



your **group**  
benefits



**Thomson Multimedia Retirees  
(Closed class)**

**Contract Number 100556 and EAP  
Effective May 1, 2011**

The Employee Assistance Program (EAP) is provided by Shepell.fgi



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## Benefit Summary

This is a general summary of the coverage provided under your group plan and should be read together with the information contained in your booklet. For more information, including exclusions, limitations and other conditions, please refer to the appropriate sections of your booklet.

### Extended Health Care

Benefit year May 1, 2011 to December 31, 2011, and then from January 1 to December 31

Deductible For prescription drugs:  
 n Individual – \$10 per benefit year  
 n Family – \$10 per benefit year  
 For other expenses: None

Reimbursement level

*Prescription drugs* 100% after the deductible

*In-province hospital* 100% of the difference between the cost of a ward and a semi-private hospital room, for a maximum of 180 days per benefit year

*Convalescent hospital* 100% of the difference between the cost of a ward and a semi-private hospital room, for a maximum of 180 days for treatment of an illness due to the same or related causes

*Medical services and equipment* 100%

*Paramedical services* 100%

### Life

#### *Employee Life*

Amount For details on your benefit amount, please contact your employer

## General Information

*The information contained in this section applies only to benefits for which Sun Life Assurance Company of Canada is the insurer or plan administrator.*

### **About this booklet**

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

Your group benefits may be modified after the effective date of this booklet. You will receive written notification of changes to your group plan. The notification will supplement your group benefits booklet and should be kept in a safe place together with this booklet.

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

### **Eligibility**

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

- n you were covered under your employer's group plan on the day preceding your retirement.
- n you retired before January 1, 2009.
- n you are receiving a pension from your employer.

**Who qualifies as your dependent**

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

Your spouse:

- n by marriage.
- n under any formal union recognized by law.
- n of the opposite sex or of the same sex who has been publicly represented as your spouse and with whom you have been cohabiting for at least 1 year, is an eligible dependent.

Any separation of more than 3 months entail the loss of the designation of spouse.

You can only cover one spouse at a time.

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

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

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

- n the child is incapable of financial self-support because of a physical or mental disability, and
- n the child depends on you for financial support, and is not married nor in any other formal union recognized by law.

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

**When coverage begins**

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

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

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

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

**Updating your records**

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

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

**When coverage ends**

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

- n the end of the period for which premiums have been paid to Sun Life for your coverage.
- n the date the benefit provision under which you are covered terminates.

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

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

- n the end of the period for which premiums have been paid for dependent coverage.

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

However, if you die while covered by this plan, coverage for your dependents will continue, without premiums, until the earlier of the following dates:

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

**Replacement coverage**

The group contract will be interpreted and administered according to all legislation concerning the continuation of insurance following contract termination and the replacement of group insurance.

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

**Making claims**

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

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



**Coordination of benefits**

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

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

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

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

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

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

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

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

- n the plan where the child is covered as an employee.
- n the plan where the child is covered under a student health or dental plan provided through an educational institution.

- n the plan of the parent with the earlier birth date (month and day) in the calendar year. For example, if your birthday is May 1 and your spouse's birthday is June 5, you must claim under your plan first.
- n the plan of the parent whose first name begins with the earlier letter in the alphabet, if the parents have the same birth date.

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

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

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

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

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

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

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

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

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

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

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

## Extended Health Care (Medicare Supplement)

<b>General description of the coverage</b>	<p>In this section, <i>you</i> means the employee and all dependents covered for Extended Health Care benefits.</p> <p>Extended Health Care coverage pays for eligible services or supplies for you that are medically necessary for the treatment of an illness. <i>Medically necessary</i> means generally recognized by the Canadian medical profession as effective, appropriate and required in the treatment of an illness in accordance with Canadian medical standards.</p> <p>To qualify for this coverage you must be entitled to benefits under a provincial medicare plan or federal government plan that provides similar benefits.</p> <p>An expense must be claimed for the benefit year in which the expense is incurred. You incur an expense on the date the service is received or the supplies are purchased or rented.</p>
<b>Benefit year</b>	The benefit year is indicated in the Benefit Summary section.
<b>Deductible</b>	<p>The deductible is indicated in the Benefit Summary section.</p> <p>After the deductible has been paid, claims will be paid up to the percentage of coverage under this plan</p>
<b>Prescription drugs</b>	<p>We will cover the cost of the following drugs and supplies that are prescribed by a doctor or dentist and are obtained from a pharmacist. Drugs covered under this plan must have a Drug Identification Number (DIN) in order to be eligible. The reimbursement level is indicated in the Benefit Summary section.</p> <ul style="list-style-type: none"><li>n drugs that legally require a prescription.</li><li>n life-sustaining drugs that may not legally require a prescription.</li></ul>

- n injectable drugs and vitamins.
- n compounded preparations, provided that the principal active ingredient is an eligible expense and has a DIN.
- n diabetic supplies.
- n products to help a person quit smoking that legally require a prescription, up to a lifetime maximum of \$300 for each person.
- n drugs and oral contraceptives that legally require a prescription.
- n intrauterine devices (IUDs), diaphragms, contraceptive patches and contraceptive delivery systems, up to a combined maximum of 1 item per person every 24 months.
- n colostomy supplies.

