospitalized while travelling with a companion, extra costs for moderate quality lodgings for the companion when the return trip is delayed due to your or your dependent's medical condition, to a maximum of \$1,500
- The cost of comparable return transportation home for you or a dependent and one travelling companion if prearranged, prepaid return transportation is missed because you or your dependent is hospitalized. Coverage is provided only when the return fare is not refundable. A rental vehicle is not considered prearranged, prepaid return transportation
- In case of death, preparation and transportation of the deceased home
- Return transportation home for minor children travelling with you or a dependent who are left unaccompanied because of your or your dependent's hospitalization or death. Return or round trip transportation for an escort for the children is also covered when considered necessary
- Costs of returning your or your dependent's vehicle home or to the nearest rental agency when illness or injury prevents you or your dependent from driving, to a maximum of \$1,000.

Limitation

Benefits will not be paid for vehicle return if transportation reimbursement benefits are paid for the cost of comparable return transportation home

Benefits payable for moderate quality accommodation include telephone expenses as well as taxicab and car rental charges.

Limitation

Meal expenses are not covered.

Out-Of-Country Emergency Care

The plan covers medical expenses incurred as a result of a medical emergency arising while you or your dependent is outside Canada for vacation, business or education purposes. To qualify for benefits, you must be covered by the government health plan in your home province.

A medical emergency is a sudden, unexpected injury or an acute episode of disease.

- The following services and supplies are covered when related to the initial medical treatment:
 - treatment by a physician
 - diagnostic x-ray and laboratory services
 - hospital accommodation in a standard or semi-private ward or intensive care unit, if the confinement begins while you or your dependent is covered
 - medical supplies provided during a covered hospital confinement
 - paramedical services provided during a covered hospital confinement
 - hospital out-patient services and supplies
 - medical supplies provided out-of-hospital if they would have been covered in Canada
 - drugs
 - out-of-hospital services of a professional nurse
 - ambulance services by a licensed ambulance company to the nearest centre where essential treatment is available
 - dental accident treatment if it would have been covered in Canada

Limitation

If your medical condition permits you to return to Canada, benefits will be limited to the amount payable under this plan for continued treatment outside Canada or the amount payable under this plan for comparable treatment in Canada, plus return transportation, whichever is less.

General Limitations

Canada Life can decline a claim for services or supplies that were purchased from a provider that is not approved by Canada Life.

Canada Life can limit the covered expense for a service or supply to that of a lower cost alternative service or supply that represents reasonable treatment.

Except to the extent otherwise required by law, no benefits are paid for:

- Expenses private insurers are not permitted to cover by law
- Services or supplies for which a charge is made only because you have insurance coverage
- The portion of the expense for services or supplies that is payable by the government health plan in your home province, whether or not you are actually covered under the government health plan
- Any portion of services or supplies which you are entitled to receive, or for which you are entitled to a benefit or reimbursement, by law or under a plan that is legislated, funded, or administered in whole or in part by a government ("government plan"), without regard to whether coverage would have otherwise been available under this plan

In this limitation, government plan does not include a group plan for government employees

- Services or supplies that do not represent reasonable treatment
- Services or supplies associated with:
 - treatment performed only for cosmetic purposes
 - recreation or sports rather than with other daily living activities
 - the diagnosis or treatment of infertility, except as may be provided under the prescription drug provision
 - contraception, other than contraceptive drugs, intrauterine devices (IUDs) and products containing a contraceptive drug
- Services or supplies not listed as covered expenses
- Extra medical supplies that are spares or alternates
- Services or supplies received outside Canada except as listed under Out-of-Country Emergency Care and Global Medical Assistance
- Services or supplies received out-of-province in Canada unless you are covered by the government health plan in your home province and Canada Life would have paid benefits for the same services or supplies if they had been received in your home province

This limitation does not apply to Global Medical Assistance

- Expenses arising from war, insurrection, or voluntary participation in a riot
- Chronic care
- Continuous glucose monitoring machines and supplies
- Podiatric treatments for which a portion of the cost is payable under the Ontario Health Insurance Plan (OHIP). Benefits for these services are payable only after the maximum annual OHIP benefit has been paid
- Visioncare services and supplies required by an employer as a condition of employment

In addition and except to the extent otherwise required by law, under the prescription drug coverage, no benefits are paid for:

