



Benefits Booklet

King's University College at The University of Western Ontario

Group Policy Number: G0010184

Class: RR - Retired Members

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A message from your plan sponsor

King's University College at The University of Western Ontario is pleased to be able to offer you medical and financial security by sponsoring your group benefits program. We have selected Manulife Financial as a partner to help us deliver the program. They are committed to providing excellent service for us.

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

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

Core Coverage and Services

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

Dental

Benefit Details	Your Plan's Coverage
Waiting Period	none
Deductible	None
Dental Fee Guide	Current Ontario Fee Guide for General Practitioners and Specialists
Coverage ends	upon the employee's death
Combined Maximum applies to: Level I Level II Level III Level IV	Unlimited
Maximum applies to: Level V	\$3,000 per lifetime
Level I - Basic Services Includes items such as: <ul style="list-style-type: none"> complete oral exam, one per 2 calendar years full-mouth x-rays, one per 2 calendar years one unit of light scaling and one unit of polishing once every 9 consecutive months, or prophylaxis once every 9 consecutive months, when the service is performed in Quebec bitewing x-rays, two films, once every 9 months recall exams, and fluoride treatments, once every 9 months routine diagnostic and laboratory procedures fillings, retentive pins and pit and fissure sealants. Replacement fillings are covered provided: <ul style="list-style-type: none"> - the existing filling is at least 12 months old and must be replaced either due to significant breakdown of the existing filling or recurrent decay, or - the existing filling is amalgam and there is medical evidence indicating that the patient is allergic to amalgam pre-fabricated full coverage restorations (metal and plastic) space maintainers (appliances placed for orthodontic purposes are not covered) minor surgical procedures and post surgical care extractions (including impacted and residual roots) consultations, anaesthesia, and conscious sedation denture repairs, relines and rebases, only if the expense is incurred later than 3 months after the date of the initial placement of the denture injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery 	100%
	100%

Benefit Details	Your Plan's Coverage
<p>Level II - Supplementary Services</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> surgical procedures not included in Level I (excluding implant surgery) periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including: <ul style="list-style-type: none"> - scaling not covered under Level I, and root planing, up to a combined maximum of 12 units per calendar year(s) ; - provisional splinting; and - occlusal equilibration, up to a maximum of 8 units per calendar year(s) endodontic services which include root canals and therapy, root amputation, apexifications and periapical services root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment 	
<p>Level III - Dentures</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> initial provision of full or partial removable dentures replacement of removable dentures, provided the dentures are required because: <ul style="list-style-type: none"> - a natural tooth is extracted and the existing appliance cannot be made serviceable; - the existing appliance is at least 60 months old; or - the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation dentures required solely to replace a natural tooth which was missing prior to becoming insured for this eligible expense, are not covered 	80%
<p>Level IV - Major Restorative Services</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> crowns and onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay inlays, covering at least 3 surfaces, provided the tooth cusp is missing initial provision of fixed bridgework replacement of bridgework, provided the new bridgework is required because: <ul style="list-style-type: none"> - a natural tooth is extracted and the existing appliance cannot be made serviceable; - the existing appliance is at least 60 months old; or - the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation bridgework required solely to replace a natural tooth which was missing prior to becoming insured under this Plan is not covered 	80%
<p>Level V - Orthodontics</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> orthodontic services 	60% to a maximum of \$3,000 per lifetime
<p><u>Exclusions</u></p> <p>No Dental Care benefits will be payable for expenses resulting from:</p> <ul style="list-style-type: none"> self-inflicted injuries 	

