

your **group**  
benefits

**York University**

**York University Faculty Association Employees (YUFA),  
York University Faculty Association Exempt  
Employees (YUFAE) and their Survivors  
Health, Dental, Life Insurance and Long-Term Disability Plans**

**Contract Number 14098, 50813 and 56255  
Effective December 1, 2008**



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## General Information

### About this booklet

The information in this employee benefits booklet is important to you. It provides the information you need about the group benefits available through your employer's group contract with Sun Life Assurance Company of Canada (*Sun Life*), a member of the Sun Life Financial group of companies.

Your group benefits may be modified after the effective date of this booklet. You will be informed of changes to your group plan. Any notification of changes or revised booklet describing your coverage should be kept in a safe place.

If you have any questions about the information in this employee benefits booklet, or you need additional information about your group benefits, please contact your employer.

The contract holder, York University, has the sole legal and financial liability for the following benefits:

- Extended Health Care
- Emergency Travel Assistance
- Dental Care

Sun Life only acts as administrator on behalf of the contract holder for the above benefits. All other benefits are insured by Sun Life.

### Eligibility

To be eligible for group benefits, you must be a resident of Canada and meet the following conditions:

- you are a full-time or contract employee.
- you are actively working for your employer at least 24 hours a week.

There is no waiting period for your group plan.

We consider you to be actively working if you are performing all the usual and customary duties of your job with your employer for the scheduled number of hours for that day. This includes scheduled non-working days and any period of continuous paid vacation of up to 3 months if you were actively working on the last scheduled working day. We do not consider you to be actively at work if you are receiving disability benefits or are participating in rehabilitation program.

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

**Who qualifies as your dependent**

Your dependent must be your spouse or your child and a resident of Canada or the United States.

Your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who is publicly represented as your spouse, is an eligible dependent. You can only cover one spouse at a time.

Your children and your spouse's children (other than foster children) are eligible dependents if they are not married or in any other formal union recognized by law, and are under age 21.

A child who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependent until the age of 25 (age 26 for employees residing in Québec) as long as the child is entirely dependent on you for financial support.

If a child becomes handicapped before the limiting age, we will continue coverage as long as:

- the child is incapable of financial self-support because of a physical or mental disability, and
- the child depends on you for financial support, and is not married

nor in any other formal union recognized by law.

In these cases, you must notify Sun Life within 31 days of the date the child attains the limiting age. Your employer can give you more information about this.

**Enrolment**

You have to enrol to receive coverage. To enrol, you must request coverage in writing by supplying the appropriate enrolment information to your employer. For a dependent to receive coverage, you must request dependent coverage.

**When coverage begins**

Your coverage begins on the date you become eligible for coverage.

If you are not actively working on the date coverage would normally begin, your coverage will not begin until you return to active work.

Dependent coverage begins on the date your coverage begins or the date you first have an eligible dependent, whichever is later.

However, for a dependent, other than a newborn child, who is hospitalized, coverage will begin when the dependent is discharged from hospital and is actively pursuing normal activities.

Once you have dependent coverage, any subsequent dependents will be covered automatically.

If there are additional conditions for a particular benefit, these conditions will appear in the appropriate benefit section later in this booklet.

**Changes affecting your coverage**

From time to time, there may be circumstances that change your coverage.

For example, your employment status may change, or your employer may change the group contract. Any resulting change in the coverage will take effect on the date of the change in circumstances.

The following exceptions apply if the result of the change is an increase in coverage:

- if you are not actively working when the change occurs the

change cannot take effect before you return to active work.

- if a dependent, other than a newborn child, is hospitalized on the date when the change occurs, the change in the dependent's coverage cannot take effect before the dependent is discharged and is actively pursuing normal activities.

**Updating your records**

To ensure that coverage is kept up-to-date, it is important that you report any of the following changes to your employer:

- change of dependents.
- change of name.
- change of beneficiary.

**When coverage ends**

As an employee, your coverage will end on the earlier of the following dates:

- the date your employment ends for any reason other than retirement on pension.
- the date you are no longer actively working.
- the end of the period for which premiums have been paid to Sun Life for your coverage.
- the date the group contract ends.

A dependent's coverage terminates on the earlier of the following dates:

- the date your coverage ends.
- the date the dependent is no longer an eligible dependent.

The termination of coverage may vary from benefit to benefit. For information about the termination of a specific benefit, please refer to the appropriate section of this employee benefits booklet.

However, if you die while covered by this plan, Extended Health Care

(excluding the Vision Care benefit) and Dental Care coverage for your dependents will continue, without premiums, until the earlier of the following dates:

- 24 months after the date of your death.
- the date the person would no longer be considered your dependent under this plan if you were still alive.
- the date the benefit provision under which the dependent is covered terminates.

**Replacement coverage**

The group contract will be interpreted and administered according to all applicable legislation and the guidelines of the Canadian Life and Health Insurance Association concerning the continuation of insurance following contract termination and the replacement of group insurance.

Sun Life will not be responsible for paying benefits if an insurer under a previous group contract is responsible for paying similar benefits.

If such legislation or guidelines require that Sun Life resume paying certain benefits because of a recurrence of an employee's total disability, Sun Life will resume payment at the same amount and for the remainder of the maximum benefit period.

**Making claims**

Sun Life is dedicated to processing your claims promptly and efficiently. You should contact your employer to get the proper form to make a claim. There are time limits for making claims. These limits are discussed in the appropriate sections of this employee benefits booklet. All claims must be made in writing on forms approved by Sun Life.

No legal action may be brought by you more than one year after the date we must receive your claim forms or more than one year after we stop paying disability benefits.

**Coordination of benefits**

If you or your dependents are covered for Extended Health Care or Dental Care under this plan and another plan, our benefits will be coordinated with the other plan following insurance industry standards. These standards determine which plan you should claim from first.

The plan that does not contain a coordination of benefits clause is considered to be the first payer and therefore pays benefits before a plan which includes a coordination of benefits clause.

For dental accidents, health plans with dental accident coverage pay benefits before dental plans.

The maximum amount that you can receive from all plans for eligible expenses is 100% of actual expenses.

Where both plans contain a coordination of benefits clause, claims must be submitted in the order described below.

***Claims for you and your spouse should be submitted in the following order:***

- the plan where the person is covered as an employee. If the person is an employee under two plans, the following order applies:
  - the plan where the person is covered as an active full-time employee.
  - the plan where the person is covered as an active part-time employee.
  - the plan where the person is covered as a retiree.
- the plan where the person is covered as a dependent.

***Claims for a child should be submitted in the following order:***

- the plan where the child is covered as an employee.
- the plan where the child is covered under a student health or dental plan provided through an educational institution.
- the plan of the parent with the earlier birth date (month and day) in the calendar year. For example, if your birthday is May 1 and your spouse's birthday is June 5, you must claim under your plan first.

- the plan of the parent whose first name begins with the earlier letter in the alphabet, if the parents have the same birth date.

The above order applies in all situations except when parents are separated/divorced and there is no joint custody of the child, in which case the following order applies:

- the plan of the parent with custody of the child.
- the plan of the spouse of the parent with custody of the child.
- the plan of the parent not having custody of the child.
- the plan of the spouse of the parent not having custody of the child.

When you submit a claim, you have an obligation to disclose to Sun Life all other equivalent coverage that you or your dependents have.

Your employer can help you determine which plan you should claim from first.

**Medical examination** We can require you to have a medical examination if you make a claim for benefits. We will pay for the cost of the examination. If you fail or refuse to have this examination, we will not pay any benefit.

**Recovering overpayments** We have the right to recover all overpayments of benefits either by deducting from other benefits or by any other available legal means.

**Definitions** Here is a list of definitions of some terms that appear in this employee benefits booklet. Other definitions appear in the benefit sections.

*Accident* An accident is a bodily injury that occurs solely as a direct result of a violent, sudden and unexpected action from an outside source.

