



# Employee Benefits

# Information

**NOVEMBER 2005**



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# The City of St. Albert Employee Benefit Handbook

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## Welcome to the City of St. Albert

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Welcome aboard and congratulations on your choice to work for the City of St. Albert.

We are confident that you will have a rewarding and enriching experience as a member of our team. We pride ourselves in selecting and retaining personable, capable, knowledgeable and highly professional team members. We are also proud that the City of St. Albert is considered an employer of choice within the Alberta Capital Region.



This handbook is a guide to help you understand the employment-related benefits available to you. It is important that you understand these benefits and your options related to them. In addition to this document, remember that your manager and supervisor are available and willing to help with any questions you may have. The Human Resources department is also more than willing to provide you with assistance. Human Resources can be reached at 459-1676 or 459-1679 for payroll or employment benefits information.

Also please remember that this book is just a guide. Great care and attention has gone into ensuring that the information it contains is accurate and amended as program regulations change. That being said, the ultimate authorities on any dispute are the contracts and policies of the underwriters and providing organizations.

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## **Canada Savings Bond Deduction Program**

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The New CSB Payroll Savings Programs allows permanent employees the option to purchase Canada Savings Bonds through automatic payroll deduction with a minimum contribution of \$10 per pay. The campaign for new bond purchases or increases runs September-October, with deductions starting the first pay of December.

Joining the Payroll Savings Program is quick and easy. You sign up only once and the amount you choose will be automatically deducted from each pay (minimum \$10). You maintain control over your savings and can decrease or cancel your payroll deductions at any time with written notice to the payroll department. Redemptions can be made at any time by calling Canada Savings Bond toll free number 1-877-899-3599. You can also access your savings online at [www.mybonds.gc.ca](http://www.mybonds.gc.ca).

While the new Payroll Program is a continuous savings program, here is an example of what you would accumulate, before interest, in just one year:

<b>Purchase Frequency</b>	<b>At \$20 You Save</b>	<b>At \$35 You Save</b>	<b>At \$75 You Save</b>
Bi-Weekly	\$520	\$910	\$1,950
Semi-Monthly	\$480	\$840	\$1,800

Detailed information regarding this program will be distributed every year.

## Oilers Payday Pack Program

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The City of St. Albert has joined forces with the Edmonton Oilers to ensure that its employees have access to some of the best seats available during the Edmonton Oilers regular hockey season. Joining will allow you to:

- choose the games you want to see
- purchase packs of tickets at season seat prices (each pack consists of 2 tickets to five different games)
- pay for these tickets over an extended period of time through automatic withdrawals from your bank account one day after your payday
- enjoy great seats in the Colonnade area
- have an affordable night of entertainment at a first class venue

Detailed information regarding this program will be distributed every year.



## **Employee Computer Purchase Plan**

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The City recognizes the benefits of assisting its staff with the purchase of computer equipment for their personal use so a payroll deduction program is available to all permanent employees.

Only computer-related hardware, accessories and software are eligible to be purchased under this plan. Excluded are digital cameras, palm pilots, computer games, video recorders, etc.

The plan runs mid-August to October. Eligible purchases must be made during the campaign, with a minimum purchase amount of \$560 (including GST). The City will reimburse the employee 90% of the total purchase price, minimum \$500 to a maximum of \$5,000. Payroll deduction is available on one or two-year terms at a low interest rate.

Detailed information regarding this program will be distributed every year.



## The Citadel Theatre Ticket Plan

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The City of St. Albert offers a Citadel Theatre Payroll Incentive Program that gives City employees the opportunity to experience great live entertainment at a reduced price. The actual cost for the Payroll Incentive Program will be available every summer prior to the theatre season. Season subscriptions are offered to City of St. Albert staff at a 20% reduction. There are a minimum number of subscribers required before the plan can be offered.

Payment for the season tickets can be made in three ways: the entire cost can be paid in one lump sum at the time of enrollment or divided into three installments. The third option is to participate in the Payroll Deduction Program where the total cost of the subscription is recovered over ten payments via payroll deductions. Regardless of the payment method, subscribers are in for a year packed with live entertainment at an affordable price.

Detailed information regarding this program will be distributed every year.



## **The City of St. Albert Social Club**

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The Social Club is non-profit organization that has the following objectives:

- To promote fellowship and friendship among employees of the City of St. Albert
- Maintain a fund from which recognition may be made to members who end their service with the City.
- Acknowledge circumstances within the membership such as illness, death or other special circumstances that may occur.
- Subsidize the costs of the Social Club functions and other Social Club activities for members.

The Social Club is comprised of Members, Department Representatives and the Executive. All governing positions are elected and voluntary. Membership in the Social Club is voluntary to any City staff member on the payroll. Dues are \$2.50 per pay (maximum of \$60/year) beginning on the first pay following the day on which you join the Social Club.

Any person who joins the Social Club immediately upon employment with the City shall be entitled to full Social Club privileges. Should a person elect to join the Social Club at some later date, they must then have three months of continuous membership before being entitled to full Social Club privileges. Alternatively, they may elect to pay for 3 months in arrears.

Some events put on by the Social Club include: Golf Tournament, Mayfield Dinner Theatre, Craft Night, Wine Tasting, Christmas Party, Ski Trip and much more.

## Benefit Summary

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### Employment Category

- **Permanent Full-time (PFT)** - work at least seventy-two (72) hours in every consecutive bi-weekly period and will have been hired with no defined end date to their employment. Full-time employees are normally included in the semi-monthly salaried payroll.
- **Permanent Part-time (PPT)** - work less than an average of seventy-two hours in every consecutive bi-weekly period and will have been hired with no defined end date to their employment. Permanent Part-time employees are normally included in the bi-weekly salaried payroll.

### Coverage

Permanent employees are covered for:

- Group Life Insurance – Basic Employee
- Optional Life Insurance – Employee, Spouse [optional]
- Dependent Life [optional]
- Accidental Death & Dismemberment (AD&D)
- Long-Term Disability (LTD)
- Extended Health Care & Emergency Travel Assistance
- Vision Care [optional]
- Alberta Health Care
- Dental Care

### Eligibility Requirements

An employee must be:

- a permanent employee scheduled to work an average of at least 40 hours bi-weekly
- 
- OR

- a Term employee who is hired to work at least 72 hours bi-weekly and has been employed for six months. Term employees are not eligible for Long-Term Disability Insurance or pension plan coverage.

## **Cost Coverage**

Inside Employees: The City of St. Albert pays for 80% of the cost and the employee is responsible for 20%. The three exceptions to this cost share are: Optional Life, Optional Spousal Life and Option 1 of Long-Term Disability, all of which require the employee to pay 100% of the premiums.

CUPE Employees: The City of St. Albert pays for 75% of the cost and the employee is responsible for 25%. The three exceptions to this cost share are: Optional Life, Optional Spousal Life and Option 1 of Long-Term Disability, all of which require the employee to pay 100% of the premiums.

SAFFU Employees: The City of St. Albert pays for 75% of the cost and the employee is responsible for 25%. The three exceptions to this cost share are: Optional Life, Optional Spousal Life and Option 1 of Long-Term Disability, all of which require the employee to pay 100% of the premiums.

## Definitions

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### **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.

### **Actively working**

An employee is actively working if the employee is performing all the usual and customary duties of the employee's job with the employer for the scheduled number of hours for that day. This includes the scheduled non-working days and any period of continuous paid vacation, limited to the last day of the month following the month in which the vacation starts for Long-Term Disability, as long as the employee was actively working on the last scheduled working day.

An employee is not considered to be actively working when receiving disability benefits.

### **Appropriate treatment**

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**

Basic earnings are the employee's salary from the employer not including any bonus, overtime or incentive pay.

### **Child**

A child of the employee or the employee's spouse, including any legal ward of the employee or the employee's spouse for whom the employee is entitled to claim a deduction under the Income Tax Act, who is not married or in any other formal union recognized by law, and who is:

- Under 21, unmarried and living at home, or
- Age 21 or over but under the age 26 who is unmarried and is a full-time student attending an educational institution recognized by Canada Customs and Revenue Agency and is entirely dependent on the employee for financial support.

- A child who becomes handicapped before the limiting age, continues to qualify as long as the child:

Is incapable of financial self-support because of a physical or mental disability,

Depends on the employee for financial support, and

Is not married nor in any other formal union recognized by the law.

The employee must provide Sun Life proof of the above within 31 days of the date the child attains the limiting age.

### **Dependent**

A dependent is a spouse or child, who is a resident of Canada or the United States and is covered under a provincial health care plan within Canada.

### **Doctor**

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

### **Employee**

An employee is a person who is employed by the employer and who is a resident of Canada.

### **Employer**

The employer is the City of St. Albert.

### **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.

### **Life event changes**

The following are considered life event changes:

- A marriage.
- A common-law relationship that has lasted 12 months.
- Divorce, legal separation, or the end of a common-law relationship.
- The death of a spouse or a child.

- The birth or adoption of a child.
- The employee's spouse becomes eligible for, or loses, other group coverage.

### **Previous group contract**

A previous group contract is a contract issued to the contract holder or employer by another insurance company or by Sun Life which provided benefits comparable to this contract, and which is terminated and was replaced by this contract less than 31 days later.

### **Retirement date for totally disabled people**

A totally disabled employee's retirement date is the employee's 65<sup>th</sup> birthday, unless the employee has actually retired before.

### **Spouse**

The employee's spouse by marriage or under any other formal union recognized by law, or a person of the opposite sex or of the same sex who is publicly represented as the employee's spouse for at least the last 12 months.

Only one person at a time can be covered as an employee's spouse under this contract.

### **Waiting period**

The period from the date of employment to the last day of the month in which employment begins. However, if an employee commences work on the first day of the month, there is no waiting period.

## **General Conditions of the Coverage**

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### **Eligibility for coverage**

An employee is eligible for coverage under this contract if the employee:

- Is a member of a class of employees eligible for coverage,
- Has completed the applicable waiting period, and
- Meets all other eligibility required as outlined.

A dependent becomes eligible for coverage on the date the employee becomes eligible or the date the person first becomes the employee's dependent, whichever is later.

The employee must apply for employee coverage in order for the employee's dependents to be eligible.

If an employee who was previously covered under this contract is re-employed by the City of St. Albert within 6 months of terminating employment, the employer may choose to consider the waiting period as satisfied on the date of re-employment.

### **Enrolment**

An employee may enroll for the employee and dependent coverage shown below. If the employee's enrolment request is not received within 31 days after the date the employee becomes eligible, the employee will be covered for the core coverage only.