Benefit Details	Your Plan's Coverage
	<p>war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion</p> <p>committing or attempting to commit an assault or criminal offence</p> <p>dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was insured under this benefit</p> <p>anti-snoring or sleep apnea devices</p> <p>broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms</p> <p>services which are payable by any government plan</p> <p>services or supplies provided by an employer's medical or dental department</p> <p>services or supplies for which no charge would normally be made in the absence of insurance</p> <p>treatment rendered for a full mouth reconstruction, for a vertical dimension or for a correction of temporomandibular joint dysfunction</p> <p>replacement of removable dental appliances which have been lost, mislaid or stolen</p> <p>laboratory fees which exceed reasonable and customary charges</p> <p>services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured person</p> <p>implants, or any services rendered in conjunction with implants. However, where an implant is the choice of treatment and a denture or bridge would produce professionally adequate results for the condition, Manulife Financial will pay the cost of the implant expense and any related services, at a cost equal to the least expensive cost of a denture or bridge</p> <p>treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition</p> <p>services or supplies which are not specified as a covered expense under this benefit</p> <p><i>If you anticipate charges for any treatment to exceed \$500, please submit a pre-treatment plan before receiving the service so you can understand what portion your plan may cover.</i></p> <p><i>Your plan will pay benefits for the least expensive course of treatment when there are two or more courses of treatment covered that would produce professionally adequate results for a given condition. Manulife's professional dental consultant will aid in evaluating the various courses of treatment available to determine which is professionally adequate.</i></p> <p><i>If you apply for coverage for Dental insurance late, Late Dental Application insurance will be limited to \$125 for each insured person for the first 12 months of coverage.</i></p> <p><i>All claims must be submitted within 12 months after the date the expense was incurred. However, upon termination of your insurance, all claims must be submitted no later than 90 days from the termination date.</i></p>

Extended Health Care Benefit

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

Benefit Details	Your Plan's Coverage
Waiting Period	none
Maximum	\$50,000 per lifetime Note: The Overall Benefit Maximum combines and includes all benefits that are paid while you are insured under Class RE,RR. Not applicable to: <ul style="list-style-type: none"> • Drugs • Out-of-Canada Emergency Medical Treatment
Deductible	Nil
Co-insurance	100% for Hospital Care, Medical Services & Supplies, Professional Services, Vision, Drugs
Coverage Ends	upon the employee's death

Exclusions

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

(not applicable to Health Service Navigator®)

self-inflicted injuries

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

committing or attempting to commit an assault or criminal offence

injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol

an illness or injury for which benefits are payable under any government plan or workers' compensation

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

services or supplies provided by an employer's medical or dental department

services or supplies for which no charge would normally be made in the absence of insurance

services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of insurance

services or supplies which are not permitted by law to be paid

services or supplies which are required for recreation or sports

services or supplies which would have been payable by the Provincial Plan if proper application had been made

medical treatment which is not usual or customary, or is experimental or investigational in nature

medical or surgical care which is cosmetic

services or supplies which are performed or provided by the insured person, an immediate family member or a person who lives with the insured person

services or supplies which are provided while confined in a hospital on an in-patient basis

services or supplies which are not specified as a covered expense under this benefit

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

EHC - Drugs

100% Co-insurance

Benefit Details	Your Plan's Coverage
<p>Prescribed Drugs with Generic Substitution</p> <p>Includes the following drug classes:</p> <ul style="list-style-type: none"> oral contraceptives preventive vaccines and medicines (oral or injected) standard syringes, needles and diagnostic aids, required for the treatment of diabetes hematinic vitamins (vitamins to treat blood disorders) properly identified in the Compendium of Pharmaceuticals and Specialties <p>No coverage for / excludes:</p> <ul style="list-style-type: none"> anti-smoking drugs dietary supplements, health foods, nutritional products, and vitamins (except injectable and hematinic vitamins) drugs, which are intended to be administered in a hospital on an in-patient or out-patient basis and are not intended for a patient's use at home cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment used in the treatment of diabetes charges to administer serums, vaccines & injectable drugs experimental or investigational drugs not approved or broadly accepted and recognized by the Canadian medical profession as an effective, appropriate and essential treatment of a sickness or injury, in accordance with Canadian medical standards natural health products (products with a NPN) 	<p>\$2,000 per calendar year(s) maximum</p> <p>\$2.00 per prescription drug deductible</p> <p>\$15,000 lifetime maximum on fertility drugs</p> <p>\$1,200 maximum per calendar year on sexual dysfunction drugs</p> <p><i>Drugs with individual maximums are also subject to your plan's overall drug maximum, if applicable.</i></p> <p><i>No Substitution Prescriptions - If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product and the drug is a covered expense under this benefit, then the full cost of the prescribed product is covered.</i></p> <p><i>There is a limitation on quantity of drugs that can be dispensed and claimed at one time, to the lesser of:</i></p> <ul style="list-style-type: none"> <i>a) the quantity prescribed by the Physician or Dentist; or</i> <i>b) a 34 day supply; or</i> <i>c) up to a 100 day supply may be payable in long term therapy where the larger quantity is recommended as appropriate by the Physician and the Pharmacist.</i> <p><i>If you are a Quebec resident, your plan's coverage will coordinate with RAMQ.</i></p>