*Appropriate treatment (For Long-Term Disability)* Appropriate treatment is defined as any treatment that is performed and prescribed by a doctor or, when Sun Life believes it is necessary, by a medical specialist. It must be the usual and reasonable treatment for the condition and must be provided as frequently as is usually required by

the condition. It must not be limited solely to examinations or testing.

**Basic earnings** *For Life Coverage*

Basic earnings are the salary or wage you receive from your employer including any stipends but excluding any bonus or overtime pay.

If you are on an approved leave of absence with or without pay, on sabbatical leave or reduced workload, the basic earnings shall be the greater of your annual basic earnings immediately prior to such leave or reduction in workload, or your annual basic earnings that you would have received if at work full time and for full pay at the date of death.

*For Long-Term Disability*

Basic earnings are the salary you receive from your employer including any stipends but excluding any bonus, overtime or other special compensation.

**Disposable Income**

The employee's basic earnings on the date of disability less the following deductions that are remitted by the employer to a third party (federal and provincial income tax based on the tax status at the date of disability, York University Pension plan contributions and Canada Pension Plan).

- Federal and provincial income tax based on current taxation status determined in accordance with the Tax Credit Return filed by the employer limited to:
  - Basic Personal Amount
  - Married and supporting a spouse
  - Single, divorced, separated or widowed and supporting a dependent
  - Claim for Wholly Dependent Children
  - Claim for Other dependents
- York University Pension Plan contributions as defined in the plan text
- Canada Pension Plan

**Classes** *Class AA* – York University Faculty Association Exempt Employees (YUFAE)

**Class B** – York University Faculty Association Employees (YUFA)

**Class BB** – Survivors of York University Faculty Association Exempt Employees (YUFAE).

**Class B1** – Survivors of York University Faculty Association Employees (YUFA)

**Doctor** A doctor is a physician or surgeon who is licensed to practice medicine where that practice is located.

**Illness** An illness is a bodily injury, disease, mental infirmity or sickness. Any surgery needed to donate a body part to another person which causes total disability is an illness.

**Retirement date** If you are totally disabled, your retirement date is July 1<sup>st</sup> following your 65th birthday, except those born on July 1<sup>st</sup>, in which case the retirement date is your 65<sup>th</sup> birthday. In cases where you worked beyond July 1<sup>st</sup> following age 65, your retirement date will be age 70 unless you have actually retired before then.

**We, our and us** We, our and us mean Sun Life Assurance Company of Canada.

## Extended Health Care (Medicare Supplement)

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan administrator</b>                  | <i>This benefit is administered by Sun Life Assurance Company of Canada on behalf of York University.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>General description of the coverage</b> | <p>The contract holder has the sole legal and financial liability for this benefit. Sun Life only acts as administrator on behalf of the contract holder.</p> <p>In this section, <i>you</i> means the employee and all dependents covered for Extended Health Care benefits.</p> <p>Extended Health Care coverage pays for eligible services or supplies for you that are medically necessary for the treatment of an illness. <i>Medically necessary</i> means generally recognized by the Canadian medical profession as effective, appropriate and required in the treatment of an illness in accordance with Canadian medical standards.</p> <p>To qualify for this coverage you must be entitled to benefits under a provincial medicare plan or federal government plan that provides similar benefits.</p> <p>An expense must be claimed within 15 months from the date in which the expense is incurred. You incur an expense on the date the service is received or the supplies are purchased or rented.</p> <p>The benefit year is from December 1, 2008 to December 31, 2008, and then from January 1 to December 31.</p> |
| <b>Deductible</b>                          | <p>The deductible is the portion of claims that you are responsible for paying.</p> <p>The deductible is \$25 each benefit year for each person up to a maximum of \$50 per family.</p> <p>At age 65, the deductible is \$100 for each person under the Ontario</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**Drug Benefit (ODB).**

For hospital expenses within Canada, hearing aids and vision care there is no deductible.

After the deductible has been paid, claims will be paid up to the percentage of coverage under this plan.

If 2 or more members of your family suffer injuries in the same accident, only one individual deductible is applied in each benefit year against all eligible expenses for those injuries.

If all or part of the deductible is satisfied within the last 3 months of the benefit year, your deductible for the next benefit year will be reduced by this amount.

**Prescription drugs**

We will cover 100% of the cost of drugs and contraceptives, after you pay the deductible, which by law are only available with a prescription as long as they are prescribed by a doctor or dentist and are obtained from a pharmacist.

This coverage also includes:

- intrauterine devices (IUDs), colostomy and ileostomy supplies.
- diabetic supplies including alcohol, swabs, lancets and test strips.
- drugs for the treatment of infertility.
- varicose veins medication, if medically necessary.
- drugs for the treatment of weight loss. Prior approval is needed provided you meet the BMI requirement.
- Autolet / Monolet (blood letting device) including platforms.
- products to help a person quit smoking that requires a prescription, up to a lifetime maximum of \$500 for each person.
- drugs for the treatment of erectile dysfunction.

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September 18, 2009*

- injectable drugs. Syringes for self-administered injections are also covered.
- vaccines, up to a maximum of \$200 per person in a benefit year.
- life-sustaining drugs which are used in the treatment of the conditions listed:
  - anemia – single entity iron salts;
  - convulsions – anti-convulsants;
  - eye disease – mydriatics, cycloplegics, miotics, glaucoma therapy drugs;
  - heart disease – anti-anginal agents, anti-arrhythmic agents, cardiotonics, vasodilators, vasopressors, potassium replacements;
  - lung disease – bronchodilators, mucolytics, parasympathomimetics, tuberculosis therapy drugs;
  - Parkinson's disease anti-parkinsonians, anticholinergic/antispasmodic agents, and;
  - thyroid disorders – hyperthyroidism drugs.

We will also cover 50% of the cost, after you pay the deductible for insulin injector/medijector, up to a maximum of \$350 per person in a benefit year.

For the above items, we will only pay for quantities that can reasonably be used in a 3 month period.

We will not pay for the following, even when prescribed:

- the cost of giving injections, serums and vaccines.
- medicines obtained from a doctor or dentist.
- treatments for weight loss, including proteins and food or dietary supplements.
- hair growth stimulants.
- products to help you quit smoking that do not require a

prescription.

***Québec drug insurance plan***

For employees residing in Québec, any conditions under this plan that do not meet the requirements under the Québec drug insurance plan are automatically adjusted to meet those requirements.

***Persons age 65 or over***

Unless you have indicated otherwise, once you reach age 65 you are automatically registered for the public prescription drug insurance plan of the Régie de l'assurance-maladie du Québec (RAMQ), which provides basic coverage for prescription drugs costs. Given that after age 65 you continue to be eligible for a medical expense benefit under your group plan, you must make a decision in regards to your basic coverage since you can be insured by either the public plan or your group plan.

If you opt for basic coverage under RAMQ's public prescription drug insurance plan, your group plan will then provide coverage that supplements RAMQ's basic coverage. This supplementary coverage does not replace RAMQ's basic coverage; it adds to it by covering, for example, drugs that are not reimbursed by the public plan or the portion of drug costs not reimbursed by the public plan. In this case, when you complete your tax return, be sure to indicate that you are registered for basic coverage under RAMQ's public plan. You will then have to pay the premium.

On the other hand, if you opt to keep your basic coverage under your group plan, you will have to cancel your registration in the public plan by calling RAMQ or visiting one of its offices during business hours. But before you do, we recommend you contact your benefits administrator to clarify your situation. Unfortunately, we cannot change your file without confirmation from your benefits administrator.

***Other health professionals allowed to prescribe drugs***

We reimburse certain drugs prescribed by other qualified health professionals the same way as if the drugs were prescribed by a doctor or a dentist if the applicable provincial legislation permits them to prescribe those drugs.

**Hospital expenses in your province**

We will cover 100% of the costs for hospital care in the province where you live. The deductible does not apply to these expenses.

We will cover out-patient services in a hospital and the difference between the cost of a ward and a private hospital room.