### **General Conditions**

<b>Benefit</b>	<b>Coverage Available</b>
Basic Employee Group Life	Options 1 to 3
Accidental Death & Dismemberment	Equal to Basic Group Life Insurance
Basic Dependent Life	Options 1 or 2
Optional Employee Life	Multiples of \$10,000
Optional Spouse Life	Multiples of \$10,000
Long-Term Disability	Options 1 or 2
Extended Health Care	Options 1 or 2
Vision Care	Option 1
Dental Care	Options 1 or 2

## **When coverage begins**

An employee's coverage begins on the date the employee becomes eligible for coverage.

If an employee is not actively working on the date coverage would normally begin, then coverage will not begin until the employee returns to active work with the employer.

A dependent's Extended Health, Dental and Vision coverage begin on the date the employee's coverage begins or the date the employee first has a dependent, whichever is later.

If the employee has a dependent when the employee becomes eligible, the dependent's basic Life coverage begins on the date the employee's coverage begins. If the employee acquires a dependent at a later date, dependent coverage may be added as described under *Changes in options and dependent coverage*.

If the employee already has dependent coverage under this contract, any further dependents are automatically covered without written request.

For any dependent, other than a newborn child, who is hospitalized, coverage will not begin before the dependent is discharged and resumes normal activities.

An employee may refuse Extended Health Care or Dental Care coverage for the employee or a dependent because comparable coverage is provided through another spousal or employee group plan under this or another group contract.

An employee's Optional Life and/or Spouse Optional Life coverage begins on the later of the following dates:

The date Sun Life approves the employee or spouse's proof of good health.

## **Proof of good health**

Sun Life requires proof of good health for the initial amount of Optional Life coverage and for any increase in coverage elected by an employee.

## **Changes in options and dependent coverage**

An employee may change options for any benefit and may add or terminate dependent coverage on the 2-year group re-enrollment anniversary date of January of even-years (ie. 2006, 2008) or if the employee has a Life Event Change, as long as the employee has been covered under the current option or dependent status for the lock-in period. The employee's request for the change must be received before January 1<sup>st</sup> or within 31 days after the date of the Life Event Change, whichever applies.

For Extended Health Care and Dental Care, the employee is only allowed to terminate coverage if they have comparable coverage under this or another group contract. The employee's request for the change must be received before January 1<sup>st</sup> or within 31 days after the date of the Life Event Change.

Proof of good health is required for an increase in Employee Life, Dependent Life or Long-Term Disability coverage, except in the case of a Life Event Change.

Any resulting change takes effect on the later of the following dates:

- 2-year group re-enrollment anniversary date
- The date the employee's request is received following a Life Event Change.
- The date Sun Life approves the proof of good health, if required.

If an employee is not actively working on the date an increase would normally take effect, then the increase will only take effect on the day the employee returns to active work with the employer.

If a dependent, other than a newborn child, is hospitalized on the date when the change occurs, any increase in the dependent's coverage cannot take effect before the dependent is discharged and resumes normal activities.

### **Lock-in period**

The lock-in period for all options for Employee Group Life Insurance, Dependent Life Insurance, Long-Term Disability, Extended Health, Vision and Dental Care is 2 years from the group re-enrollment date. For changes in coverage made at a Life Event Change, the lock-in period is 2 years from the following group re-enrollment date.

Proof of good health is required for an increase in Employee Group Life Insurance, Dependent Life Insurance or Long-Term Disability coverage, except in the case of a Life Event Change.

### **Changes in the amount of coverage**

Changes in the amount of coverage or benefits may occur as the result of an employment status change, the addition of a benefit or a change to a benefit. Any resulting changes take effect on the date of the change in status or benefits.

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

If the employee is not actively working when the change occurs, the increase cannot take effect before the employee returns to active work.

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

### **When coverage ends**

An employee's coverage ends on the earlier of the following dates:

- For Extended Health, Vision, and Dental Care benefits - the last day of the month in which employment ends.
- For all other benefits - the date employment ends.
- The date the employee is no longer actively at work.
- The date of the period for which premiums have been paid to Sun Life for the employee's coverage.
- The date this contract ends.
- A dependent's coverage ends on the earlier of the following dates:
  - The date the employee coverage ends.
  - The date the dependent ceases to be an eligible dependent.
  - The end of the period for which premiums have been paid for the dependent's coverage.

However, any benefit may end on an earlier date as specified within this document.

### **Continuation of coverage**

When coverage would terminate because employment ends or the employee is no longer actively working, the employer is entitled to continue coverage in the following circumstances as long as the employer's decision is applied equally to all employees within the same classification:

If the employee is absent from work due to illness, coverage may be continued during the period of absence.

Also, coverage under this contract may be continued:

- During maternity/paternity leave, but not more than the period required under the relevant legislation
- 
- During the notice period for termination of employment as required by relevant legislation.
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- During the period an employee is temporarily laid off, on strike or locked out, but only until:
  - For Long-Term Disability- the last day of the month following the month in which the lay-off, strike or lock-out starts.
  - For all other benefits- the last day of the third month following the month in which the lay-off, strike or lock-out starts.
- During the period an employee is granted a leave of absence, but only until:
  - For Long-Term Disability - the last day of the month following the month in which the leave starts.
  - For all other benefits - 12 months following the date on which the leave starts.

The leave of absence cannot be because of illness, paid vacation, or maternity/paternity leave.

### **Surviving dependent coverage**

A dependent's Extended Health, Vision, and Dental Care coverage continue after the employee's death without further premiums, until the earlier of the following dates:

- The last day of the twenty-fourth (24<sup>th</sup>) month following the month in which the employee dies.
- The date the person would no longer be considered the employee's dependent if the employee were still alive.
- The date the benefit provision under which the dependent is covered terminates.
- When dependent coverage continues, it is subject to all other terms of this contract.

## Employee Group Life Insurance

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**Basic Life** (SAFFU members are only eligible for Option 3 coverage)

Amount	Option 1	1x annual basic earnings rounded to the next higher \$1,000
	Option 2	2x annual basic earnings rounded to the next higher \$1,000
	Option 3	3x annual basic earnings rounded to the next higher \$1,000
Minimum		\$10,000
Maximum		\$250,000 (CUPE & SAFFU employees) \$400,000 (Inside employees)

### Retiree Life Insurance

The percentages indicated below are expressed as a percentage of the employee's amount of coverage prior to the first reduction.

<i>For employees who retire prior to age 65</i>	At retirement- 80%
	On the 1 <sup>st</sup> anniversary of retirement- 60%
	On the 2 <sup>nd</sup> anniversary of retirement- 40%
	On the 3 <sup>rd</sup> anniversary of retirement- 20%
	On the 4 <sup>th</sup> anniversary of retirement- 10%

Coverage reduces at retirement to the amount indicated below for the appropriate age and on the employee's subsequent birthdays.

<i>For employees who retire on or after reaching age 65 but before reaching age 70</i>	Age 65 - 80%
	Age 66 - 60%
	Age 67 - 40%
	Age 68 - 20%
	Age 69 - 10%

<i>For all other employees</i>	Age 70 - 10%
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## **Optional Life**

Amount	As elected by the employee, units of \$10,000 Maximum- \$300,000
Proof of good health	Required on all optional amounts of coverage
Termination	The earlier of: date the employee retires, cancels insurance, terminates or reaches age 65

## **Optional Spouse Life**

Amount	As elected by the employee, units of \$10,000 Maximum- \$300,000
Proof of good health	Required on all optional amounts of coverage
Termination	The earlier of: date the employee retires, cancels insurance, terminates or reaches age 65

## **Description of coverage**

Upon receipt of proof that an employee died while covered, Sun Life will pay a death benefit in the amount specified above.

## **What Sun Life will not pay**

If the employee's death is by suicide, while sane or insane, Sun Life will not pay any amount of Optional Life coverage that was in force for less than two years. However, Sun Life will refund all applicable premiums paid.

## **Coverage during total disability**

If a covered employee becomes totally disabled before retirement or age 65, whichever is earlier, Sun Life will continue the employee's Life coverage without payment of premiums from the first day of the month following the onset of disability. If the employee becomes totally disabled on the first day of any month, coverage will be continued without payment of premiums from that date. The employee's coverage will be continued for as long as the employee is totally disabled. This continued coverage is subject to the terms of this contract, which were in effect on the date the employee became totally disabled, including reductions and terminations.

Sun Life must receive proof of the employee's total disability within 12 months of the date the employee is no longer actively working. After that, Sun Life can require ongoing proof that the employee is still totally disabled.

Total disability must continue for:

- An uninterrupted period of 6 months, or
- The elimination period for Long-Term Disability, whichever is shorter

This coverage will continue without payment of premiums until the earlier of the following dates:

- The date the employee reaches age 65.
- The date the employee ceases to be totally disabled.
- The date the employee fails to give Sun Life proof of the employee's continued total disability.

The amount of any employee's Life coverage will be reduced by the amount of any benefit paid under the 31-day free cover or under any converted individual insurance policy, unless the individual insurance policy is exchanged for a refund of premiums.

### **Total disability definition for Employee Life**

For Life coverage, an employee will be considered totally disabled if prevented by illness from performing any occupation the employee is or may become reasonably qualified for by education, training or experience. However, if an employee is considered totally disabled under the Long-Term Disability provision, the employee is also considered to be totally disabled under the Employee Life provisions.

### **When coverage ends**

Coverage ends on the date specified above. In addition, coverage may end on an earlier date, as specified under *Termination of the contract or a benefit provision*.

### **Converting coverage**

If an employee's Life coverage ends or reduces for any reason other than the request of the employee, the employee may apply, without proof of good health, for an individual life insurance policy on the employee's life, subject to the provisions described in *Converting Group Coverage to an Individual Insurance Policy*.

## Accidental Death and Dismemberment

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### Coverage

AD&D is provided in an amount equal to Employee Life Insurance.

### Eligibility

Employees are eligible to participate in the AD&D provided that they are enrolled in Basic Group Life.

### Description of coverage

AD&D coverage provides a benefit equal to a percentage of the amount specified above if, while covered, a person:

- Accidentally drowns
- disappears in an accident while traveling. This only applies if the means of transportation used by the person disappears, sinks, is wrecked, forced to land or stranded and the body of the person is not found within one year. There must be no evidence that the covered person is still alive.
- Is in an accident or exposed to the elements and as a direct result, and independently of any other causes, suffers one of the losses listed in the *Table of losses* within one year of that accident or exposure.

### Proof of claim

If a person dies, proof of claim should be made as soon as possible after the death occurred.

If a person suffers a loss other than death, proof of claim must be received by Sun Life within one year of the loss.

### Level of coverage

The principal sum will be exactly the same as the Basic Group Life coverage. The AD&D benefit is paid in addition to the Basic Group Life benefit if an insured individual's death is due to an accident. In the event that an insured suffers dismemberment losses due to an accident, a percentage of the principal amount is payable. The Schedule of Losses is listed further in this section.