EHC - Vision

100% Co-insurance

Benefit Details	Your Plan's Coverage
<p>Prescription Glasses, Contact Lenses, Laser Eye Surgery, Eye Exams, Visual Training</p>	<p>\$200 per 2 calendar year(s) for prescription glasses, elective contact lenses , repairs and elective laser vision correction procedures</p> <p>If contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, the maximum payable will be \$250 during any 2 calendar year(s)</p> <p>Eye Exams - once per 2 calendar year(s)</p> <p>Visual Training - \$200 per lifetime</p>
	<p><i>Find out about discounts available to you through Manulife Financial's relationship with Preferred Vision Services (PVS).</i></p>

EHC - Health Care Professionals (Professional Services)

100% Co-insurance

Benefit Details	Your Plan's Coverage
<p>Services provided by the following licensed practitioners:</p> <p>Chiropractor, Osteopath, Podiatrist/Chiropodist, Massage Therapist, Naturopath, Speech Therapist, Physiotherapist, Psychologist, Homeopath</p>	<p>\$500 per calendar year(s) for Chiropractor</p> <p>\$500 per calendar year(s) for Osteopath</p> <p>\$500 per calendar year(s) for Podiatrist/Chiropodist</p> <p>\$500 per calendar year(s) for Massage Therapist</p> <p>\$500 per calendar year(s) for Naturopath</p> <p>\$500 per calendar year(s) for Speech Therapist</p> <p>\$500 per calendar year(s) for Physiotherapist</p> <p>\$500 per calendar year(s) for Psychologist</p> <p>\$500 per calendar year(s) for Homeopath</p> <p><i>Expenses for some of these Professional Services may be payable in part by provincial plans. In those provinces, expenses under this benefit program are payable only after the provincial plan's maximum for the benefit year has been paid.</i></p> <p><i>Recommendation by a physician for professional services is not required.</i></p>

EHC - Medical Supplies and Services

100% Co-insurance (unless otherwise stated)

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

Private Duty Nursing Services Benefit Details	Your Plan's Coverage
<p>Provided by a registered nurse or registered nursing assistant who has completed an approved medications training program</p> <p>Excludes:</p> <ul style="list-style-type: none"> custodial care, homemaking duties or supervision services performed by a nurse practitioner who is an immediate family member or who lives with the patient services performed while confined to a hospital, nursing home or other similar institution services that could be performed by a person with lesser qualifications, a relative, a friend or a member of the patient's household 	<p>\$5,000 per calendar year(s)</p> <p><i>Submit a detailed treatment plan estimate before Private Duty Nursing services begin so we can advise you of what benefit may be provided.</i></p>
<p>Hearing Aids</p>	<p>\$600 per 5 calendar year(s)</p> <p><i>Includes cost, installation, repair and maintenance of Hearing Aids (including charges for batteries)</i></p>
<p>Orthopaedic Shoes/Orthotics</p>	<p>\$600 per calendar year(s) for Stock-item Orthopaedic Shoes and Custom Made Orthotic Foot Appliances (combined)</p> <p>Custom Made Shoes which are required because of a medical abnormality that, based on medical evidence, cannot be accommodated in a stock-item orthopaedic shoe or a modified stock-item orthopaedic shoe, up to a maximum of 1 pair per calendar year (must be constructed by a certified orthopaedic footwear specialist)</p> <p><i>Must be recommended by a physician or podiatrist.</i></p>
<p>Medical Equipment</p> <p>Includes items such as:</p> <ul style="list-style-type: none"> ambulance (licensed including air ambulance, provided in province of residence) mobility equipment (crutches, canes, walkers, wheelchairs) manual hospital beds respiratory and oxygen equipment other equipment usually found only in hospitals non-dental external prostheses braces (other than foot braces), trusses, collars, leg orthosis, casts and splints ileostomy, colostomy and incontinence supplies medicated dressings and burn garments 	<p>4 per calendar year for surgical brassieres</p> <p>\$250 per lifetime for wigs and hairpieces</p> <p><i>Medical equipment dispensed by a hospital is not an eligible expense.</i></p> <p><i>In the province of Quebec, microscopic and other similar diagnostic tests and services rendered in a licensed laboratory are included.</i></p> <p><i>Accidental dental treatment must be provided within 12 months of the accident. Injuries sustained while biting or chewing are not covered.</i></p>