We will also cover the cost of room and board in a convalescent hospital if this care has been ordered by a doctor as long as it is primarily for rehabilitation, and not for custodial care and it follows at least 3 consecutive days of in-patient hospitalization.

For purposes of this plan, a *convalescent hospital* is a facility licensed to provide convalescent care and treatment for sick or injured patients on an in-patient basis. Nursing and medical care must be available 24 hours a day. It does not include a nursing home, rest home, home for the aged or chronically ill, sanatorium or a facility for treating alcohol or drug abuse.

A *hospital* is a facility licensed to provide care and treatment for sick or injured patients, primarily while they are acutely ill. It must have facilities for diagnostic treatment and major surgery. Nursing care must be available 24 hours a day. It does not include a nursing home, rest home, home for the aged or chronically ill, sanatorium, convalescent hospital or a facility for treating alcohol or drug abuse or beds set aside for any of these purposes in a hospital.

***Homewood Health  
Centre***

We will cover 100% of the cost of treatment received in Homewood Health Centre provided:

- the provincial health care plan pays the equivalent of ward level accommodation,
- you are in receipt of Long-Term Disability payments, and
- the treatment has been approved by your employer.

The maximum amount payable is the difference between the cost of a ward and a private room. The deductible does not apply to these expenses.

**Expenses out of  
your province**

We will cover emergency services while you are outside the province where you live.

For emergency services, we will cover the cost of:

- a semi-private hospital room.
- other hospital services provided outside of Canada.
- out-patient services in a hospital.
- the services of a doctor.

Expenses for all other services or supplies eligible under this plan are also covered when they are incurred outside the province where you live, subject to the reimbursement level and all conditions applicable to those expenses.

***Emergency services*** We will pay 100% of the cost of covered emergency services after you pay the deductible.

*Emergency services* mean any reasonable medical services or supplies, including advice, treatment, medical procedures or surgery, required as a result of an emergency. When a person has a chronic condition, emergency services do not include treatment provided as part of an established management program that existed prior to the person leaving the province where the person lives.

*Emergency* means an acute illness or accidental injury that requires immediate, medically necessary treatment prescribed by a doctor.

At the time of an emergency, you or someone with you must contact Sun Life's Emergency Travel Assistance provider, Europ Assistance USA, Inc. (*Europ Assistance*). All invasive and investigative procedures (including any surgery, angiogram, MRI, PET scan, CAT scan), must be pre-authorized by Europ Assistance prior to being performed, except in extreme circumstances where surgery is performed on an emergency basis immediately following admission to a hospital.

If contact with Europ Assistance cannot be made before services are provided, contact with Europ Assistance must be made as soon as possible afterwards. If contact is not made and emergency services are

provided in circumstances where contact could reasonably have been made, then Sun Life has the right to deny or limit payments for all expenses related to that emergency.

An emergency ends when you are medically stable to return to the province where you live.

***Emergency services  
excluded from  
coverage***

Any expenses related to the following emergency services are not covered:

- services that are not immediately required or which could reasonably be delayed until you return to the province where you live, unless your medical condition reasonably prevents you from returning to that province prior to receiving the medical services.
- services relating to an illness or injury which caused the emergency, after such emergency ends.
- continuing services, arising directly or indirectly out of the original emergency or any recurrence of it, after the date that Sun Life or Europ Assistance, based on available medical evidence, determines that you can be returned to the province where you live, and you refuse to return.
- services which are required for the same illness or injury for which you received emergency services, including any complications arising out of that illness or injury, if you had unreasonably refused or neglected to receive the recommended medical services.
- where the trip was taken to obtain medical services for an illness or injury, services related to that illness or injury, including any complications or any emergency arising directly or indirectly out of that illness or injury.

**Medical services and  
equipment**

We will cover 100% of the costs after you pay the deductible for the medical services listed below when ordered by a doctor (the services of a licensed optometrist, ophthalmologist or dentist do not require a doctor's order).

- out-of-hospital private duty nurse services when medically necessary. Services must be for nursing care, and not for custodial care. The private duty nurse must be a nurse, or nursing assistant who is licensed, certified or registered in the province where you live and who does not normally live with you. The services of a registered nurse are eligible only when someone with lesser qualifications can not perform the duties. There is a limit of \$10,000 per person per benefit year.

***Nursing pre-care  
assessment***

To establish the amount of coverage available under this plan before private duty nurse services begin, you should apply for a pre-care assessment.

To receive a pre-care assessment, you must ask your attending doctor to complete the nursing questionnaire that is available from your employer and submit it to Sun Life.

Your attending doctor will be required to provide information such as:

- a description of your current medical condition and prognosis.
  - a list of the required nursing services and their frequency.
  - the level of care required to perform the required services, meaning those of a registered nurse, registered nursing assistant or other practitioner.
  - the number of hours of care required per day and the number of days per week.
  - the expected duration of care.
- transportation in a licensed ambulance, if medically necessary, that takes you to and from the nearest hospital that is able to provide the necessary medical services. Expenses incurred outside Canada for emergency services will be paid based on the conditions specified above for emergency services under *Expenses out of your province*.
  - transportation in a licensed air ambulance, if medically necessary, that takes you to the nearest hospital that provides the necessary emergency services. Expenses incurred outside Canada for

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emergency services will be paid based on the conditions specified above for emergency services under *Expenses out of your province*.

- the following diagnostic services rendered out of a hospital, up to a combined maximum of \$200 per family per benefit year, except if the covered person's provincial plan prohibits payment of these expenses:
  - laboratory tests.
  - ultrasounds.
  - MRI (magnetic resonance imaging), CT (computed tomography) scans and other medical imaging services.
- dental services, including braces and splints, to repair damage to natural teeth caused by an accidental blow to the mouth that occurs while you are covered. These services must be received within 12 months of the accident. We will not cover more than the fee stated in the Dental Association Fee Guide for a general practitioner in the province where the employee lives. The guide must be the current guide at the time that treatment is received.
- contact lenses or intraocular lenses following non-refractive eye surgery, limited to a lifetime maximum of \$100 per eye.
- wigs required for permanent hair loss as a result of any injury or disease, or for temporary hair loss as a result of medical treatment for any disease, up to a maximum of \$750 per person in a benefit year. Wigs do not require a doctor's order.
- Mozes detector, limited to a 3 month supply in a persons lifetime.
- enuresis equipment/monitor, up to a maximum of \$100 per person in a benefit year.
- diabetic supplies, including Novolin-Pens or similar insulin injection devices using a needle and insulin infusion sets excluding infusion pumps.

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- medically necessary equipment rented, or purchased at our request, that meets your basic medical needs.(eg. hospital beds, bed rails, trapeze bars, head halters and traction apparatus if ordered by a doctor. Air-fluidized hospital beds are excluded.) If alternate equipment is available, eligible expenses are limited to the cost of the least expensive equipment that meets your basic medical needs. For wheelchairs, eligible expenses are limited to the cost of a manual wheelchair, except if the person's medical condition warrants the use of an electric wheelchair.
  - mechanical lifts/hydraulic lifts.
  - stimulator (bone growth, muscle) and supplies.
  - external electrospondyl stimulators for the correction of scoliosis.
  - prone standers.
  - braces and cervical collars. Braces are wearable, orthopaedic appliances that rely on a rigid material such as metal or hard plastic to hold part of the body in the correct position.
  - casts, splints (including shoes attached to a splint) or trusses. Intra-oral splints are excluded.
  - canes , crutches, walkers and parapodiums.
  - pressure garments for burn patients.
  - dressing/bandages.
  - breast prostheses required as a result of surgery. If internal breast prostheses are provided, we will cover the costs based on coverage for external breast prostheses.
  - artificial limbs, including repairs.
  - artificial eyes, including rebuilding and polishing of artificial eye.
  - myoelectric appliances, up to a maximum of \$10,000 per

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prostheses.