## What Sun Life will pay

Sun Life will pay the percentage, shown in the following table, of the person's amount of Accidental Death and Dismemberment coverage:

### TABLES OF LOSSES

	<b>Amount Payable (% of Principal Sum)</b>
Life	100%
Both arms or both legs	100%
Both hands <u>or</u> both feet	100%
One hand <u>and</u> one foot	100%
One hand <u>or</u> one foot <u>and</u> entire sight in one eye	100%
One arm <u>or</u> one leg	75%
Use of one hand <u>or</u> one foot	75%
Four fingers on same hand	33 <sup>1/3</sup> %
Thumb and index finger on same hand	33 <sup>1/3</sup> %
Four toes on same foot	25%
Use of both arms <u>or</u> both legs	100%
Use of both hands <u>or</u> both feet	100%
Use of one arm <u>or</u> one leg	75%
One hand <u>or</u> one foot	75%
Entire sight of both eyes	100%
Speech <u>and</u> loss of hearing in both ears	100%
Entire sight of one eye	75%
Speech	75%
Hearing in both ears	75%
Hearing in one ear	25%
Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%

Only the largest percentage is paid for injuries to the same limb resulting from the same accident. Sun Life will not pay more than 100% of the amount of coverage if the employee suffers from more than one of the losses in the same accident. This does not include quadriplegia, paraplegia or hemiplegia, where Sun Life will pay a maximum of 200%.

Loss of an arm means that it was severed at or above the elbow. Loss of a hand means that it was severed at or above the wrist. Loss of a leg means that it was severed at or above the knee. Loss of a foot means that it was severed at or above the ankle. Loss of a thumb, finger or toe means that it was severed at or above the first joint from the hand or the foot. Loss of sight, speech or hearing must be total and permanent.

Loss of use must be total and must have continued for at least one year. Before Sun Life pays the benefit, the employee must provide proof that the loss is permanent.

### **Limit on benefit amounts**

If more than one person covered by this contract is eligible for benefits resulting from the same accident, Sun Life will pay up to a maximum of \$3,000,000 for all claims related to the accident. If the total amount of benefits payable for the accident is more than \$3,000,000, then Sun Life will pay for each person a percentage of the \$3,000,000 that is equal to the percentage the person would have received of the total payable.

### **Repatriation benefit**

If an employee dies as a direct result of an accident 100 kilometers or more from home, Sun Life will pay for the preparation and transportation of the body for burial or cremation. Sun Life will pay the usual and reasonable expenses for this service. Sun Life will not pay for this service to the extent that it is reimbursed from other sources or covered under another benefit of this contract. Sun Life will pay a maximum of \$10,000.

Sun Life may pay this benefit to any person who paid for the repatriation or has a claim for repatriation expenses against the employee's estate. As long as this payment is made in good faith, Sun Life will be fully discharged to the extent of the payment.

### **Rehabilitation program**

If an employee suffers a loss, other than a loss of life, Sun Life will pay up to \$10,000 of the employee's rehabilitation expenses. Sun Life will only pay for the usual and reasonable expenses connected with a rehabilitation program. This does not include ordinary living expenses such as room, board, traveling or clothing. Sun Life must approve the rehabilitation program and the expenses must be incurred within 3 years of the accident and while the employee is covered for this

benefit. Sun Life will not pay for this service to the extent that it is reimbursed from other sources or covered under another benefit of this plan.

Sun Life's approval of the rehabilitation program will be based on the likelihood that it will be successful. The rehabilitation will be made up of training required, because of the loss, to prepare the employee for a new occupation.

### **Spouse occupational training benefit**

If an employee dies as a direct result of an accident, Sun Life will pay up to \$5,000 to the employee's spouse for occupation training. The training must be for a job that the employee's spouse was not previously qualified for. Sun Life will only pay for the usual and reasonable expenses connected with an occupational training program. This does not include ordinary living expenses such as room, board, traveling or clothing. Sun Life must approve the expenses and all expenses must be incurred within 3 years of the date of the accident. Sun Life will not pay for this service to the extent that it is reimbursed from other sources or covered under another benefit of this plan.

Sun Life's approval of the training program will be based on the likelihood that it will be successful.

### **Child education benefit**

If an employee dies as a direct result of an accident, Sun Life will pay for a dependent child's tuition fees in a post-secondary school. Sun Life will pay the child 5% of the amount of coverage up to \$5,000, each year up to a maximum of 4 years. The child must enroll as a full-time student within one year of the employee's death. Sun Life will only pay for the usual and reasonable tuition expenses. This does not include ordinary living expenses such as room, board, traveling or clothing. This also does not include education expenses incurred prior to the employee's death.

### **Family transportation benefit**

If an employee suffers a loss as a direct result of an accident and is hospitalized at least 150 kilometers from home, Sun Life will pay up to \$5,000 for the usual and reasonable cost of hotel accommodations close to the hospital while the employee is hospitalized and for the travel expenses of an immediate family member. An immediate family member means a spouse, parent, child, brother or sister.

Sun Life will only pay for the usual and reasonable travel expenses. Sun Life will pay for car travel at a rate of \$0.20 per kilometer. Transportation must be by the most direct route to and from the hospital. Sun Life will not pay for this service to the extent that it is reimbursed from other sources or covered under another benefit of this plan.

## **Coverage during total disability**

If an employee becomes totally disabled while covered and premiums are no longer payable for Life coverage, the employee's Accidental Death and Dismemberment coverage will continue without payment of premium as long as the employee is totally disabled. This continued coverage is subject to the terms of the contract in effect on the date the employee became totally disabled, including reductions and terminations.

Any benefit paid under this contract will be reduced by the amount of any benefit paid under the 31 day free cover or under the Accidental Death benefit attached to any converted individual Life insurance policy, unless the Accidental Death benefit and the individual insurance policy to which it is attached are exchanged for a refund of premiums.

This coverage will continue without payment of premiums until the earlier of the following dates:

- The date the employee reaches age 65.
- The date premiums are no longer waived for Employee Life coverage.

## **What is not covered**

Sun Life will not pay for losses that are the result of:

- Self-inflicted injuries, by firearm or otherwise
- A drug overdose
- Carbon monoxide inhalation
- Attempted suicide or suicide while sane or insane
- Flying in, descending from or being exposed to any hazard related to an aircraft while:
  - Receiving flying lessons
  - Performing any duties in connection with the aircraft
  - Being flown for a parachute jump
  - A member of the armed forces if the aircraft is under the control of or chartered by the armed forces

- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- Full-time service in the armed forces of any country.
- Participation in a criminal offence.

### **When coverage ends**

Coverage ends on the date specified above. In addition, coverage may end on an earlier date, as specified *in General Conditions of the Coverage*.

### **Converting Coverage**

If an employee's Accidental Death and Dismemberment coverage ends or reduces for any reason other than the request of the employee, and if the employee applies to convert the employee's group Life coverage to an individual life insurance policy, the employee may also apply at that time to have an Accidental Death benefit attached to the individual Life insurance policy.

## **Dependent Life Insurance**

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**Basic Dependent Life** (SAFFU members are only eligible for Option 2 or 3)

Option 1	Spouse	- \$ 5,000
	Child	- \$ 2,000
Option 2	Spouse	- \$10,000
	Child	- \$ 5,000
Option 3	No coverage	

### **Description of coverage**

Upon receipt of proof that a dependent died while covered, Sun Life will pay a death benefit in the amount specified.

### **What Sun Life will not pay**

If a spouse's death is by suicide, while sane or insane, Sun Life will not pay any amount of Optional Life coverage that was in force for less than two years. However, Sun Life will refund all applicable premiums paid.

### **Coverage during total disability**

If a totally disabled employee's Life coverage is continued without payment of premiums, then Dependent Life coverage will continue without payment of premiums. This continued coverage is subject to the terms of the contract in effect on the date the employee became totally disabled, including reductions and terminations.

If Life coverage for a spouse is converted to an individual insurance policy, any benefit paid under this contract will be reduced by the amount of any benefit paid under the 31-day free cover or under any converted individual policy, unless the individual insurance policy is exchanged for a refund of premiums.

A dependent's Life coverage will continue without payment of premiums until the earlier of the following dates:

The date premiums are no longer waived for Employee Life coverage.

The date the employee dies.

**When coverage ends**

The date the employee retires or terminates whichever is earlier.

**Converting coverage**

If a spouse's Life coverage ends or reduces for any reason other than at the request of the employee, the spouse may apply, without proof of good health, for an individual life insurance policy on the spouse's life, subject to the provisions described in *Converting Group Coverage to an Individual Insurance Policy*.

## Long Term Disability Insurance

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**Amount of coverage** (SAFFU members are only eligible for Option 2 coverage)

- Option 1      66 <sup>2/3</sup>% of monthly basic earnings up to a maximum of \$6,000. Any benefits received are non-taxable as the employee pays 100% of the premium.
- Option 2      75% of monthly earnings up to a maximum of \$6,000. Any benefits received are subject to income tax since the employer pays a portion of the premium.

### **Cost of living adjustment**

After an employee has been totally disabled for one year, a cost of living adjustment will be applied each January 1<sup>st</sup> based on the increase in the Canadian Consumer Price Index (CPI), up to a maximum of 3% per year.

### **Elimination period**

120 calendar days of uninterrupted total disability or the last day that benefits are payable under any Short-term disability, loss of income or other salary continuation plan, whichever is later.

### **Maximum benefit period**

Benefits cannot extend beyond the last day of the month in which the employee reaches age 65.

### **Tax status**

The benefit payments are not taxable as income for payments made under Option 1. Benefits received under Option 2 are subject to income tax as the employer has paid part of the premiums.

### **Description of coverage**

An employee is entitled to payment of a Long-Term Disability benefit if the employee presents proof of claim acceptable to Sun Life that:

- The employee became totally disabled while covered,
- Total disability has continued beyond the elimination period specified above, and
- The employee has been following appropriate treatment for the disabling condition since the onset of the condition.

The employee will be entitled to benefits while the total disability continues. Benefits are paid at the end of each month. If the employee is totally disabled for part of any month, Sun Life will pay 1/30 of the monthly benefit for each day the employee is totally disabled.

The amount of the benefit is based on the coverage the employee had on the date the employee became totally disabled.

### **Total disability definition for Long-Term Disability**

An employee will be considered totally disabled:

- While the employee is continuously unable to an illness to do the essential duties of the employee's **own occupation**, during the elimination period and the following 24 months, and
- Afterwards while the employee is continuously due to illness unable to do **any occupation** which will provide at least 66<sup>2</sup>/<sub>3</sub>% of the employee's pre-disability basic earnings.

An employee with 35 or more years of employment with the employer is totally disabled if prevented by illness from performing the essential duties of the employee's **own occupation**.

If an employee must hold a government permit or license to perform the employee's **own occupation** and the permit or license is withdrawn or not renewed solely for medical reasons, Sun Life will consider the employee to be totally disabled for up to 12 months after the end of the elimination period. The employee cannot be working other than in a Sun Life approved rehabilitation program. After the end of the 12-month period, the employee will be considered totally disabled if the employee is continuously unable to do **any occupation** for which the employee is or may become reasonably qualified for by education, training or experience.