- Atomizers, appliances, prosthetic devices, colostomy supplies, first aid supplies, diagnostic supplies or testing equipment
- Non-disposable insulin delivery devices or spring loaded devices used to hold blood letting devices
- Delivery or extension devices for inhaled medications
- Oral vitamins, minerals, dietary supplements, homeopathic preparations, infant formulas or injectable total parenteral nutrition solutions
- Diaphragms, condoms, contraceptive jellies, foams, sponges, suppositories, contraceptive implants or appliances normally used for contraception
- Any single purchase of drugs which would not reasonably be used within 180 days
- Drugs administered during treatment in an emergency room of a hospital, or as an in-patient in a hospital
- Allergy extracts
- Drugs that are considered cosmetic, such as topical minoxidil or sunscreens, whether or not prescribed for a medical reason
- Preventative immunization vaccines and toxoids
- Smoking cessation products
- Fertility drugs, whether or not prescribed for a medical reason
- Drugs used to treat erectile dysfunction

How to Make a Claim

- **Out-of-Country Emergency Care and Global Medical Assistance Claims**

Access www.canadalife.com to obtain an Out-of-Country/Travel Assistance claim form and the provincial authorization form for your home province or territory.

Complete all applicable forms, including all required information. Forward the claim forms, along with copies of your receipts, as directed on the claim form.

Be sure to keep original receipts for your own records.

This plan will pay all eligible claims including your provincial or territorial medical plan portion. Your provincial or territorial medical plan will then reimburse this plan for the government's share of the expenses.

If your provincial or territorial medical plan refuses payment, you may be asked to reimburse this plan for any amount it already paid on behalf of the provincial or territorial medical plan.

Submit all claims as soon as possible to meet provincial submission timelines.

- **All Other Healthcare Claims**

Online claims: To submit online claims, register at www.mycanadalifeatwork.com. To use this service you will need to be registered for My Canada Life at Work and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

Submit online claims to Canada Life as soon as possible, but no later than 12 months after you incur the expense.

You must retain your receipt for 12 months from the date you submit your claim to Canada Life as a record of the transaction, and you must submit it to Canada Life on request.

Paper claims: To submit paper claims, access www.mycanadalifeatwork.com to obtain a personalized claim form, or obtain form M635D from your employer. Complete this form making sure it shows all required information.

Attach your receipts to the claim form and return it to the Canada Life Benefit Payment Office as soon as possible, but no later than 24 months after you incur the expense.

- **Drug claims**

Your employer will provide you with a prescription drug identification card. Present your card to the pharmacist with your prescription.

Before your prescription is filled, an Assure Claims check will be done. Assure Claims is a series of seven checks that are electronically done on your drug claim history for increased safety and compliance monitoring. This has been designed to improve the health and quality of life for you and your dependents. Checks done include drug interaction, therapeutic duplication and duration of therapy, allowing the pharmacist to react prior to the drug being dispensed. Depending on the outcome of the checks, the pharmacist may refuse to dispense the prescribed drug.

VIRTUAL HEALTH SERVICES

Virtual health services are available to you and your dependents (each a “person” for the purposes of these services) by downloading the service provider’s application specified by Canada Life from time to time. These services include the following:

- Unless prohibited by applicable laws, access to an unlimited number of consultations via telephone calls, text messaging and videoconferencing with medical professionals
- Prescriptions and prescription renewals, when medically needed
- Where diagnostic or laboratory tests are medically needed:
 - completion of necessary requisitions
 - results of the diagnostic or laboratory tests provided and accessible through the provider’s application
 - information on the results of diagnostic/laboratory tests via the service provider’s application
- Details of a person’s care plan provided to the person on request of that person
- Access to self-guided internet-based cognitive behavioral therapy (iCBT)
- Access to specialists such as psychologists, dietitians and work and life coaches for an additional fee

The above services will be available 24 hours a day, 7 days a week.

How to Access these Services

- **Visit the Website**

English: <https://consultplus.dialogue.co/>

French: <https://consultplus.dialogue.co/?lng=fr>

- **Download the App**

Download the Consult+ app to any mobile device.

- **Visit the Help & Support Pages**

English: www.canadalife.com/resources/consult-faq.html

French: www.canadalife.com/fr/resources/consult-faq.html

DENTALCARE

A deductible may be applied before you are reimbursed. All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits may be subject to plan maximums and frequency limits. Check the **Benefit Summary** for this information.