- shoulder harnesses.
- cleft palate obturators.
- stump socks, up to a maximum of 6 pairs per person in a benefit year.
- elastic support stockings and pressure gradient hose, up to a maximum of 3 pairs per type, per person in a benefit year.
- custom made pressure supports for lymphedema.
- custom-made orthotic inserts for shoes, when prescribed by a doctor, chiropractor, podiatrist or chiropodist.
- custom fitted orthopaedic shoes and modifications to orthopaedic shoes when prescribed by a doctor, chiropractor, podiatrist or chiropodist, up to a maximum of \$100 per person in a benefit year.
- hearing aids (excluding batteries, tubing and ear molds) prescribed by an ear, nose and throat specialist, up to a maximum of \$2,000 per person over a period of 3 benefit years as a result of age or accident. Repairs and maintenance are included in this maximum. The deductible does not apply to these expenses.
- hearing loss due to an accident – the accident must occur while you are covered under this plan and notification of the accident must be submitted to Sun Life with 12 months of the accident occurring. The deductible does not apply to these expenses.
- radiotherapy or coagulotherapy.
- plasma and blood transfusions.
- oxygen and the equipment needed for its administration.
- breathing unit, respirator.

- monitors (breathing-apnea).
- constant positive airway pressure (CPAP). Supplies are limited to once in every six month period.
- inhalation appliance/device for drug administration, Maxi Mist nebulizer.
- chest percussors, drainage boards and sputum stands.
- suction pumps.
- tracheostoma tubes.
- glucometers prescribed by a diabetologist or a specialist in internal medicine, up to a maximum of \$200 per person in a benefit year.
- insulin pumps, limited to 1 pump over a period of 5 benefits years.
- extremity pump for lymphedema or severe postphlebitic syndrome.
- catheter and catheterization supplies.
- speech aids such as Bliss boards and communication aids, when no alternative method of communication is possible.
- obus forme back support.
- food substitutes that must be administered through a tube feeding process. Tube feeding pumps and pump sets are also covered.

We will also cover 50% of the cost of TENS machine.

**Paramedical services**

We will cover 100% of the costs after you pay the deductible, up to a maximum of \$500 per person per specialty in a benefit year for the paramedical specialists listed below:

- licensed massage therapists.

- licensed naturopaths.
- licensed osteopaths or osteopathic practitioners, including a maximum of one x-ray examination each benefit year.
- licensed podiatrists (treatment of foot disorders) or chiropodists, including a maximum of one x-ray examination each benefit year.
- licensed chiropractors (treatment of muscle and bone disorder). We will also cover x-ray examinations each benefit year to a maximum of \$50 per person.

We will cover 100% of the costs after you pay the deductible, up to the limits specified below per person per specialty:

- licensed psychologists, up to a maximum of \$10,000 in a benefit year.
- licensed speech therapists (treatment of speech impairments), up to a maximum of \$1,500 in a benefit year.
- charges for athletic therapists (treatment of movement disorders) who are a member of Canadian Athletic Therapists Association, up to a maximum of \$300 in a benefit year.
- licensed physiotherapists (treatment of movement disorder).
- Christian Science practitioners who are listed in the current Christian Science Journal.

We will not pay for the cost of services rendered by a podiatrist in Ontario unless they are performed after the provincial medicare plan has paid its annual maximum benefit.

We will not pay for the cost of services rendered by a chiropractor or a podiatrist in Alberta unless they are performed after the provincial medicare plan has paid its annual maximum benefit.

**Contact lenses,  
eyeglasses or laser  
eye correction  
surgery**

We will cover the cost of contact lenses, eye exams, eyeglasses or laser eye correction surgery. Contact lenses or eyeglasses must be prescribed by an ophthalmologist or licensed optometrist and obtained from an ophthalmologist, licensed optometrist or optician. Laser eye correction surgery must be performed by an ophthalmologist.

We will cover 100% of these costs up to a maximum of \$450 (\$550 effective September 18, 2009) in any 24 month period starting with April 1, 2006.

The deductible does not apply to eyeglasses, eye exams, contact lenses or laser eye correction surgery.

We will not pay for safety glasses of any kind.

We will not pay for sunglasses or magnifying glasses of any kind, unless they are prescription glasses needed for the correction of vision.

**When coverage ends** Extended Health Care coverage will end when employment terminates.

Coverage may also end on an earlier date, as specified in *General Information*.

**Payments after  
coverage ends**

If you are totally disabled when your coverage ends, benefits will continue for expenses that result from the illness that caused the total disability if the expenses are incurred:

- during the uninterrupted period of total disability,
- within 90 days of the end of coverage, and
- while this provision is in force.

For the purpose of this provision, an employee is totally disabled if prevented by illness from performing any occupation the employee is or may become reasonably qualified for by education, training or experience, and a dependent is totally disabled if prevented by illness from performing the dependent's normal activities.

If the Extended Health Care benefit terminates, coverage for dental services to repair natural teeth damaged by an accidental blow will

continue, if the accident occurred while you were covered, and the procedure is performed within 6 months after the date of the accident.

**What is not covered** We will not pay for the costs of:

- services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program unless explicitly listed as covered under this benefit.
- services or supplies to the extent that their costs exceed the reasonable and usual rates in the locality where the services or supplies are provided.
- equipment that Sun Life considers ineligible (examples of this equipment are orthopaedic mattresses, exercise equipment, air-conditioning or air-purifying equipment, whirlpools and humidifiers).
- any services or supplies that are not usually provided to treat an illness, including experimental or investigational treatments. *Experimental or investigational treatments* mean treatments that are not approved by Health Canada or other government regulatory body for the general public.
- services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada).
- services or supplies for which no charge would have been made in the absence of this coverage.

We will not pay benefits when the claim is for an illness resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- any work for which you were compensated that was not done for the employer who is providing this plan.
- participation in a criminal offence.

**When and how to  
make a claim**

To make a claim, complete the claim form that is available from your employer.

In order for you to receive benefits, we must receive a claim no later than the earlier of:

- 15 months from the date in which you incur the expenses, or
- 90 days after the end of your Extended Health Care coverage.

## Emergency Travel Assistance

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan administrator</b>                  | <i>This benefit is administered by Sun Life Assurance Company of Canada on behalf of York University.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>General description of the coverage</b> | <p>The contract holder has the sole legal and financial liability for this benefit. Sun Life only acts as administrator on behalf of the contract holder.</p> <p>In this section, <i>you</i> means the employee and all dependents covered for Emergency Travel Assistance benefits.</p> <p>If you are faced with a medical emergency when travelling outside of the province where you live, Europ Assistance USA, Inc. (<i>Europ Assistance</i>) can help.</p> <p><i>Emergency</i> means an acute illness or accidental injury that requires immediate, medically necessary treatment prescribed by a doctor.</p> <p>This benefit, called <b>Medi-Passport</b>, supplements the emergency portion of your Extended Health Care coverage.</p> <p>The Medi-Passport coverage is subject to any maximum applicable to the emergency portion of the Extended Health Care benefit. The emergency services excluded from coverage, and all other conditions, limitations and exclusions applicable to your Extended Health Care coverage also apply to Medi-Passport.</p> <p>We recommend that you bring your Travel card with you when you travel. It contains telephone numbers and the information needed to confirm your coverage and receive assistance.</p> |
| <b>Getting help</b>                        | <p><b>At the time of an emergency, you or someone with you must contact Europ Assistance. If contact with Europ Assistance cannot be made before services are provided, contact with Europ Assistance must be made as soon as possible afterwards. If contact is not made and emergency services are provided in circumstances</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

**where contact could reasonably have been made, then Sun Life has the right to deny or limit payments for all expenses related to that emergency.**

Access to a fully staffed coordination centre is available 24 hours a day. Please consult the telephone numbers on the Travel card.

Europ Assistance may arrange for:

**On the spot medical assistance**

Europ Assistance will provide referrals to physicians, pharmacists and medical facilities.