### **Proof of claim**

Sun Life must receive the notice of claim as soon as reasonable possible.

Sun Life must receive proof of a claim no later than 90 days after the end of the elimination period.

Failure to provide proof within that time will not invalidate nor reduce any claim if it is shown that proof of claim was provided to Sun Life as soon as was reasonably possible, but in no event will the time for filing the proof of claim be extended for more than 90 days plus one year after the end of the elimination period.

## **When Long-Term Disability payments begin**

If an employee becomes totally disabled, the employee will be eligible for Long-Term Disability payments after the elimination period specified above.

If an employee becomes totally disabled during a lay-off or approved leave and the employee's coverage continues during this time, the employee will be eligible for payments on the later of:

- The end of the elimination period specified above, or
- The date the employee is recalled or scheduled to return to active full-time work with the employer.

## **Interrupted periods of total disability during the elimination period**

Interrupted periods of total disability 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 all of the following conditions are met:

- This Long-Term Disability benefit is still in force.
- There is only one interruption in the period of total disability.
- The interruption is not more than 30 days.
- Each period of total disability is due to the same or related causes.

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

## **Interrupted periods of total disability after benefit payments begin**

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

In such cases, a new elimination period will not be applied. Benefits will be based on the coverage in force on the original date of total disability.

## **What Sun Life will pay**

Here is how Sun Life calculates an employee's Long-Term Disability payments:

Step 1: Sun Life takes the amount determined in the selected option.

Step 2: Sun Life subtracts any income provided to the employee:

- Under any government plan, law or agency for the same or a related disability, excluding dependent benefits and automatic cost-of-living increases that occur after benefits begin.
- Under any Workers' Compensation Act or similar law for the same or a related disability, excluding automatic cost-of-living increases that occur after benefits begin.
- Under a motor vehicle insurance plan that provides disability benefits but only as long as the law does not prohibit such a deduction.
- Under a group plan for the same or a related disability, including any coverage resulting from the employee's membership in an association of any kind.
- Under a retirement or pension plan funded in whole or in part by the employer, as a result of a disability or medical condition.
- From any employer for the same or a related disability.
- Under any Criminal Injuries Compensation Act or similar law, where allowed by law.

If an employee is eligible for any of the income amounts above and does not apply for them, Sun Life will still consider them part of the employee's income. Sun Life can estimate those benefits and use those amounts when Sun Life calculates the employee's payments. However, an employee is not required to take early retirement or apply for a disability benefit which would result in a reduction in the employee's retirement benefit and Sun life will not consider these amounts as part of the employee's income if the employee does not apply for them.

If the employee receives any of the income amounts above in a lump sum, Sun Life will determine the equivalent compensation this represents on a monthly basis using generally accepted accounting principles.

Sun Life will not take into account any benefits that began before the employee's disability began. However, increases in those benefits as a result of the employee's disability will be taken into account.

Sun Life has the right to adjust the employee's benefit payments whenever the amount of income being received by the employee from the above sources changes.

Cost of living adjustments will be made as specified above.

### **Rehabilitation program**

An employee may be required to participate in a rehabilitation program approved by Sun Life in writing. It may include the involvement of a Sun Life rehabilitation

specialist, part-time work, working in another occupation or vocational training to help the employee become capable of full-time employment.

Sun Life is under no obligation to approve or continue a rehabilitation program for the employee. The decision to approve or discontinue a rehabilitation program will be made solely by Sun Life. Sun Life will consider such factors as financial considerations and Sun Life's opinion on the merits of rehabilitation.

During the rehabilitation program, the employee will continue to be eligible for Long-Term Disability payments. However, the Long-Term Disability payments will be reduced by 50% of the income the employee receives under the rehabilitation program. During any month, the total income the employee receives from all sources cannot be more than 100% of the employee's pre-disability basic earnings (after income taxes if the benefit is non-taxable). In cases where total income exceeds this limit, the Long-Term Disability payments will be reduced by the excess.

Entering a rehabilitation program during the elimination period is not considered an interruption of the elimination period.

### **Rehabilitation expenses**

Any expenses associated with a rehabilitation program approved by Sun Life, other than normal employment expenses, will be paid by Sun Life as long as Sun Life approves the expenses in writing in advance. Unless otherwise approved by Sun Life, the maximum amount of expenses payable by Sun Life during any one period of disability will be \$10,000.

Expenses will not be covered if Sun Life notifies the employee in writing that the rehabilitation program is no longer approved or that it will no longer accept previously approved expenses.

### **Re-employment allowance**

If an employee is employed with the employer as part of a rehabilitation program, Sun Life will pay a re-employment allowance. The employment allowance will be paid for 3 months or until the end of the rehabilitation program, whichever is earlier. Sun Life will pay 50% of the salary (after income tax if the benefit is non-taxable) being paid to the employee for the rehabilitation employment. Sun Life will pay this amount to the employee in addition to the employee's Long-Term Disability benefit. The employer will reduce the employee's salary for the rehabilitation employment by an equivalent amount.

## **Employee's responsibilities during total disability**

During any period of total disability, the employee must make reasonable efforts to:

- Recover from the disability, including participating in any reasonable treatment or rehabilitation program and accepting any reasonable offer of modified duties from the employer.
- Return to the employee's own occupation during the first 24 months that benefits are payable.
- Obtain training in order to qualify for another occupation if it becomes apparent that the employee will not be able to return to his or her own occupation within the first 24 months that benefits are payable.
- Try to obtain work in another occupation after the first 24 months that benefits are payable.
- Obtain benefits that may be available from other sources.

If the employee fails to do any of these things, Sun Life may withhold or discontinue benefits.

## **Waiver of premium**

Long-Term Disability premiums for an employee will be waived while the employee is receiving Long-Term Disability benefits.

## **When Long-Term Disability payments end**

An employee's Long-Term Disability payments end on the earlier of the following dates:

- The date the employee is no longer totally disabled.
- The end of the maximum benefit period as specified above.
- The last day of the month in which the employee retires on pension with the employer.
- The date the employee dies.

## **When coverage ends**

Coverage ends on the date specified above. In addition, coverage may end on an earlier date, as specified under Termination of the contract or a benefit provision.

## **Payments after coverage ends**

If this Long-Term Disability provision is terminated while an employee is totally disabled, the employee is entitled to continue receiving payments as if this provision were still in effect, as long as the employee's total disability is uninterrupted.

## **Leave of absence**

To meet the requirements of employment standards, human rights and employment insurance, Sun Life will determine the portions of a maternity leave that are voluntary and the portions that are health-related. Sun Life will not pay benefits for the voluntary portions of the leave, but will pay for the health-related portions.

## **What is not covered**

Sun Life will not pay benefits for any period:

- The employee is not receiving appropriate treatment.
- The employee does any work for wage or profit except as approved by Sun Life.
- The employee is not participating in an approved rehabilitation program, if required by Sun Life.
- The employee is on a leave of absence, strike, lock-out or lay-off, except where specifically agreed to by Sun Life.
- The employee is 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.
- The employee is serving a prison sentence or is confined in a similar institution.

Sun Life will not pay benefits if an employee's disability results directly or indirectly from a condition for which the employee received medical treatment or attention during the 90-day period before the date the employee's coverage began. However, this limitation will not apply to the employee if the employee becomes totally disabled more than 12 months after the employee's coverage begins.

If the employee's coverage ends but the employee is covered again under this contract, Sun Life will use the latest date the employee's coverage began when applying the above limitation.

After the employee's **own occupation** period, which is specified in the definition of total disability, Sun Life will not consider the employee totally disabled if the employee's disability results from drug or alcohol abuse. However, this limitation will not apply while the employee is participating in a Sun Life approved treatment

program or the employee has an organic disease which would cause total disability even if drug and alcohol abuse ended.

Except as stated under *Leave of absence*, Sun Life will not pay benefits during a maternity or paternal leave allowed by law or agreed to with the employer.

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

Sun Life 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, except for firepersons and ambulance attendants who are engaged in the performance of their duties.
- Intentionally self-inflicted injuries or attempted suicide, while sane or insane.
- Participating in a criminal offence, except when operating a motor vehicle with a blood alcohol content over the permissible level stipulated in the Criminal Code.

## Extended Health Care

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### Coverage

In-Canada hospital	Up to the difference between the cost of a ward and a private hospital room
Auxiliary hospital	Up to \$360 per person per calendar year
Private duty nursing	Up to \$10,000 per person during any 3 consecutive years
Paramedical services	<p>Psychologists &amp; Physiotherapists – customary and reasonable charges up to \$750 per person per calendar year per specialty.</p> <p>All other paramedical services - \$35 per visit up to 20 visits per person per calendar year per specialty (total of \$700 per person per year per specialty)</p>
Maximum benefit	\$1,000,000 per person per calendar year
Termination	For employees who retire or terminate before reaching age 65 - the last day of the month in which the employee retires or terminates.

**Reimbursement level** (SAFFU members are only eligible for Option 2 coverage)

	Option 1	Option 2
<i>Prescription drug products to help a person quit smoking and drugs for the treatment of erectile dysfunction</i>	100%	100%
<i>Prescription drug products</i>	75%	100%
<i>All other expenses</i>	100%	100%

## **Description of coverage**

Extended Health Care coverage pays for eligible services or supplies, for a covered person, that are medically necessary for the treatment of an illness. To qualify for this coverage the person must be entitled to benefits under a provincial Medicare plan or federal government plan that provides similar benefits.

## **How benefits are paid**

Sun Life will pay for eligible expenses taking into account all limitations and the *Coordination of benefits provision*.

An eligible expense is allocated to the year in which it is incurred. An eligible expense incurred on the date the services are received or on the date supplies are purchased or rented.

After receiving satisfactory proof of claim, Sun Life will multiply the eligible expense by the appropriate reimbursement percentage indicated under *Reimbursement level* to determine the amount payable.

Sun Life will not pay more than the maximum amounts indicated in this section of the contract.

An expense must be claimed for the year in which the expense was incurred. A person may not carry an expense over to a subsequent year.

## **Proof of claim**

Sun Life must receive proof of claim no later than the earlier of:

6 months after the end of the year during which a person incurs the expenses.

90 days after the end of the employee's Extended Health Care.

## **What is covered**

All the following services and supplies are considered eligible expenses:

### **Hospital expenses in Canada**

Sun Life will cover the cost of the following hospital expenses up to the limit specified above.

Room and board in a hospital.

Outpatient services in a hospital outside the province where the person lives.

*A hospital* is a facility licensed to provide care and treatment for sick or injured patients, primarily while they are acutely ill. 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 those purposes in a hospital.