The plan covers customary charges to the extent they do not exceed the dental fee guide level for a general practitioner shown in the **Benefit Summary**, except that:

- dentist fee guides are applicable when services are provided by a dentist.
- dental hygienist fee guides are applicable when services are provided by a dental hygienist practising independently.
- specialist fee guides are applicable when specialists provide services within their speciality.

All covered services and supplies must represent reasonable treatment. Treatment is considered reasonable if it is recognized by the Canadian Dental Association, it is proven to be effective, and it is of a form, frequency, and duration essential to the management of the person's dental health. To be considered reasonable, treatment must also be performed by a dentist or under a dentist's supervision, performed by a dental hygienist entitled by law to practise independently, or performed by a dentist.

Treatment Plan

- Before incurring any large dental expenses expected to cost more than \$500, ask your dental service provider to complete a treatment plan and submit it to Canada Life. Canada Life will calculate the benefits payable for the proposed treatment, so you will know in advance the approximate portion of the cost you will have to pay.

Basic Coverage

The following expenses will be covered:

- Diagnostic services including:
 - one complete oral examination every 3 calendar years
 - limited oral examinations once every 9 months, except that only one limited oral examination is covered in any calendar year that a complete oral examination is also performed
 - limited periodontal examinations once every 9 months
 - complete series of x-rays every 2 calendar years
 - intra-oral x-rays to a maximum of 15 films every 2 calendar years and a panoramic x-ray every 2 calendar years. Services provided in the same calendar year as a complete series are not covered

- Preventive services including:
 - polishing and topical application of fluoride each once every 9 months
 - scaling, limited to a maximum combined with periodontal root planning of 6 time units twice each calendar year

A time unit is considered to be a 15-minute interval or any portion of a 15-minute interval
 - pit and fissure sealants on bicuspid and permanent molars every 60 months
 - space maintainers including appliances for the control of harmful habits
 - interproximal diskings
 - recontouring of teeth
- Minor restorative services including:
 - caries, trauma, and pain control
 - amalgam and tooth-coloured fillings. Replacement fillings are covered only if the existing filling is at least 2 years old or the existing filling was not covered under this plan
 - retentive pins and prefabricated posts for fillings
 - prefabricated crowns for primary teeth
- Endodontics. Root canal therapy for permanent teeth will be limited to one course of treatment per tooth.
- Periodontal services including:
 - root planing, limited to a maximum combined with preventive scaling of 6 time units twice each calendar year
 - occlusal adjustment and equilibration, limited to a combined maximum of 4 time units every 12 months

A time unit is considered to be a 15-minute interval or any portion of a 15-minute interval
- Denture maintenance, including:
 - denture relines for dentures at least 6 months old, once every 3 calendar years
 - denture rebases for dentures at least 2 years old, once every 3 calendar years
 - resilient liner in relined or rebased dentures after the 3-month post-insertion care period has elapsed, once every 3 calendar years
 - denture repairs and additions and resetting of denture teeth after the 3-month post-insertion care period has elapsed
 - denture adjustments after the 3-month post-insertion care period has elapsed, once each calendar year
 - tissue conditioning after the 3-month post-insertion care period has elapsed

- Oral surgery
- Adjunctive services

Major Coverage

- Crowns. Coverage for crowns on molars is limited to the cost of metal crowns. Coverage for complicated crowns is limited to the cost of standard crowns
- Onlays and inlays. Coverage for tooth-coloured onlays or inlays on molars is limited to the cost of metal onlays or inlays

Replacement crowns, onlays and inlays are covered when the existing restoration is at least 5 years old and cannot be made serviceable

- Standard complete dentures, standard cast or acrylic partial dentures or complete overdentures or implant-retained appliances or bridgework when required to replace one or more teeth extracted while the person is covered. Overdentures and bridgework are covered only when standard complete or partial dentures are not viable treatment options Coverage for tooth-coloured retainers and pontics on molars is limited to the cost of metal retainers and pontics. Replacement appliances are covered only when:

- the existing appliance is a covered temporary appliance
- the existing appliance is at least 5 years old and cannot be made serviceable. If the existing appliance is less than 5 years old, a replacement will still be covered if the existing appliance becomes unserviceable while the person is covered and as a result of the placement of an initial opposing appliance or the extraction of additional teeth.