As soon as Europ Assistance is notified that you have a medical emergency, its staff, or a physician designated by Europ Assistance, will, when necessary, attempt to establish communications with the attending medical personnel to obtain an understanding of the situation and to monitor your condition. If necessary, Europ Assistance will also guarantee or advance payment of the expenses incurred to the provider of the medical service.

Europ Assistance will provide translation services in any major language that may be needed to communicate with local medical personnel.

Europ Assistance will transmit an urgent message from you to your home, business or other location. Europ Assistance will keep messages to be picked up in its offices for up to 15 days.

**Transportation home or to a different medical facility**

Europ Assistance may determine, in consultation with an attending physician, that it is necessary for you to be transported under medical supervision to a different hospital or treatment facility or to be sent home.

In these cases, Europ Assistance will arrange, guarantee, and if necessary, advance the payment for your transportation.

Sun Life or Europ Assistance, based on available medical evidence, will make the final decision whether you should be moved, when, how and to where you should be moved and what medical equipment, supplies and personnel are needed.

**Meals and accommodations expenses**

If your return trip is delayed or interrupted due to a medical emergency or the death of a person you are travelling with who is also covered by this benefit, Europ Assistance will arrange for your meals and accommodations at a commercial establishment. We will pay a maximum of \$150 a day for each person for up to 7 days.

Europ Assistance will arrange for meals and accommodations at a commercial establishment, if you have been hospitalized due to a medical emergency while away from the province where you live and have been released, but, in the opinion of Europ Assistance, are not yet able to travel. We will pay a maximum of \$150 a day for up to 5 days.

**Travel expenses home if stranded**

Europ Assistance will arrange and, if necessary, advance funds for transportation to the province where you live:

- for you, if due to a medical emergency, you have lost the use of a ticket home because you or a dependent had to be hospitalized as an in-patient, transported to a medical facility or repatriated; or
- for a child who is under the age of 16, or mentally or physically handicapped, and left unattended while travelling with you when you are hospitalized outside the province where you live, due to a medical emergency.

If necessary, in the case of such a child, Europ Assistance will also make arrangements and advance funds for a qualified attendant to accompany them home. The attendant is subject to the approval of you or a member of your family.

We will pay a maximum of the cost of the transportation minus any redeemable portion of the original ticket.

**Travel expenses of family members**

Europ Assistance will arrange and, if necessary, advance funds for one round-trip economy class ticket for a member of your immediate family to travel from their home to the place where you are hospitalized if you are hospitalized for more than 7 consecutive days, and:

- you are travelling alone, or

- you are travelling only with a child who is under the age of 16 or mentally or physically handicapped.

We will pay a maximum of \$150 a day for the family member's meals and accommodations at a commercial establishment up to a maximum of 7 days.

**Repatriation**

If you die while out of the province where you live, Europ Assistance will arrange for all necessary government authorizations and for the return of your remains, in a container approved for transportation, to the province where you live. We will pay a maximum of \$5,000 per return.

**Vehicle return**

Europ Assistance will arrange and, if necessary, advance funds up to \$500 for the return of a private vehicle to the province where you live or a rental vehicle to the nearest appropriate rental agency if death or a medical emergency prevents you from returning the vehicle.

**Lost luggage or documents**

If your luggage or travel documents become lost or stolen while you are travelling outside of the province where you live, Europ Assistance will attempt to assist you by contacting the appropriate authorities and by providing directions for the replacement of the luggage or documents.

**Coordination of coverage**

You do not have to send claims for doctors' or hospital fees to your provincial medicare plan first. This way you receive your refund faster. Sun Life and Europ Assistance coordinate the whole process with most provincial plans and all insurers, and send you a cheque for the eligible expenses. Europ Assistance will ask you to sign a form authorizing them to act on your behalf.

If you are covered under this group plan and certain other plans, we will coordinate payments with the other plans in accordance with guidelines adopted by the Canadian Life and Health Insurance Association.

The plan from which you make the first claim will be responsible for managing and assessing the claim. It has the right to recover from the other plans the expenses that exceed its share.

- Limits on advances** Advances will not be made for requests of less than \$200. Requests in excess of \$200 will be made in full up to a maximum of \$10,000.
- The maximum amount advanced will not exceed \$10,000 per person per trip unless this limit will compromise your medical care.
- Reimbursement of expenses** If, after obtaining confirmation from Europ Assistance that you are covered and a medical emergency exists, you pay for services or supplies that were eligible for advances, Sun Life will reimburse you.
- To receive reimbursement, you must provide Sun Life with proof of the expenses within 30 days of returning to the province where you live. Your employer can provide you with the appropriate claim form.
- Your responsibility for advances** You will have to reimburse Sun Life for any of the following amounts advanced by Europ Assistance:
- any amounts which are or will be reimbursed to you by your provincial medicare plan.
  - that portion of any amount which exceeds the maximum amount of your coverage under this plan.
  - amounts paid for services or supplies not covered by this plan.
  - amounts which are your responsibility, such as deductibles and the percentage of expenses payable by you.
- Sun Life will bill you for any outstanding amounts. Payment will be due when the bill is received. You can choose to repay Sun Life over a 6 month period, with interest at an interest rate established by Sun Life from time to time. Interest rates may change over the 6 month period.
- Limits on Emergency Travel Assistance coverage** There are countries where Europ Assistance is not currently available for various reasons. For the latest information, please call Europ Assistance before your departure.
- Europ Assistance reserves the right to suspend, curtail or limit its services in any area, without prior notice, because of:
- a rebellion, riot, military up-rising, war, labour disturbance,

strike, nuclear accident or an act of God.

- the refusal of authorities in the country to permit Europ Assistance to fully provide service to the best of its ability during any such occurrence.

**Liability of Sun Life  
or Europ Assistance**

Neither Sun Life nor Europ Assistance will be liable for the negligence or other wrongful acts or omissions of any physician or other health care professional providing direct services covered under this group plan.

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## Dental Care

**Plan administrator** *This benefit is administered by Sun Life Assurance Company of Canada on behalf of York University.*

**General description of the coverage** The contract holder has the sole legal and financial liability for this benefit. Sun Life only acts as administrator on behalf of the contract holder.

In this section, *you* means the employee and all dependents covered for Dental Care benefits.

Dental Care coverage pays for eligible expenses that you incur for dental procedures provided by a licensed dentist, denturist, dental hygienist and anaesthetist while you are covered by this group plan.

For each dental procedure, we will only cover reasonable expenses. We will not cover more than the fee stated in the Dental Association Fee Guide for general practitioners in the province where the treatment is received. Payments will be based on the current guide at the time the treatment is received.

If services are provided by a board qualified specialist in endodontics, prosthodontics, oral surgery, periodontics, paedodontics or orthodontics whose dental practice is limited to that speciality, then the fee guide approved by the provincial Dental Association for that specialist will be used.

When a fee guide is not published for a given year, the term *fee guide* may also mean an adjusted fee guide established by Sun Life.

When deciding what we will pay for a procedure, we will first find out if other or alternate procedures could have been done. These alternate procedures must be part of usual and accepted dental work and must obtain as adequate a result as the procedure that the dentist performed. We will not pay more than the reasonable cost of the least expensive alternate procedure. However, we will not alternate porcelain facings

on pontics and retainers on molar teeth.

For an implant related crown or prosthesis, we will pay the benefit that would have been payable under this plan for a tooth supported crown or a non implant related prosthesis, respectively. We will take into account any limitations that would have applied if there had been no implant. All other expenses related to implants, including surgery charges, are not covered.

If you receive any temporary dental service, it will be included as part of the final dental procedure used to correct the problem and not as a separate procedure. The fee for the permanent service will be used to determine the usual and reasonable charge for the final dental service.

An expense must be claimed within 15 months from the date in which the expense is incurred. You incur an expense on the date your dentist performs a single appointment procedure or an orthodontic procedure. For other procedures which take more than one appointment, you incur an expense once the entire procedure is completed.

The benefit year is from December 1, 2008 to December 31, 2008, and then from January 1 to December 31.