Sun Life will also cover the cost of room and board in an auxiliary hospital, up to the limit specified above. An *auxiliary hospital* is a facility licensed to provide treatment of patients for long term or chronic illnesses.

### **Expenses outside Canada**

Sun Life will cover emergency medical services while a person is outside Canada. An emergency is an acute, unexpected illness or injury that requires immediate attention.

Sun Life will cover the cost of the following, up to the reimbursement level specified:

- Room and board in a hospital and other hospital services up to \$250 per day per person.
- Outpatient services in a hospital
- The services of a doctor up to the amount stated in the Alberta College of Physicians and Surgeons Schedule.

Sun Life will only cover services obtained within 60 days of the date the person leaves Canada. If hospitalization occurs within this period, in-patient services are covered until the date a person is discharged.

### **Prescription drugs**

Sun Life will cover the cost of the following expenses as long as they are prescribed by a doctor, dentist or podiatrist and are obtained from a pharmacist.

Sun Life will 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.

- Drugs and oral contraceptives, which by law, are only available with a prescription and are listed in the Alberta Drug Formulary. Contraceptive drugs, other than oral drugs, are limited to a maximum of \$250 over a period of 5 years.
- Over the counter and monitored drugs that have been approved by Sun Life. These are listed on the sheets attached to this chapter of the booklet. In order to receive reimbursement, the employee must obtain a doctor's prescription for the drug and have the pharmacy issue a drug plan receipt.
- Allergy serums

- Products to help a person quit smoking that require a prescription, up to a lifetime maximum of \$200 per person.
- Drugs for the treatment of infertility up to a maximum of \$2,400 over a period of 24 months.
- Drugs for the treatment of erectile dysfunction, up to a maximum of \$500 per person in a calendar year.
- Sun Life will also cover:
  - Insulin
  - Varicose vein injections, if medically necessary.
  - Payment for any single purchase is limited to the cost of a supply that can reasonably be used in a 100-day period.
- Sun Life 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 drugs, proteins and food or dietary supplements.
  - Hair growth stimulants.
  - Products to help a person quit smoking that do not require a prescription.

### **Medical services and equipment**

Sun Life will cover the costs for the medical services listed below:

- Out-of-hospital private duty nurse services, when medically necessary and ordered by a doctor, up to the limit specified above. 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 the person lives and who does not normally live with the person. The services of a registered nurse are eligible only when someone with lesser qualifications cannot perform the duties.
- Transportation in a licensed ambulance, if medically necessary, to and from the nearest hospital that is able to provide the necessary medical services. Response fees are not recovered (when an ambulance is called, but not used).

- Laboratory tests performed by a commercial laboratory for the diagnosis of an illness. Tests performed in a doctor's office or by a pharmacy are not covered.
- Dental services required because an accidental blow to the mouth that occurs while a person is covered. The replacement of natural teeth or braces and splints needed to repair damage to natural teeth are included. These services must be received within 12 months after the date of the accident. Sun Life 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 the treatment is received. The maximum amount payable is \$1,000 per person per accident.
- Eye examinations performed by an ophthalmologist or a licensed optometrist, up to a maximum of one visit per person over any period of 24 months.
- Wigs following chemotherapy, up to a maximum of \$300 per person in a calendar year. Wigs do not require a doctor's order.
- Equipment rented, or purchased at Sun Life's request, that is ordered by a doctor for temporary therapeutic use. For expenses incurred for a wheel chair, coverage is limited to the use of a manual wheelchair, except if the person's medical condition warrants the use of an electric wheelchair.
- Casts, splints, trusses, braces, or crutches.
- Cervical collars or traction kits when ordered by a doctor.
- External breast prostheses required as a result of surgery, when ordered by a doctor. The maximum amount payable in any period of 24 months is:
  - \$200 per person for a single prosthesis
  - \$400 per person for a double prosthesis
  -
- surgical brassieres required as a result of surgery, up to a maximum of 2 brassieres per person in a calendar year.
- Artificial limbs and eyes when ordered by a doctor, excluding myoelectric appliances. Repairs and replacements are also covered if ordered by a doctor.
- Stump socks when ordered by a doctor, up to a maximum of 6 pairs per person in a calendar year.

- Elastic support stockings when ordered by a doctor, including pressure gradient hose, up to a maximum of 2 pairs per person in a calendar year.
- Arch supports, when prescribed by a doctor, podiatrist or chiropodist, up to a maximum 1 pair per person in a calendar year.
- Custom-made orthopedic inserts for shoes, when prescribed by a doctor, podiatrist or chiropodist, up to a maximum of \$200 per person in a calendar year.
- Custom-made orthopaedic shoes or modifications to orthopaedic shoes when prescribed by a doctor, podiatrist or chiropodist, up to a maximum of 1 pair per person in a calendar year.
- Hearing aids prescribed by a doctor, up to a maximum of \$1,000 per person over a period of 6 calendar years. Repairs are included in this maximum.
- Radiotherapy.
- Coagulotherapy when ordered by a doctor.
- Oxygen, plasma, and blood transfusions.
- Diabetic and colostomy supplies.
- Glucometers prescribed by a doctor, up to a maximum of \$175 per person over any period of 5 years.

### **Paramedical services**

Sun Life will cover, up to the limit specified above, the costs for services of:

- Licensed speech therapists
- Psychologists
- Physiotherapists
- Acupuncturists
- Masseurs
- Osteopaths
- Chiropractors
- Podiatrists
- Chiropodists
- Naturopaths

The above includes a maximum of one x-ray examination per specialty each calendar year.

### **What is not covered**

Sun Life will not pay the costs of:

- Services or supplies payable in whole or in part under any government-sponsored plan or program, except for the user fees and extra billing if the legislation allows private plans to cover the user fees and extra billing.
- 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, humidifiers, and equipment used to treat seasonal affective disorders).
- Any services or supplies that are not usually provided to treat an illness, including experimental treatments.
- Admission to a hospital primarily for bed rest, rest cures, custodial care or domestic care.
- Sun Life 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, except for fire-persons and ambulance attendants who are engaged in the performance of their duties.
  - Any work for which a covered person was compensated that was not done for the employer who is providing this plan.
  - Participation in a criminal offence, except when operating a motor vehicle with a blood alcohol content over the permissible level stipulated in the Criminal Code.

Sun Life will also not pay benefits when the compensation is available under a Workers' Compensation Act, Criminal Injuries Act or similar legislation.

## Over the counter drug benefit list by DIN and drug name

DIN	Drug Name
00000028134	CHLOR-TRIPOLON 2.5 MG/5ML ORAL SYRUP
00000021288	NOVO-PHENIRAM 4 MG TABLET
00000738972	CHLOR-TRIPOLON 4 MG TABLET
00000388706	CHLORPHENIRAMINE MALEATE 4 MG TABLET
00000490571	CHLORPHENIRAMINE MALEATE 4 MG TABLET
00000293873	HISTALON 4 MG TABLET
00000210668	CHLORPHENIRAMINE MALIEATE 4 MG TABLET
00000738980	CHLOR-TRIPOLON REPETABS 8 MG SUST RELEASE TABLET
00000738964	CHLOR-TRIPOLON REPETABS 12 MG SUST RELEASE TABLET
00002103001	NOVAHISTINE DECONGESTANT 5 MG/5ML ORAL LIQUID
00002050161	ENTROPHEN REGULAR STRENGTH 325 MG ECCPT
00002003279	ASPIRIN 325 MG ENTERIC COATED CAPLET
00000010332	ENTROPHEN REGULAR STRENGTH 325 MG ECT
00000216666	NOVASEN 325 MG ENTERIC COATED TABLET
00000724912	A.S.A. 325 MG ENTERIC COATED TABLET
00002010526	ENTERIC COATED ASA 325 MG TABLET
00002046253	MSD ENTERIC COATED ASA 325 MG TABLET
00000510696	APO-ASEN ECT 325 ENTERIC COATED TABLET
00000092746	ASA 325 MG ENTERIC COATED TABLET
00000134376	ASTRIN 5 GR ENTERIC COATED TABLET
00000156839	ASA 325 COMPRIMES RETARD
00000678090	ASA 325 MG ENTERIC COATED TABLET
00000403350	CORYPHEN 325 MG ENTERIC COATED TABLET
00001933841	ASPIRIN 325 ENTERIC COATED TABLET
00002003287	ASPIRIN 500 MG ENTERIC COATED TABLET
00000852015	ENTROPHEN 500 MG ENTERIC COATED TABLET
00001905392	ENTROPHEN 10 SUPER EXTRA STRENGTH 650 MG ECCPT
00000010340	ENTROPHEN 10 650 MG ENTERIC COATED TABLET
00000229296	NOVASEN 650 MG ENTERIC COATED TABLET
00000381038	A.S.A. 650 MG ENTERIC COATED TABLET
00000417599	A.S.A. 650 MG ENTERIC COATED TABLET
00002046261	MSD ENTERIC COATED ASA 650 MG TABLET
00000794244	ENTERIC COATED ASA 650 MG TABLET
00000472478	APO-ASEN ECT 650 MG ENTERIC COATED TABLET
00000092762	ASA 650 MG ENTERIC COATED TABLET
00000412090	ASA 650 MG (COMPRIMES RETARD) ENTERIC COATED TABLET
00000678082	ASA 650 MG ENTERIC COATED TABLET
00000346098	CORYPHEN 650 MG ENTERIC COATED TABLET
00000419508	ENTROPHEN 16 975 MG ENTERIC COATED TABLET
00001932551	DIMETANE 4 MG TABLET
00000016314	PERIACTIN 2 MG/5ML ORAL SYRUP
00000016454	PERIACTIN 4 MG TABLET
00000757713	PMS-CYPROHEPTADINE HCL 4 MG TABLET
00002019698	BENADRYL CHILDREN'S 0.125% ORAL LIQUID
00000792706	PMS-DIPHENHYDRAMINE 2.5 MG/ML ORAL ELIXIR
00000370517	ALLERDRYL 25 MG CAPSULE
00000443441	INSOMNAL 25 MG CAPSULE
00000757683	PMS-DIPHENHYDRAMINE 15 MG CAPSULE
00001933434	SLEEP-EZE D 25 MG CAPLET
00002017649	BENADRYL 25 MG CAPLET
00002097583	ALLERNIX 25 MG CAPLET
00001949454	ALLERGY 25 MG TABLET