Benefit Details	Your Plan's Coverage
oxygen charges for the treatment required as a result of an injury to natural teeth or jaw surgical brassieres wigs and hairpieces for temporary hair loss associated with medical treatment	
Surgical Stockings	\$400 per calendar year

EHC - Hospital

100% Co-insurance

Benefit Details	Your Plan's Coverage
General or Rehabilitation hospitals	<ul style="list-style-type: none">• in a Semi-Private Room• in excess of the hospital's public ward charge
	<i>Manulife Financial will coordinate payment after any provincial plan coverage has first been applied.</i>

EHC - Medical and Non-Medical Travel Emergencies

Benefit Details	Your Plan's Coverage
<p>Emergency medical coverage</p> <p>Conditions:</p> <p>Coverage is for immediate medical treatment required for:</p> <ul style="list-style-type: none"> - a sudden, unexpected injury or a new medical condition which occurs while an insured person is travelling outside of their province of residence; or - a specific medical problem or chronic condition that was diagnosed but medically stable prior to departure. <p>Coverage is available for medical emergencies related to pregnancy as long as travel is completed at least 4 weeks before the due date.</p> <p>Valid Government Health Insurance Plan (GHP) coverage is required for you and your dependants.</p>	<p>100% with a lifetime maximum of \$50,000</p> <p>Coverage is limited to 60 days per trip.</p> <p>Stable means in the 90 days before departure, the insured person has not:</p> <ul style="list-style-type: none"> been treated or tested for any new symptoms or conditions; had an increase or worsening of any existing symptoms; changed treatments or medications (other than normal adjustments for ongoing care); been admitted to the hospital for treatment of the condition. <p>Coverage is not available if you (or your dependant) have scheduled non-routine appointments, tests or treatments for the condition or an undiagnosed condition.</p> <p>A medical emergency ends when the attending physician feels that, based on the medical evidence, a patient is stable enough to return to their home province or territory.</p> <p><i>You are typically responsible for payment of medical expenses amounting to less than \$200 CDN. When you return from your trip, you can submit a claim to be reimbursed for those expenses through the normal claim submission process.</i></p> <p><i>For charges over \$200 CDN, contact the service partner shown on your benefits card as soon as possible to arrange for payment directly to the treating physician or facility.</i></p>
<p>Emergency Travel Assistance</p> <p>Including:</p> <ul style="list-style-type: none"> 24 hour access to multi-lingual service representatives referral to local medical care and treatment monitoring payment of medical bills, medical transportation, return home of dependant children, visit by a family member, trip interruption/delay coverage, support through convalescence after hospital discharge, identification and/or return of a deceased traveller, meals and accommodation, vehicle return, pre-trip advice on passport, visa, vaccination and inoculation requirements for a destination, assistance in replacing lost documents and tickets, referral to legal assistance in your foreign destination, telephone interpretation service, emergency message service, and after-hours medical advice phone support 	<p>100% with all maximums below stated in Canadian Funds.</p> <p>\$1,000 for return of vehicle</p> <p>\$2,000 for meals and accommodations</p> <p>\$5,000 for return of deceased</p> <p><i>See www.manulife.ca/groupbenefits/travel for additional information, a list of phone numbers for frequent Canadian travel destinations and for participating countries.</i></p>