**Deductible**

There is no deductible for this coverage.

**Benefit year maximum**

For the first benefit year, we will not pay more than:

- \$7,000 per person for Major dental procedures.

For each following benefit year, we will not pay more than:

- \$7,000 per person for Major dental procedures.

Orthodontic expenses are not included in the benefit year maximum. A separate lifetime maximum applies.

**Lifetime maximum**

The maximum amount we will pay for all Orthodontic procedures in a person's lifetime is \$6,000.

**Predetermination**

We suggest that you send us an estimate, before the work is done, for any major treatment or any procedure that will cost more than \$500.

You should send us a completed dental claim form that shows the treatment that the dentist is planning and the cost. Both you and the dentist will have to complete parts of the claim form. We will tell you how much of the planned treatment is covered. This way you will know how much of the cost you will be responsible for before the work is done.

**Preventive dental procedures**

Your dental benefits include the following procedures used to help prevent dental problems. They are procedures that a dentist performs regularly to help maintain good dental health.

We will pay 100% of the eligible expenses for these procedures.

***Oral examinations***

1 complete examination every 24 months. A complete examination includes complete examination and charting of the hard and soft structures, periodontal charting, pulp vitality tests, recording history, treatment planning, case presentation and consultation with the patient

1 recall examination every 6 months. Recall and specific examinations include a complete examination of the hard and soft structures, checking occlusion, pulp vitality tests and consultation with the patient.

You are also covered for emergency or specific examinations:

- an emergency examination includes an evaluation for acute pain or infection, and pulp vitality tests.
- specialty examinations and evaluation of a specific situation.

***X-rays***

1 complete series of x-rays or 1 panorex every 24 months. A complete series of x-rays (minimum of 16 films including bitewings), showing all the teeth in the mouth. A panorex is a large panoramic view of the entire mouth.

1 set of bitewing x-rays every 6 months. A bitewing x-ray is a routine check-up x-ray used to detect decay in molar teeth.

X-rays to diagnose a symptom or examine progress of a particular course of treatment.

|                                          |                                                                                                                                                                                                                             |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Other services</i>                    | <p>Required consultations between two dentists.</p> <p>Topical fluoride treatment once every 6 months.</p> <p>Polishing (cleaning of teeth) limited to 2 units every 6 months.</p> <p>Emergency or palliative services.</p> |
| <i>Test and lab exams</i>                | Test and lab examinations covered by this benefit include microbiological tests, histological tests and cytological tests.                                                                                                  |
| <i>Extraction of impacted tooth</i>      | This procedure includes local anaesthesia, removal of excess gingival tissue, surgical service, control of hemorrhage, suturing, and post-operative treatment and evaluation.                                               |
| <i>Pit and fissure sealants</i>          | This is a coating put on top of any pits or cracks in teeth to prevent cavities from forming.                                                                                                                               |
| <i>Caries, trauma and pain control</i>   | <p>You are covered for sedative fillings that are applied to very deep cavities to reduce pain.</p> <p>Oral hygiene instruction once every 6 months.</p> <p>Harmful habit breaking and custom fluoride appliances.</p>      |
| <i>Space maintainers and maintenance</i> | We will pay 75% of the eligible expense for this procedure when a dentist has removed a primary tooth and an appliance is used to maintain the space for a permanent tooth.                                                 |
| <i>Anaesthesia</i>                       | Anaesthesia in conjunction with Preventive procedure covered under this plan.                                                                                                                                               |
| <b>Basic dental procedures</b>           | <p>Your dental benefits include the following procedures used to treat basic dental problems.</p> <p>We will pay 100% of the eligible expenses for these procedures.</p>                                                    |
| <i>Fillings</i>                          | <p>You are covered for amalgam fillings (silver) and composite or acrylic fillings (white fillings) or equivalent.</p> <p>An amalgam filling procedure includes pulp cap, sedative base, local</p>                          |

anaesthesia, occlusal adjustment, removal of decay or existing restoration, placement of filling and finishing the restoration. Multiple restorations on 1 surface will be considered a single filling.

A composite or acrylic filling procedure includes pulp cap, sedative base, local anaesthesia, occlusal adjustment, removal of decay or existing restoration, placement of filling and finishing the restoration. Multiple restorations on 1 surface will be considered a single filling. Mesial-lingual, distal-lingual, mesial-buccal, and distal-buccal restorations on anterior teeth will be considered single surface restorations.

*Endodontics* Endodontics is root canal therapy and root canal fillings, and treatment of disease of the pulp tissue.

**Root canal therapy.** This procedure includes treatment plan, pulp vitality test, opening and drainage, local anaesthesia, tooth isolation, clinical procedure with appropriate x-rays, relieving occlusion, smoothing tooth, and follow-up care. If root canal therapy is performed on the same tooth by the same dentist within 3 months of opening and drainage, pulpotomy or pulpectomy, the amount payable is reduced by the amount previously paid for such opening and drainage, pulpotomy or pulpectomy.

Bleaching on endodontically treated teeth.

**Apexification.** This procedure includes treatment plan, local anaesthesia, tooth isolation, clinical procedure with appropriate x-rays, placement of dentogenic media, and follow-up care. You are only covered for permanent teeth.

**Apicoectomy.** This procedure includes treatment plan, local anaesthesia, clinical procedure with appropriate x-rays, root resection, apical curettage, and follow-up care.

**Retrofilling.** This procedure includes apicoectomy, curettage and root-end filling.

**Root amputation.** This procedure includes recontouring tooth and furca.

**Hemisection.** You are covered for this procedure.

**Vital pulpotomy.** This procedure includes treatment plan, local anaesthesia, clinical procedure and appropriate x-rays, and follow-up care.

Bleaching. Treatment for discolored teeth.

**Periodontics** Treatment of disease of the gum and other supporting tissue.

**Scaling and root planing** **Tartar removal.** Scaling means removing calcium deposits above and below the gum line. Root planing is the final smoothing of rough tooth surfaces and removing any remaining calcium deposits.

**Occlusal equilibration** You are covered for treatments to adjust your bite. This treatment is only available when you have gum surgery or temporomandibular joint (TMJ) treatment.

**TMJ treatment** The hinge joint of the jaw is called the temporomandibular joint or TMJ.

Bruxism (grinding of teeth).

**Oral surgery** Surgery, other than the removal of impacted teeth (*Preventive dental procedures*). Oral surgery includes local anaesthesia, removal of excess gingival tissue, surgical service, control of hemorrhage, suturing, and post-operative treatment and evaluation.

Gold foils and tooth-coloured veneer applications.

We will pay 85% of the eligible expenses for the following procedures:

**Basic restorations** Prefabricated metal restorations and repairs to prefabricated metal restorations, other than in conjunction with the placement of permanent crowns.

**Extraction of teeth** Removal of teeth, except removal of impacted teeth (*Preventive dental procedures*).

***Repairing, relining or rebasing dentures***

Repairing dentures means fixing broken or damaged dentures.

Relining dentures means adding material so that the dentures fit properly. Rebasing dentures means fitting dentures with a new base.

***Anaesthesia***

Anaesthesia in conjunction with Basic procedure covered under this plan.

**Major dental procedures**

Your dental benefits include the following procedures used to treat major dental problems.

We will pay 85% of the eligible expenses for these procedures.

***Inlays and onlays***

Inlays and onlays are metal or porcelain fillings placed on the surface of the tooth. Inlays and onlays are only covered for teeth that cannot be restored with a regular filling because of extensive incisal or cusp damage.

Inlays and onlays include treatment planning, occlusal records, local anaesthesia, removal of decay or old restoration, tooth preparation, pulp protection, impressions, temporary services, insertion, occlusal adjustments, and cementation. Inlays are only covered when x-rays indicate a crown will be required. Onlays are limited to teeth with extensive incisal or cusp damage.

***Crowns***

This procedure includes treatment planning, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay or old restoration, tooth preparation, pulp protection, impressions, temporary services, insertion, occlusal adjustments, and cementation. It includes porcelain crowns for molar teeth. Crowns are only covered for teeth that cannot be restored with a regular filling because of extensive incisal or cusp damage.