DIN	Drug Name
00001994247	SLEEP AID (REGULAR STRENGTH) 25 MG TABLET
00000271411	ALLERDRYL 50 MG CAPSULE
00000757691	PMS-DIPHENHYDRAMINE 50 MG CAPSULE
00001933442	SLEEP-EZE D EXTRA STRENGTH 50 MG CAPSULE
00002019671	BENADRYL 50 MG CAPSULE
00001933450	SLEEP-EZE D EXTRA STRENGTH 50 MG CAPLET
00002097575	ALLERNIX 50 MG CAPLET
00000583979	PMS-PROMETHAZINE 2 MG/ML ORAL SYRUP
00001937693	PHENERGAN 10 MG/5ML ORAL SYRUP
00001937723	PHENERGAN 10 MG TABLET
00000575178	HISTANTIL 25 MG TABLET
00001937715	PHENERGAN 25 MG TABLET
00002162229	PHENERGAN 25 MG TABLET
00000057186	HISTANTIL 50 MG TABLET
00001937707	PHETERGAN 50 MG TABLET
00000028207	POLARAMINE 2 MG TABLET
00000176893	POLARAMINE REPETABS 6 MG SUSTAINED RELEASE TABLET
00000769592	BALMINIL DECONGESTANT 30 MG/ML ORAL SYRUP
00000579212	DECONGESTAN 30 MG/5ML ORAL SYRUP
00000294482	PSEUDOFRIN 6 MG/ML ORAL SYRUP
00002221411	SUDAFED NASAL COLD REGULAR STRENGTH SYRUP
00001934821	ROBIDRINE 60 MG TABLET
00000473677	SUDODRIN 60 MG TABLET
00001905619	TANTAFED 60 MG TABLET
00000307912	PSEUDOFRIN 60 MG TABLET
00002154886	SUDAFED NASAL COLD EXTRA STRENGTH 60 MG TABLET
00001950401	CONGEST-EZE 60 MG TABLET
00002221438	SUDAFED DECONGESTANT EXTRA STRENGTH 60 MG TABLET
00001958046	MAXENAL 120 MG CAPLET
00002154994	SUDAFED NASAL COLD 12-HOUR 120 MG CAPLET
00002221454	SUDAFED DECONGESTANT 12-HOUR 120 MG CAPLET
00002103109	ELTOR-120 MG SUSTAINED RELEASE TABLET
00000523504	PYRIBENZAMINE 50 MG TABLET
00000026083	BETADINE 10% VAGINAL DOUCHE
00000252824	PROVIODINE 10% VAGINAL DOUCHE
00000026034	BETADINE 10% VAGINAL GEL
00000026611	PROVIODINE 10% VAGINAL GEL
00000026050	BETADINE 200 MG VAGINAL SUPPOSITORY
00000281379	PROVIODINE 250 MG VAGINAL OVULE
00000035971	TAVIST 1 MG TABLET
00000746304	DRIZORAL N.D. 120 MG SUSTAINED RELEASE TABLET
00001916947	BACTROBAN 2% TOPICAL OINTMENT
00002019973	CLARITIN 1 GM/ML ORAL SYRUP
00000782698	CLARITIN 10 MG TABLET
00002223546	REACTINE 5 MG TABLET
00001900986	REACTINE 10 MG TABLET
00002145790	ZYRTEC 10 MG TABLET
00002223554	REACTIVE 10 MG TABLET
00002231452	ALLEGRA 50 MG TABLET

## Alphabetical listing of defined over the counter products

ALLERORYL  
ALLERNIX  
APO-TERFENADINE  
ASA  
ASA ECT  
ASTEMIZOLE

BACTROBAN  
BALMINIL DECONGESTANT  
BENADRYL  
BENADRYL CHILDREN'S  
BETADINE  
BROMPHENIRAMINE MALEATE

CETIRIZINE HCL  
CHLORPHENIRAMINE MALEATE  
CHLOR-TRIPOLON  
CLARITIN  
CLEMASTINE  
CONTAC ALLERGY FORMULA  
CYPROHEPTADINE HCL

DEXCHLORPPHENIRAMINE MALEATE  
DIMETANE  
DIPHENHYDRAMINE HCL  
DRIXORAL ND

ELTOR  
ENTERIC COATED ASA  
ENTROPHEN 10  
ENTROPHEN 10 (FC) SUPER EXTRA  
STRENGTH  
ENTROPHEN 15 MAXIMUM STRENGTH  
ENTROPHEN EXTRA STRENGTH  
ENTROPHEN REGULAR STRENGTH

HISMANAL  
HISTANTIL

LORATADINE

MAXENAL  
MSD ENTERIC COATED ASA  
MUPIROCIN

NOVAHISTINE DECONGESTANT  
NOVASEN  
NOVO-PHENIRAM  
NOVO-TERFENADINE

PERIACTIN  
PHENERGAN  
PHENYLEPHRINE HCL  
PMS-CYPROHEPTADINE HYDROCHLORIDE  
PMS-DIPHENHYDRAMINE  
PMS-PROMETHAZINE  
POLARAMINE  
POVIDONE-IODINE  
PROMETHAZINE HCL  
PROVIDINE  
PSEUDOEPHEDRINE HCL  
PSEUDOEPHEDRINE SULFATE  
PYRIBENZAMINE

REACTINE  
ROBIDRINE

SELDANE

TAVIST  
TERFENADINE  
TRIPLENNAMINE HCL

## **Vision Care**

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### **Reimbursement level**

Option 1	100% without a deductible  For a child under the age 14 who requires new contact lenses or eyeglasses because of a change in prescription, payment will be made up to a maximum of \$350 in any 12 month period  For any other person, payment will be made up to a maximum of \$350 in any 24-month period
Option 2	No Coverage

### **Termination of coverage**

For employees who retire before reaching age 65 - the Coverage ends on the last day of the month following the month in which the employee retires. For all other employees - the last day of the month in which the employee terminates

### **Time limit for proof of claim**

Sun Life must receive proof of claim no later than the earlier of:

- 6 months after the end of the year during which the person incurs the expense (June 30 of next calendar year).
- 90 days after the end of the employee's Vision Care coverage.

### **Reimbursement procedures**

An eligible expense is incurred on the date the supplies are purchased.

After receiving satisfactory proof of claim, Sun Life will multiply the eligible expense by the appropriate reimbursement percentage indicated under Reimbursement level to determine the amount payable. The reimbursement levels are noted above.

Sun Life will not pay more than the maximum amounts indicated above.

An expense must be claimed for the year in which the expense was incurred. A person may not carry an expense over to a subsequent year.

## **What is covered**

Sun Life will cover, up to the limit specified above, the cost of contact lenses, eyeglasses, intraocular lenses or laser eye surgery. Contact lenses, eyeglasses or intraocular lenses must be prescribed by an ophthalmologist or licensed optometrist and are obtained from an ophthalmologist, licensed optometrist or optician. Laser eye correction surgery must be performed by an ophthalmologist.

Sun Life will not pay for:

- sunglasses and/or tinted clip-ons for eyeglasses, even if they are included as part of a package.
- magnifying glasses
- safety glasses of any kind.

## **What is not covered**

Sun Life will not pay for the costs of:

- services or supplies payable in whole or in part under any government-sponsored plan or program, except for user fees and extra billing if the legislation allows private plans to cover the user fees and extra billing.
- supplies to the extent that their costs exceed the reasonable and usual rates in the locality where the services and supplies are provided.
- Sun Life 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, except for fire-persons and ambulance attendants who are engaged in the performance of their duties.
  - any work for which a covered person was compensated that was not done for the employer who is providing this plan.
  - participating in a criminal offence, except when operating a vehicle with a blood alcohol content over the permissible level stipulated in the Criminal Code.

Sun Life will also not pay benefits when compensation is available under a Workers' Compensation Act, Criminal Injuries Compensation Act or similar legislation.

## **Alberta Health Care**

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The City of St. Albert provides Alberta Health Care coverage for eligible employees and their dependents. All residents of Alberta must be covered under the Alberta Health Care plan. Employees who are legitimately covered under another individual's plan such as a spouse are not obligated to be covered under their own plan.

### **What is Covered**

For the most current information on this topic, information should be obtained directly from Alberta Health Care. Their web-site is located at <http://www.health.gov.ab.ca/>.

### **Deduction Process**

Deductions are taken on the second pay of each month to cover the employee's share of the premium and are remitted directed to Alberta Health Care.

### **Who May be Covered as a Dependent**

The following people can be covered on one Alberta Health Care account: your spouse (including common-law of 3 years), single dependent children under the age of 21 years, single children over the age of 21 who are wholly dependant on you due to a physical or mental disability, and single dependent children under the age of 25 who are full-time students at an accredited educational institute.

## **Emergency Travel Assistance**

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### **Description of coverage**

Emergency travel assistance, called Medi-Passport, supplements the emergency portion of a person's Extended Health Care coverage. It only covers services that a covered person obtains within 60 days of leaving the province where the person lives. If hospitalization occurs within this time period, in-patient service is covered until a covered person is discharged.

An emergency is an acute, unexpected illness that requires immediate attention.

Arrangements have been made with Worldwide Travel Assistance Services, Inc. to alleviate some of the difficulties a covered person may meet when traveling outside of the person's province of residence.

### **On the spot medical assistance**

Worldwide Assistance will provide referrals to physicians, pharmacists and medical facilities. As soon as Worldwide Assistance is notified that a covered person has a medical emergency, its staff, or a physician designated by Worldwide Assistance, will, when necessary, attempt to establish communications with the attending medical personnel to obtain understanding of the situation and to monitor the person's condition. If necessary, Worldwide Assistance will also guarantee or advance payment of the expenses incurred to the provider of the medical service.

Worldwide Assistance will provide translation services in any major language that may be needed to communicate with local medical personnel. Worldwide Assistance will transmit an urgent message to the person's home, business or other location. Worldwide Assistance will keep messages to be picked up in its offices for up to 15 days.

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

Worldwide Assistance may determine, in consultation with an attending physician, that it is necessary for a covered person to be transported under medical supervision to a different hospital or treatment facility, or to be sent home. In these cases, Worldwide assistance will arrange, guarantee, and if necessary, advance the payment for the person's transportation.

Based on medical factors, a physician designated by Worldwide Assistance will make the final decision whether the person should be moved, when, how and to where the person should be moved and what medical equipment, supplies and personnel are needed.

## **Meals and accommodations expenses**

If a covered person's return trip is delayed or interrupted due to a medical emergency or the death of anyone the person is traveling with who is also covered by this benefit, Worldwide Assistance will arrange the person's meals and accommodations at a commercial establishment. Sun Life will pay a maximum of \$150 a day for each person for up to 7 days.

Worldwide Assistance will arrange for meals and accommodations at a commercial establishment, if a covered person has been hospitalized due to a medical emergency while away from the province where the person lives and has been released, but, in the opinion of Worldwide Assistance, is not yet able to travel. Sun Life will pay a maximum of \$150 a day for up to 5 days.

## **Travel expenses home if stranded**

Worldwide Assistance will arrange and, if necessary, advance funds for transportation of a covered person to the province where the person lives:

If due to a medical emergency, the person has lost the use of a ticket home because the person or a covered dependent traveling with the person had to be hospitalized as an in-patient, transported to a medical facility or repatriated due to a medical emergency.