If additional teeth are extracted but the existing appliance can be made serviceable, coverage is limited to the replacement of the additional teeth

- Denture-related surgical services for remodelling and recontouring oral tissues
- Appliance maintenance following the 3-month post-insertion period including:
 - denture remakes, once every 3 years
 - repairs to covered bridgework
 - removal and recementation of bridgework
 - removal and reinsertion of implant-retained prostheses

General Limitations

No benefits are paid for:

- Duplicate x-rays, custom fluoride appliances, any oral hygiene instruction and nutritional counselling
- The following endodontic services - root canal therapy for primary teeth, isolation of teeth, enlargement of pulp chambers and endosseous intra coronal implants
- The following periodontal services - desensitization, topical application of antimicrobial agents, subgingival periodontal irrigation, charges for post surgical treatment and periodontal re-evaluations

- The following oral surgery services - implantology, surgical movement of teeth, services performed to remodel or recontour oral tissues (other than minor alveoloplasty, gingivoplasty and stomatoplasty) and alveoloplasty or gingivoplasty performed in conjunction with extractions. Services for remodelling and recontouring oral tissues will be covered under Major Coverage
- Hypnosis or acupuncture
- Veneers, recontouring existing crowns, and staining porcelain
- If you choose option 4, crowns or onlays if the tooth could have been restored using other procedures. If crowns, onlays or inlays are provided, benefits will be based on coverage for fillings
- If you choose option 4, overdentures or initial bridgework if provided when standard complete or partial dentures would have been a viable treatment option.

If overdentures are provided, coverage will be limited to standard complete dentures.

If initial bridgework is provided, coverage will be limited to a standard cast partial denture and restoration of abutment teeth when required for purposes other than bridgework

If additional bridgework is performed in the same arch within 5 years, coverage will be limited to the addition of teeth to a denture and restoration of abutment teeth when required for purposes other than bridgework

Benefits will be limited to standard dentures or bridgework when equilibrated and gnathological dentures, dentures with stress breaker, precision and semi-precision attachments, dentures with swing lock connectors, partial overdentures and dentures and bridgework related to implants are provided

- If you choose option 1, 2 or 3, crowns (other than prefabricated crowns), bridgework, dentures or repairs to bridgework
- Orthodontic treatment
- Services or supplies covered under Healthcare. If the amount payable would be greater under this Dentalcare benefit, then benefits will be paid under Dentalcare and not Healthcare
- Expenses private plans are not permitted to cover by law
- Services and supplies you are entitled to without charge by law or for which a charge is made only because you have insurance coverage
- Services or supplies that do not represent reasonable treatment
- Treatment performed for cosmetic purposes only
- Congenital defects or developmental malformations in people 19 years of age or over
- Temporomandibular joint disorders, vertical dimension correction or myofascial pain
- Expenses arising from war, insurrection, or voluntary participation in a riot
- Appliances which have been lost, mislaid or stolen

How to Make a Claim

- **Claims for expenses incurred in Canada** may be submitted online. Access My Canada Life at Work to obtain a personalized claim form or obtain form M445D from your employer and have your dental service provider complete the form. The completed claim form will contain the information necessary to enter the claim online. To use the online service you will need to be registered for My Canada Life at Work and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

Online claims must be submitted to Canada Life as soon as possible, but no later than 12 months after the dental treatment.

You must retain your receipt for 12 months from the date you submit your claim to Canada Life as a record of the transaction, and you must submit it to Canada Life on request.

- **For all other Dentalcare claims**, access My Canada Life at Work to obtain a personalized claim form or obtain form M445D from your employer. Have your dental service provider complete the form and return it to the Canada Life Benefit Payment Office as soon as possible, but no later than 24 months after the dental treatment.

COORDINATION OF BENEFITS

- Benefits for you or a dependent will be directly reduced by any amount payable under a government plan. If you or a dependent are entitled to benefits for the same expenses under another group plan or as both an employee and dependent under this plan or as a dependent of both parents under this plan, benefits will be co-ordinated so that the total benefits from all plans will not exceed expenses.
- You and your spouse should first submit your own claims through your own group plan. Claims for dependent children should be submitted to the plan of the parent who has the earlier birth date in the calendar year (the year of birth is not considered). If you are separated or divorced, the plan which will pay benefits for your children will be determined in the following order:
 1. the plan of the parent with custody of the child;
 2. the plan of the spouse of the parent with custody of the child;
 3. the plan of the parent without custody of the child;
 4. the plan of the spouse of the parent without custody of the child

You may submit a claim to the plan of the other spouse for any amount which is not paid by the first plan.



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