***Repair***

Repair of bridges.

***Prosthodontics***

Construction and insertion of bridges or standard dentures, after the person has been covered continuously under this provision for a period of 12 months. Charges for a replacement bridge or replacement standard denture are not considered an eligible expense during the 5

year period following the construction or insertion of a previous bridge or standard denture unless:

- it is needed to replace a bridge or standard denture which has caused temporomandibular joint disturbances and which cannot be economically modified to correct the condition.
- it is needed to replace a transitional denture which was inserted shortly following extraction of teeth and which cannot be economically modified to the final shape required.

*Anaesthesia* Anaesthesia in conjunction with Major procedure covered under this plan.

#### **Orthodontic procedures**

Your dental benefits include the following procedures used to treat misaligned or crooked teeth.

We will pay 75% of the eligible expenses for these procedures.

Coverage includes orthodontic examinations, including orthodontic diagnostic services and fixed or removable appliances such as braces.

The following orthodontic procedures are covered:

- interceptive, interventive or preventive orthodontic services, other than space maintainers (*Preventive dental procedures*).
- comprehensive orthodontic treatment, using a removable or fixed appliance, or combination of both. This includes diagnostic procedures, formal treatment and retention.

We will pay 100% of the eligible expenses for diagnostic casts for orthodontic purposes.

*Anaesthesia* Anaesthesia in conjunction with Orthodontic procedure covered under this plan.

**When coverage ends** Dental Care coverage will end when employment terminates.

Coverage may also end on an earlier date, as specified in *General Information*.

**Payments after coverage ends**

If the Dental Care benefit terminates, you will still be covered for procedures to repair natural teeth damaged by an accidental blow if the accident occurred while you were covered, and the procedure is performed within 6 months after the date of the accident.

**What is not covered**

We will not pay for services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program unless explicitly listed as covered under this benefit.

We will not pay for services or supplies that are not usually provided to treat a dental problem.

We will not pay for:

- procedures performed primarily to improve appearance.
- the replacement of dental appliances that are lost, misplaced or stolen.
- charges for appointments that you do not keep.
- charges for completing claim forms.
- services or supplies for which no charge would have been made in the absence of this coverage.
- supplies usually intended for sport or home use, for example, mouthguards.
- procedures or supplies used in full mouth reconstructions (capping all of the teeth in the mouth), vertical dimension corrections (changing the way the teeth meet) including attrition (worn down teeth), alteration or restoration of occlusion (building up and restoring the bite), or for the purpose of prosthetic splinting (capping teeth and joining teeth together to provide additional support).
- transplants, and repositioning of the jaw.
- experimental treatments.

We will also not pay for dental work resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- teeth malformed at birth or during development.
- participation in a criminal offence.

**When and how to make a claim**

To make a claim, complete the claim form that is available from your employer. The dentist will have to complete a section of the form.

In order for you to receive benefits, we must receive a claim no later than the earlier of:

- 15 months from the date in which you incur the expenses, or
- 90 days after the end of your Dental Care coverage.

We can require that you give us the dentist's statement of the treatment received, pre-treatment x-rays and any additional information that we consider necessary.

## Long-Term Disability

**Insurer**

*This benefit is insured by Sun Life Assurance Company of Canada under contract number issued to York University.*

**General description of the coverage**

Long-Term Disability coverage provides a benefit to you if you are totally disabled. You qualify for this benefit if you provide proof of claim acceptable to Sun Life that:

- you became totally disabled while covered, and
- you have been following appropriate treatment for the disability since its onset.

For your Long-Term Disability coverage,

- during the elimination period and the following 36 months (this period is known as the **own occupation period**), you will be considered totally disabled while you are continuously unable due to an illness to do any and every duty of your own occupation and,
- afterwards, you will be considered totally disabled if you are continuously unable due to an illness to do any occupation for which you are or may become reasonably qualified by education, training or experience.

If you have 35 or more years of employment with your employer, you will be considered totally disabled while you are prevented by illness from performing the essential duties of your own occupation.

If you must hold a government permit or licence to perform your own occupation and your permit or licence is withdrawn or not renewed solely for medical reasons, we will consider you totally disabled for up to 12 months after the end of the elimination period. You cannot be working other than in a Sun Life approved partial disability or rehabilitation program.

Benefits are paid at the end of each month and are based on your coverage on the date you became totally disabled.

If you are totally disabled for part of any month, we will pay 1/30 of the monthly benefit for each day you are totally disabled.

**Proof of disability**

From time to time, Sun Life can require that you provide us with proof of your total disability. If you do not provide this information within 90 days of the request, you will not be entitled to benefits.

**When disability payments begin**

Your Long-Term Disability payments begin after you have been totally disabled for an uninterrupted period of 90 days or after the last day benefits are payable under any short-term disability, loss of income or other salary continuation plan, whichever is later.

This period, which must be completed before disability benefits become payable, is the **elimination period**.

If you become totally disabled during a lay-off or approved leave and your coverage continues during this time, you will be eligible for benefit payments following your recall or scheduled return to full-time work with your employer. You must have been totally disabled for an uninterrupted period of 90 days and still be totally disabled on the date you are recalled or scheduled to return to full-time work with your employer.

**What we will pay**

Here is how we calculate your Long-Term Disability payments.

Step 1: We take 85% of your monthly disposable income, rounded to the next higher \$1, up to a maximum of \$6,000.

Step 2: We subtract any income provided to you:

- for the same or a subsequent disability under any government-sponsored plan, excluding dependent benefits, employment insurance benefits and automatic cost-of-living increases under any government-sponsored plan that occur after benefits begin.
- for any disability under any Workers' Compensation Act or similar law, excluding automatic cost-of-living increases that

occur after benefits begin.

- under a group plan, including any coverage resulting from your membership in an association of any kind.
- for any salary continuation plan of the employer, excluding vacation pay.
- for any benefits or increases in benefits under any group insurance contract or pension plan of the employer or other arrangement which is either sponsored or provided by any governmental or regulatory body or under which benefits are provided in the event of disability if such benefits commenced on or after the inception of a disability for which benefits are payable under this contract.
- for any benefits payable under any retirement plan if such benefit commenced on or after the inception of a disability for which benefits are payable under this contract.
- under the Québec Parental Insurance Plan.

If you are eligible for any of the income amounts above and do not apply for them, we will still consider them part of your income. We can estimate those benefits and use those amounts when we calculate your payments.

If you receive any of the income amounts above in a lump sum, we will determine the equivalent compensation this represents on a monthly basis using generally accepted accounting principles.

We will not take into account any benefits that began before your disability began.

We have the right to adjust your benefit payments when necessary.

**Maternity / parental  
leave of absence**

Maternity leave agreed to with your employer will begin on the date you and your employer have agreed will be the start of your leave or the date the child is born, whichever is earlier. The leave will end on the date you and your employer have agreed that you will return to active, full-time work or the actual date you return to active, full-time work, whichever is earlier.

Parental leave is the period of time that you and your employer have agreed on.

Sun Life will determine any portions of a maternity or parental leave which are voluntary and any portions which are health-related. The health-related portion of the leave is the period in which a woman can establish, through appropriate medical documentation, that she is unable to work for health reasons related to childbirth or recovery from childbirth.

Long-Term Disability benefits will only be payable for health-related portions of the leave where necessary in order to comply with requirements such as employment standards, human rights and employment insurance, after you have been disabled for an uninterrupted period of 90 days, provided your coverage has been continued.

However, if your employer has a Supplemental Unemployment Benefit (SUB) plan as defined in the Employment Insurance regulations covering the health-related portion of the maternity or parental leave, Sun Life will not pay any benefits under this plan during any period benefits are payable to you under your employer's SUB plan.

**Rehabilitation  
program**

You may be required to participate in a rehabilitation program approved by Sun Life in writing.