If the person is a child under the age of 16, or mentally or physically handicapped, and is left unattended while traveling with a covered person when that person is hospitalized outside the province where the person lives, due to a medical emergency. If necessary, in the case of the child, Worldwide Assistance will also make arrangements and advance funds for a qualified attendant to accompany them home. The attendant is subject to the approval of a covered person or a member of the person's family.

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

## **Travel expenses of family members**

Worldwide Assistance will arrange and if necessary, advance funds for one round-trip economy class ticket for a member of a covered person's immediate family to travel from their home to the place where the person is hospitalized if the hospitalization is for more than 7 consecutive days, and:

The person is traveling alone, or

The person is traveling only with a covered child who is under the age of 16 or mentally or physically handicapped.

Sun Life 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 a covered person dies while out of the province where the person lives, Worldwide Assistance will arrange for all necessary government authorizations and for the return of the person's remains to the province where the person lives in a container approved for transportation. Sun Life will pay a maximum of \$5,000 per return.

### **Vehicle Return**

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

### **Lost luggage or documents**

If a covered person's luggage or travel documents become lost or stolen while the person is traveling outside the province where the person lives, Worldwide Assistance will attempt to assist the person by contacting the appropriate authorities and by providing directions for the replacement of the luggage or documents.

### **Coordination of coverage**

If a person is also covered under certain other plans, Sun Life will coordinate payments with the other plans in accordance with guidelines adopted by the Canadian Life and Health Insurance Association.

The plan from which a person makes 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 a covered person's medical care.

### **Reimbursement of expenses**

If a covered person obtains confirmation from Worldwide Assistance that a medical emergency exists and pays for services or supplies that were eligible for advances, Sun Life will reimburse the person. To receive reimbursement, the person must

provide Sun Life with proof of the expenses within 30 days of returning to the province where the person lives.

### **A covered person's responsibility for advances**

Any person who receives benefits under this plan will have to reimburse Sun Life for any of the following amounts advanced by Worldwide Assistance:

- Any amounts which are reimbursed or are reimbursable to the person under a provincial Medicare plan.
- That portion of any amount which exceeds the maximum amount if the person's coverage under this plan.
- Amounts paid for services or supplies not covered by this plan.
- Amounts that are the person's responsibility, such as deductibles and the percentage of expenses payable by a covered person.

Sun Life will bill the person for any outstanding amounts. Payment will be due when the bill is received. The person 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.

Sun Life may have the right to recover these payments if AHC covers any of these costs.

### **Limits on emergency travel assistance coverage**

Worldwide 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 to permit Worldwide Assistance to fully provide service to the best of its ability during any such occurrence.

Worldwide Assistance will not provide services in the province where a covered person lives, or during any trip taken for the purpose of seeking medical attention.

### **Liability of Sun Life or Worldwide Assistance**

Any physician or other health care professional who provides direct services to a covered person will be acting on the person's behalf only and will not be considered acting on behalf of Sun Life or Worldwide Assistance.

Neither Sun Life nor Worldwide Assistance assume any responsibility or liability for:

- Any medical advice given by any physician or other health care professional.
- The negligence or other wrongful acts or omissions of any physician or other health care professional providing direct services under this group plan.
- No person will have any recourse against Worldwide Assistance or Sun Life because Worldwide Assistance suggested, or planned with, a physician or other health care professional.
- Decisions made by a physician or other health care professional as to the medical need for providing any of the services covered by this benefit are medical decisions based on medical factors and, as such, will be conclusive in determining the need for these services.

### **Termination of Medi-Passport**

Sun Life can terminate coverage under Medi-Passport at any time without notice to the persons covered by the plan.

Emergency travel assistance benefits will continue for any covered person who is traveling outside the province where the person lives on the date coverage is terminated and who, in the 10 days prior to their departure, obtained confirmation from the City, or Sun Life that, as of the scheduled date of departure, this coverage was still in force. However, the person will not continue to be covered under another benefit under this plan, if that other benefit has been terminated.

## Dental Care

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**Reimbursement level** (SAFFU members are only eligible for Option 2)

	<b>Option 1</b>	<b>Option 2</b>
Basic dental procedures	100%	100%
Dentures	N/A	50%
Major dental procedures	N/A	50%
Orthodontic procedures (only for children under the age 21)	N/A	50%

### Fee guide

The fee guide, and applicable adjustment policy, for general practitioners approved by the Alberta Dental Association, regardless of where the treatment is received.

### Yearly maximum

Option 1: Basic = \$3,000 per person

Option 2: Basic, Dentures and Major procedures combined - \$3,000 per person

### Lifetime maximum

Orthodontic procedures- \$3,000 per person

### Termination

Coverage terminates the last day of the month in which the employee terminates, retires, or reaches age 70, whichever is earlier.

### Time limit for proof of claim

Sun Life must receive proof of claim no later than the earlier of:

- 6 months after the end of the year during which the person incurs the expense (June 30 of next calendar year).
- 90 days after the end of the employee's Dental Care coverage.

## **Description of coverage**

Dental Care coverage pays for eligible expenses that a covered person incurs for dental procedures performed by a licensed dentist, denturist, dental hygienist or anesthetist.

For each dental procedure, only reasonable expenses will be covered, up to the usual charge for the most economical alternate procedure, service or treatment consistent with accepted dental practice. In no case will the eligible expense be more than the fee stated in the appropriate Dental Association Fee Guide specified above.

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.

## **How benefits are paid**

Sun Life will pay for eligible expenses taking into account all limitations and the *Coordination of benefits* provision.

An eligible expense is allocated to the calendar year in which it is incurred.

An expense is incurred on the date the dentist performs a single appointment procedure. For procedures, other than orthodontic procedures, which take more than one appointment, a person incurs an expense once the entire procedure is complete.

For orthodontic procedures that occur while a person remains continuously covered, a person incurs an expense on the date of each appointment. For orthodontic procedures that are completed after the date a person's coverage ends, a person incurs the expense once the entire procedure is complete.

If a person receives any temporary dental service, Sun Life will consider it to be 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.

After receiving satisfactory proof of claim, Sun Life will multiply the eligible expense by the appropriate reimbursement percentage indicated under *Reimbursement level* to determine the amount payable. The reimbursement levels are noted above.

For claims for orthodontic procedures, a treatment plan must be prepared before the treatment begins and must be submitted to Sun Life. The eligible expenses for the entire course of the treatment and its estimated duration will be determined based on the treatment plan.

If the estimated duration of the treatment is less than 12 months, payment will be made monthly based on the actual expenses incurred for the month.

If the estimated duration of the treatment is 12 months or more, payment will be based on the average expenses for 3 months and will be paid in quarterly installments.

### **Proof of claim**

Sun Life must receive a claim no later than the earlier of:

- 6 months after the end of the calendar year during which a person incurs the expenses.
- 90 days after the end of the employee's Dental Care coverage.

A person can be required to submit to Sun Life the dentist's statement of the treatment received, pre-treatment x-rays and any additional information that Sun Life considers necessary.

### **Maximum benefit**

Maximums are specified above.

If a person's coverage starts in the second half of a calendar year, the maximum for that year will be reduced by 50%.

### **What is covered**

All the following dental procedures are considered eligible expenses.

#### **Basic dental procedures – These expenses are included in Options 1 and 2**

- oral examinations:
  - 1 complete examination every 24 months.
  - 
  - 1 recall examination every 6 months.
  - 
  - Emergency or specific examinations.

X-rays:

- 
- 1 complete series of x-rays or 1 panorex every 24 months.
- 
- 1 set of bitewing x-rays every 6 months.
- 
- X-rays to diagnose a symptom or examine progress of a particular course of treatment.
- 
- Required consultations with another dentist.

- Polishing (cleaning of teeth), light scaling and topical fluoride treatment once every 6 months.
- Emergency or palliative services.
- Diagnostic tests and laboratory examinations.
- Provision of space maintainers for missing primary teeth for children under age 21.
- Pit and fissure sealants for children under age 21.
- Habit breaking appliances for children under age 21.
- Oral hygiene instruction, up to a lifetime maximum of 1 session per person.
- Fillings – silver amalgam, composite (white), acrylic, or equivalent.
- Removal of teeth, including impacted teeth, and related anesthesia.
- Soft tissue incision and drainage related to anesthesia.
- Prefabricated metal restorations and repairs to prefabricated metal restorations for children under the age 21, other than in conjunction with the placement of permanent crowns.
- Endodontics- root canal therapy and root canal fillings, and treatment of disease of the pulp tissue.
- Periodontics- treatment of disease of the gum and other supporting tissue. Occlusal adjustments, scaling and root planing are each limited to 8 units per person per calendar year.
- Surgery and related anesthesia, other than removal of impacted teeth (*Basic dental procedures*), implants and transplants, and repositioning of the jaw. Charges for the services of a dentist who is assisting a doctor in fracture reduction are included up to a maximum of \$100 per person per occurrence.
- Repair and adjustment of dentures, limited to one repair and one adjustment per calendar year.
- Rebase or reline of an existing partial or complete denture, limited to once per calendar year.

## **Dentures - These expenses are only included in Option 2.**

- Construction and insertion of standard dentures which are required because one or more natural teeth have been extracted while the person is covered for this benefit.
- Replacement of, or addition to, existing dentures as long as:
  - The existing denture is at least 5 years old and cannot be made serviceable,
  - The existing denture is temporary and is replaced by a permanent denture within 12 months after the date it was inserted, or
  - The replacement of, or the addition to, the existing dentures is required because one or more natural teeth have been extracted while the person is covered for this benefit
  - Stress breaker attachment

## **Major dental procedures - These expenses are only included in Option 2.**

- Inlays, up to the amount that would be paid for a regular filling.
- Onlays. Replacement onlays are only covered if the existing onlay is at least 5 years old and cannot be made serviceable.
- Crowns and repairs to crowns, other than prefabricated metal restorations (*Basic dental procedures*). Replacement crowns are only covered if the existing crown is at least 5 years old and cannot be made serviceable.
- Construction and insertion of bridges which are required because one or more natural teeth have been extracted while the person is covered for this benefit.
- Replacement of existing bridges as long as:
  - The existing bridge is at least 5 years old and cannot be made serviceable,
  - The existing bridge is temporary and is replaced by a permanent bridge within 12 months after the date it was inserted, or
  - The replacement of the existing bridge is required because one or more natural teeth have been extracted while the person is covered for this benefit.
- Repair of bridges.
- Veneers

## **Orthodontic procedures - These expenses are only included in Option 2.**

Only available for children under the age 21

Interceptive, interventive or preventative orthodontic services, other than space maintainers and habit breaking appliances (*Basic dental procedures*).

Comprehensive orthodontic treatment, using a removable or fixed appliance, or combination of both. This includes diagnostic procedures, formal treatment and retention. Charges for repairs, adjustments and recementation are included up to a maximum of \$30 plus laboratory charges per occurrence.