Health for Life® - Resources to help you and your family maintain overall good health and wellness

Benefit Details	Your Plan's Coverage
Your plan also includes access to services and information you and your family can use to live healthier lives. You can access these services on the Plan Member Secure Site.	
Health eLinks® - Online resources for better health	
<p>Take the first step toward healthier living through online tools and resources such as:</p> <p>Health Risk Assessment</p> <p>Health Library, including:</p> <ul style="list-style-type: none"> • Conditions database • Medications database • Tests and procedures database • Health features • Personal Health Improvement Program 	Included and available on the Plan Member Secure Site

Health Service Navigator®

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

- tips and tools you can use to navigate through the Canadian health care landscape

- a national physician search database

- provincial health plan information

- health, medical condition, treatment plan options and medication information you can trust, and

- a second medical opinion service for times when you may want to double check a serious medical diagnosis you, your spouse or your child has received

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

Survivor Benefit

Benefit Details	Your Plan's Coverage
<p>If you die while your dependants are insured under the program, Manulife Financial will continue coverage for some benefits without payment of premium:</p> <ul style="list-style-type: none">Extended Health CareDental Care	<p>Coverage will continue until the earliest of:</p> <ul style="list-style-type: none">the date your dependant is no longer a dependantthe date similar coverage is obtained elsewherethe date which is 2 years from your death orthe date the Group Policy terminates

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

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

FollowMe™ Health

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

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

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

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

Definitions

Explanation of some of the terms used in this document

Co-insurance

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

Co-payment

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

Dependant

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

Spouse

your legal spouse, or a person continuously living with you in a role like that of a marriage partner for at least 6 months.

Child

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

unmarried

under the age stated below:

for Dental coverage - under age 21, or under age 26 if a full-time student;

for Extended Health Care coverage - under age 21, or under age 26 if a full-time student

not employed on a full-time basis

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

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

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

a stepchild must be living with you to be eligible

Drugs

must be prescribed in writing by a physician, dentist or other health care professional whose scope of practice within their province permits them to write a prescription;

must be dispensed by a licensed pharmacist;

must have been approved for use by Health Canada and have a drug identification number(DIN).

RAMQ - Drug Benefit for persons who reside in Quebec

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

drugs that are on the List of Insured Drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List), provided such drugs are on the list at the time the expense is incurred; and

drugs that are listed as a covered expense under your drug plan but are not on the RAMQ List.

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

a) Benefit Percentage

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

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

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

the benefit percentage stated under the benefit; or

the percentage as set out by legislation.

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

b) Annual Out-of-Pocket Maximum

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

i) deductible amounts, and

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

The annual out-of-pocket maximum for you and your spouse is as stipulated in the legislation and includes those portions of covered drug expenses paid for your dependant children.

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

c) Deductible

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

d) Lifetime Maximums

Lifetime maximums (if any) for the drug benefit will not apply. Drug coverage provided after the lifetime maximum stated under this plan is reached is subject to the following conditions:

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

ii) the percentage payable by Manulife Financial for covered expenses is the percentage as set out by legislation.

e) Eligible Dependant Children

Your eligible dependant children who are in full-time attendance at an accredited educational institution will be covered until the later of:

i) the age specified in this Benefit Booklet or

ii) age 26.

Drug coverage provided for dependant children after the age stated in this Benefit Booklet is subject to the following conditions:

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

the percentage payable by Manulife Financial for covered expenses is the percentage as set out by legislation.

f) Termination Age

Provided you are otherwise eligible for the drug benefit, the termination age (if any) for the drug benefit will not apply. Drug coverage provided after the termination age specified under The Benefit is subject to the following conditions:

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

ii) the percentage payable by Manulife Financial for covered expenses is the percentage as stipulated in the legislation

iii) the Annual Out-of-Pocket Maximum is as stipulated in the legislation

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

Experimental or Investigational

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

Medical and Non Medical Travel Emergencies

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

Medically Necessary

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

Non-Evidence Limit

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

Out-Of-Pocket Maximum

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

Pyogenic Infection

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

Reasonable and Customary Charges

The lowest of:

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

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

the maximum price established by law