It may include the involvement of our rehabilitation specialist, part-time work, working in another occupation, vocational training or graduated return to work to help you become capable of full-time employment.

Sun Life is under no obligation to approve or continue a rehabilitation program for an employee. We will consider such factors as financial

considerations and our opinion on the merits of rehabilitation.

During your rehabilitation program, you may receive your Long-Term Disability payments. However, the Long-Term Disability payments will be reduced by 50% of your pre-disability basic earnings you receive under the rehabilitation program (less provincial and federal income taxes if your benefit is non-taxable). If during any month your total income is more than 100% of your pre-disability basic earnings or disposable basic income, indexed for inflation (less provincial and federal income taxes if your benefit is non-taxable), your Long-Term Disability payments will be reduced by the excess.

You should consider participating in a rehabilitation program as soon as possible after becoming totally disabled. If you enter a rehabilitation program during the elimination period, it will not be considered an interruption of the elimination period.

**Interrupted periods of disability during elimination period**

Interrupted periods of total disability due to the same or related causes occurring before the elimination period has been completed are treated as one period of disability and are accumulated to complete the elimination period as long as this benefit is in force and all of the following conditions are met:

- the initial period of total disability lasts for at least 28 days without interruption.
- afterwards, there is no interruption of more than 30 days.
- each period of total disability is completed within 12 months after the start of the elimination period, or as approved by Sun Life in advance in cases where the elimination period is 365 days or more.

The difference between your normal number of scheduled hours and the number of hours actually worked is credited towards the elimination period.

If the Long-Term Disability benefit terminates, any balance of the elimination period must subsequently be completed by uninterrupted total disability.

**Interrupted periods of disability after payments begin**

If you had a total disability for which we paid Long-Term Disability benefits and total disability occurs again due to the same or related causes, we will consider it a continuation of your previous disability if it occurs within 6 months of the end of your previous disability. You must be covered when total disability reoccurs.

These benefits will be based on your coverage as it existed on the original date of total disability.

**If you recover damages from another person**

We have the right to part of any money you recover through legal action or settlement from another person, organization or company who caused your disability.

If you decide to take legal action, you must comply with the applicable terms of the group contract concerning legal action.

If you recover money, you must pay us 75% of your net recovery or the total disability income benefits paid or payable to you under this plan, whichever is less. Your net recovery does not include your legal costs. Seventy-five percent of your net recovery must be held in trust for us.

We have the right to withhold or discontinue disability income payments if you refuse or fail to comply with any of these terms.

**Your responsibilities**

During your total disability, you must make reasonable efforts to:

- recover from your disability, including participating in any reasonable treatment or rehabilitation program and accepting any reasonable offer of modified duties from your employer.
- return to your own occupation during the first 36 months that benefits are payable.
- obtain training in order to qualify for another occupation if it becomes apparent that you will not be able to return to your own occupation within the first 36 months that benefits are payable.
- try to obtain work in another occupation after the first 36 months that benefits are payable.

- obtain benefits that may be available from other sources.

If you do not, Sun Life may hold back or discontinue benefits.

**When payments end** Your Long-Term Disability payments end on the earlier of the following dates:

- the date you are no longer totally disabled.
- the later of July 1 coincident with or next following the date the employee attains:
  - age 70 for employees who have not elected to retire at the normal retirement date, and receive 12 monthly benefit payments, if they are age 69 when commencing benefit.
  - age 65 for all other employees and the date the employee received 12 monthly benefit payments, if age 64 when commencing benefit.
- the last day of the month in which you retire with a pension or are eligible to retire with a full pension or a full pension equivalent.
- the last day of the month in which you die.

**When coverage ends** Long-Term Disability coverage will end on July 1 coincident with or next following the date the employee attains:

- age 70 for an employee who has not elected to retire at the normal retirement date.
- age 65 for all other employees.

Coverage may also end on an earlier date, as specified in *General Information*.

**Payments after coverage ends** If the Long-Term Disability benefit terminates while you are totally disabled, you are entitled to continue receiving payments, as long as your total disability is uninterrupted, as if the benefit were still in effect.

**What is not covered** We will not pay benefits for any period:

- you are not under the care of a doctor.

- 
- that you do any work for wage or profit except as approved by Sun Life.
  - you are on a leave of absence, strike or lay-off except as stated under *Maternity / parental leave of absence* or except where specifically agreed to by Sun Life.
  - you are absent from Canada longer than 4 months due to any reason, unless Sun Life agrees in writing in advance to pay benefits during the period.
  - you are serving a prison sentence or are confined in a similar institution.

We will not pay benefits for total disability resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- intentionally self-inflicted injuries or attempted suicide, while sane or insane.
- participation in a criminal offence.

**When and how to make a claim**

To make a claim, complete the Notice of Claim for Group Long-Term Disability Benefits that is available from your employer.

We must receive notice of claim on the earlier of the following dates:

- 60 days after the total disability begins.
- within 60 days of the termination of this Long-Term Disability benefit.

Part of the application process will include filling out claim forms that give us as many details about the claim as possible. You, the attending doctor and your employer will all have to complete claim forms.

In order to receive benefits, we must receive these forms no later than 90 days after the end of the elimination period.

We will assess the claim and send you or your employer a letter outlining our decision.

From time to time, Sun Life can require that you provide us with proof of your total disability. If you do not provide this information within 90 days of this request, you will not be entitled to benefits.

## Life Coverage

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Insurer</b>                             | <i>This benefit is insured by Sun Life Assurance Company of Canada under contract number issued to Council of Ontario Universities.</i>                                                                                                                                                                                                                                                                              |
| <b>General description of the coverage</b> | Your Life coverage provides a benefit for your beneficiary if you die while covered.                                                                                                                                                                                                                                                                                                                                 |
| <b>Life coverage for you</b>               | For employees under age 65 and employees who attained age 65 on or after July 1 <sup>st</sup> of the year immediately preceding the date of employment and before July 1 <sup>st</sup> of the year of employment.                                                                                                                                                                                                    |
| <b>Amount</b>                              | Your Life benefit is 3 times your annual basic earnings, rounded to the next higher \$1,000 (if not already a multiple of \$1,000). The maximum amount of coverage is \$600,000.                                                                                                                                                                                                                                     |
| <b>Reduction</b>                           | Your benefit will reduce to 1 times your annual basic earnings, rounded to the next higher \$1,000 (if not already a multiple of \$1,000) on July 1 <sup>st</sup> coincident with or next following the date you reach age 65. The maximum benefit will be \$600,000.                                                                                                                                                |
| <b>Coverage ends</b>                       | Your coverage will end when you retire. Coverage may also end on an earlier date, as specified in <i>General Information</i> .                                                                                                                                                                                                                                                                                       |
| <b>Who we will pay</b>                     | <p>If you die while covered, Sun Life will pay the full amount of your benefit to your last named beneficiary on file with Sun Life.</p> <p>If you have not named a beneficiary, the benefit amount will be paid to your estate. Anyone can be your beneficiary. You can change your beneficiary at any time, unless a law prevents you from doing so or you indicate that the beneficiary is not to be changed.</p> |
| <b>Converting Life coverage</b>            | <p>If your Life coverage ends or reduces for any reason other than your request, you may apply to convert the group Life coverage to an individual Life policy with Sun Life without providing proof of good health.</p> <p>The request must be made within 31 days of the reduction or end of the</p>                                                                                                               |

Life coverage.

There are a number of rules and conditions in the group contract that apply to converting this coverage, including the maximum amount that can be converted. Please contact your employer for details.

**When and how to  
make a claim**

Claims for Life benefits must be made as soon as reasonably possible. Claim forms are available from your employer.

## Respecting Your Privacy

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our Privacy Policy, visit our website at [www.sunlife.ca](http://www.sunlife.ca), or send a written request by e-mail to [privacyofficer@sunlife.com](mailto:privacyofficer@sunlife.com), or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5 to request that a copy of our Privacy Brochure be sent to you.