### **Payments after coverage ends**

If a person's coverage ends without replacement coverage because the employee is no longer eligible under this provision, the person will continue to be covered for the following services for 31 days after the date coverage would have otherwise ended, as long as the services start as indicated below and this provision remains in force.

Dentures, if an impression is taken before the date coverage would have otherwise ended.

Crowns and bridges, if a tooth is prepared before the date of coverage would have otherwise ended.

Root canal therapy, if the pulp chamber is opened before the date coverage would have otherwise ended.

### **What is not covered**

Sun Life will not pay for services or supplies payable in whole or in part under any government-sponsored plan or program, except for user fees, extra billing, and other expenses in excess of those payable under the government-sponsored plan or program, if the legislation allows their payment under private plans.

Sun Life will not pay benefits when compensation is available under a Workers' Compensation Act, Criminal Injuries Act or similar legislation.

Sun Life will not pay for services or supplies that are not usually provided to treat a dental problem, including experimental treatments.

Sun Life 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 a person does not keep.
- Charges for completing claim forms.
- Charges for recent duplication of services, whether by the same or different dentist.
- Supplies usually intended for sport or home use, for example, mouth guards.
- Procedures or supplies used in full mouth reconstruction (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), for the purpose of prosthetic splinting (capping teeth and joining teeth together to provide additional support) or for the correction of temporomandibular joint dysfunction (the temporomandibular joint is the hinge of the jaw).
- Tooth desensitization.

Sun Life 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, except for firepersons and ambulance attendants who are engaged in the performance of their duties.
- Dental services required due to congenital malformation.
- Participation in a criminal offence, except when operating a motor vehicle with a blood alcohol content over the permissible level stipulated in the criminal code.
- Intentionally self-inflicted injuries or attempted suicide, while sane or insane.

## Claiming Benefits

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### **Notice and proof of claim**

Sun Life must receive written notice and proof of claim within the time limits shown under each benefit.

From time to time Sun Life may request additional information to support a proof of claim. The employee will not be entitled to benefits if the information is not provided by the later of:

- The end of the period specified for proof of claim in each benefit provision.
- 90 days after the date of the request.

The employee is responsible for all costs associated with any notice of proof of claim.

### **Medical examinations**

Sun Life can require medical examinations of any person for whom a claim is made, and will pay for these examinations. Sun Life can refuse to pay benefits if the person fails to take an examination.

### **Proof of age**

Sun Life may require that any covered person provide proof of age. Sun Life may refuse to pay benefits until the proof is given.

If an incorrect age is given, Sun Life can adjust benefits and premiums based on the true age.

### **Paying benefits**

Benefits payable during the lifetime of an employee are payable to the employee.

Dependent benefits which become payable after the employee's death will be paid to the dependent.

However, Optional Life benefits payable as a result of the spouse's death are payable to the last nominated beneficiary filed with the employer. If there is no beneficiary, payment is made to the employee if living, otherwise to the employee's estate.

Unless stated otherwise in the contract, benefits payable as a result of the death of an employee are paid to the last nominated beneficiary filed with the employer. Otherwise, payment is made to the employee's estate. Beneficiaries are revocable unless otherwise specified by the employee or provided by law.

If the person, to whom a benefit is payable is not able to give a valid discharge, Sun Life may pay up to \$10,000 to any person Sun Life considers appropriate. As long as this payment is made in good faith, Sun Life will be fully discharged to the extent of the payment.

### **Recovering damages from a third party**

This provision applies to every employee who claims disability benefits under this contract.

Sun Life may require that the employee provide a written statement of the circumstances that caused the employee's disability, including any facts that may give the employee a legal claim against another person, organization or company that caused the disability (a "Third Party").

If the employee has a legal claim against the Third Party for loss of income which could have been earned while disability benefits are paid or payable under the contract, then the employee must give the following to Sun Life, free of charge:

- Prompt notice of the commencement of any legal proceedings against a Third Party.
- Reports on the status of the legal proceedings or settlement negotiations that Sun Life asks for.
- Copies of any documents in the employee's possession or control relating to the employee's claim against the Third Party.
- Prompt notice of any settlement or judicial disposition of the legal proceedings.

The employee must pay Sun Life 75% of the employees' net recovery from the Third Party, to a maximum of the disability benefits paid to the employee under the contract. This percentage of the net recovery is to be held in trust by the employee for Sun Life until it is paid to Sun Life.

The employee's net recovery is the total of all amounts, including general damages, damages for the loss of income, interest and legal costs, recovered from the Third Party, either through settlement or trial, less the employee's legal costs for the recovery.

Sun Life may require the employee to sign an acknowledgement that the employee is bound by this provision. Sun Life has the right to withhold or discontinue disability benefits if the employee refuses or fails to comply with any of these terms.

## **Coordination of benefits**

If a person incurs an expense covered under Extended Health Care, Vision Care or Dental Care coverage under this contract, that is also covered under any other plan providing similar benefits, Sun Life will coordinate its benefit payments with the other plans.

A plan is defined as group insurance or any other arrangement of coverage for individuals in a group, whether on an insured or an uninsured basis.

Coordination of benefits will be done in accordance with the guidelines of the Canadian Life and Health Insurance Association so that the total payments under all plans do not exceed the person's total eligible expenses.

## **Legal actions**

No legal action may be brought against Sun Life more than one year after the end of the time period in which proof of the claim is required or more than one year after the date Sun Life stops paying disability benefits. If either of these time limits are less than required by law of the jurisdiction in which the employee resides at the time of becoming covered under this contract, then the time will be extended to the minimum required by law.

## **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

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### **What is it**

Employee Assistance Program (EAP) is a voluntary, confidential counseling and referral service available to you and your immediate family members 7 days a week, 24 hours a day.

The program is designed to help with personal or work-related problems, pressures and stress BEFORE they lead to more serious difficulties.

### **Kinds of problems the EAP covers**

Your EAP covers a broad range of concerns that you or your family members may be experiencing including:

- Family & parenting
- Childcare & Eldercare
- Marital or other relationships
- Personal and Emotional
- Stress (including, but not limited to job-related)
- Anxiety and Depression
- Alcohol and Drugs
- Gambling
- Career and Vocational
- Grief
- Health
- Stress associated Financial concerns
- Stress associated with Legal concerns

For more information on this program, contact Human Resources

## **LAPP - Local Authorities Pension Plan**

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### **Who is eligible to join the plan**

If you're a full-time (at least 30 hours per week) permanent employee, you automatically become a member of the plan as soon as you start your employment.

If you're employed on a part-time permanent basis, you may participate depending on your terms of employment (must work a minimum of 40 hours bi-weekly).

### **Compulsory contributions**

Once an employee is registered, contributions continue to be paid until employment ends or until the employee:

- Becomes ineligible to contribute;
- Attains the maximum of 35 years' pensionable service
- Reaches the retirement age of 65.

### **Contribution rates**

Contribution rates are set periodically by the Board. Rates are reviewed every year after an actuarial valuation of the Plan.

Contributions are tax deductible and are made through payroll deduction. Both the employee and employer contributions go directly to the Local Authorities Pension Plan Fund.

### **LAPP membership**

LAPP membership is based on the number of calendar days between the day you start contributing to LAPP and the day contributions end. The length of time you are a member will determine the type of benefits you can receive.

### **Pensionable service**

Pensionable service refers to the years of employment credited to you by the City of St. Albert and for which you contribute to the pension plan. Your future pension payments will be based on your number of years of pensionable service and your salary.

Pensionable salary is an employee's gross basic pay for performing the regular duties of employment.

The maximum pensionable service you can accumulate is 35 years. The minimum length of LAPP membership you need to qualify for pension is 2 years. You can increase your length of pensionable service through the following methods:

### **How can you increase your benefit?**

You may be able to increase your future benefits by increasing your pensionable service through the following methods:

#### Optional Service

You may increase your future benefits by buying optional service. Your previous employment with an organization in Canada may count as optional service.

Examples include:

- Previous employment with the City of St. Albert;
- Another employer who participates in LAPP; or
- Contributory service under another pension plan as long as you will not receive or are not receiving a pension plan for that service.

Your contributions for optional service are tax deductible within the maximum limits set under the *Income Tax Act*.

#### Transferring between Pension Plans

Reciprocal agreements exist with some other pension plans that allow you to transfer your pension credits from a previous employer to LAPP. The request to transfer must be made within a year of becoming a member of LAPP.

Visit the LAPP website at [www.lapp.ab.ca](http://www.lapp.ab.ca) for a list of pension plans with which LAPP has reciprocal agreements.

#### Leave of Absence

If you take a leave without salary or with partial salary, you may add that period of leave to your pensionable service. Your employer may offer you the option of either making pension contributions while on leave without salary, or waiting until you return to purchase that leave.

Other periods of leave may be eligible for purchase as pensionable service (providing your employer allows for such leaves).

## **Date of birth**

Alberta Pensions Administration requires the date of birth be verified and reported for all members. The verified date of birth is used for pension-related calculations such as commuted value benefits and the actuarial reserve cost of buying optional service.

## **Who can be named a beneficiary**

A beneficiary can be a person(s), a trust, an estate or any other legal entity such as a charitable organization.

If you have a pension partner, the surviving pension partner is automatically your beneficiary and is paid death benefits.

## **Pension partner**

Is defined as follows:

- Married to and not separated from you.
  - Was married to and separated from you but is wholly or substantially dependent on you.
  - Has lived in a conjugal relationship for a continuous three year period and is recognized in the community as such.
- √ Note... Members who want the benefit to be for their minor dependent child must name the child as beneficiary, even if they intend to have an adult take responsibility for the child. If, for example, a member names another adult as beneficiary, the payment would be made to the other adult and there would be no way to ensure the payment would be used for the benefit of the child.

## **Co-Beneficiaries and alternate beneficiaries**

Several persons (for example, a member's children) can be named as co-beneficiaries. You will be required to indicate the percentage of death benefits to be paid to each of the named beneficiaries.

An alternate beneficiary would be paid death benefits if the first-named beneficiary(ies) did not survive. You can name one or more alternate beneficiaries.

## **Changing a beneficiary**

You can change your beneficiary at any time. The most recent designation form has priority over all previous designations.

## **Matrimonial property order**

Upon marriage breakdown, the Court is likely to treat the pension asset as one of the items to be considered when property is divided. A Matrimonial Property Order (MPO) is a court order. More specifically, an MPO is an order within the meaning of the Matrimonial Property Act (Alberta), or a similar order enforceable in Alberta of a court outside Alberta, affecting the payment or distribution of a member's pension benefits.

An MPO can affect a member's benefit in many ways. For example, an MPO may result in a spouse or former spouse being paid part of any benefits payable under LAPP. A member's choice of beneficiary may be restricted by the terms of a matrimonial property order. An MPO may require that the member name a former spouse as beneficiary. For more information on MPO please contact Human Resources.