We will cover the cost of the above drugs and supplies after you pay the deductible.

Payments for any single purchase are limited to quantities that can reasonably be used in a 100 day period.

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

- n infant formulas (milk and milk substitutes), minerals, proteins, vitamins and collagen treatments.
- n the cost of giving injections, serums and vaccines.
- n treatments for weight loss, including drugs, proteins and food or dietary supplements.
- n hair growth stimulants.
- n drugs for the treatment of infertility.
- n vaccines.

- n varicose vein injections.
- n drugs for the treatment of sexual dysfunction.
- n drugs that are used for cosmetic purposes.
- n natural health products, whether or not they have a Natural Product Number (NPN).
- n drugs and treatments, and any services and supplies relating to the administration of the drug and treatment, administered in a hospital, on an in-patient or out-patient basis, or in a government-funded clinic or treatment facility.

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

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

**Hospital expenses in your province**

We will cover the costs for hospital care in the province where you live. The reimbursement level is indicated in the Benefit Summary section.

We will cover out-patient services in a hospital, except for any services explicitly excluded under this benefit, and the difference between the cost of a ward and the room indicated in the Benefit Summary section. The maximum period covered is indicated in the Benefit Summary section.

We will also cover the cost of room and board in a convalescent hospital if this care has been ordered by a doctor as long as it is primarily for rehabilitation, and not for custodial care. The maximum period covered is indicated in the Benefit Summary section.

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

abuse.

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

**Medical services and equipment**

We will cover the costs for the medical services listed below when ordered by a doctor (the services of a dentist do not require a doctor's order). The reimbursement level is indicated in the Benefit Summary section.

- n out-of-hospital private duty nurse services when medically necessary. Services must be for nursing care, and not for custodial care. The private duty nurse must be a nurse, or nursing assistant who is licensed, certified or registered in the province where you live and who does not normally live with you. The services of a registered nurse are eligible only when someone with lesser qualifications can not perform the duties. There is lifetime maximum of \$25,000 per person.
- n transportation in a licensed ambulance, if medically necessary, that takes you to and from the nearest hospital that is able to provide the necessary medical services. Expenses incurred outside Canada for emergency services will be paid based on the conditions specified above for emergency services under *Expenses out of your province*.
- n transportation in a licensed air ambulance, if medically necessary, that takes you to the nearest hospital that provides the necessary emergency services. Expenses incurred outside Canada for emergency services will be paid based on the conditions specified above for emergency services under *Expenses out of your province*.

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- n dental services, including braces and splints, to repair damage to natural teeth caused by an accidental blow to the mouth that occurs while you are covered. These services must be received within 12 months of the accident. We will not cover more than the fee stated in the Dental Association Fee Guide for a general practitioner in the province where the employee lives. The guide must be the current guide at the time that treatment is received.
  - n wigs following chemotherapy, up to a lifetime maximum of \$300 per person. Wigs do not require a doctor's order.
  - n medically necessary equipment rented, or purchased at our request, that meets your basic medical needs. If alternate equipment is available, eligible expenses are limited to the cost of the least expensive equipment that meets your basic medical needs. For wheelchairs, eligible expenses are limited to the cost of a manual wheelchair. Electric wheelchairs, scooters, inhalation appliances, mechanical or hydraulic lifts and repairs to hospital beds are not covered.
  - n casts, splints, trusses, braces or crutches.
  - n breast prostheses required as a result of surgery, up to a maximum of \$200 per person in a benefit year.
  - n artificial limbs and eyes, excluding myoelectric appliances.
  - n elastic support stockings, including pressure gradient hose, up to a maximum of 4 pairs per person in a benefit year.
  - n custom-made orthotic inserts for shoes or custom-made orthopaedic shoes or modifications to orthopaedic shoes, when prescribed by a doctor, podiatrist or chiropractist, up to a combined maximum of 1 pair per person in a benefit year.
  - n hearing aids prescribed by an ear, nose and throat specialist. Repairs are covered.
  - n radiotherapy or coagulotherapy.



- n oxygen, plasma and blood transfusions.
- n glucometers prescribed by a diabetologist or a specialist in internal medicine.

**Paramedical services**

We will cover the costs for the services of the paramedical specialists listed below. The reimbursement level is indicated in the Benefit Summary section.

- n licensed physiotherapists.
- n licensed acupuncturists.
- n licensed chiropractors, up to a maximum of \$200 per person per benefit year. A separate maximum of \$75 per person in a benefit year applies to x-ray examination.
- n licensed podiatrists or chiropodists. A maximum amount of \$75 per person in a benefit year applies to x-ray examination.

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

**Payments after coverage ends**

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

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

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

If the Extended Health Care benefit terminates, coverage for dental services to repair natural teeth damaged by an accidental blow will continue, if the accident occurred while you were covered, and the procedure is performed within 6 months after the date of the accident.

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

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

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

- n the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- n any work for which you were compensated that was not done for

the employer who is providing this plan.

- n participation in a criminal offence.

**When and how to  
make a claim**

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

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

- n 458 days after the date you incur the expenses, or
- n 90 days after the end of your Extended Health Care coverage, whichever is earlier.

## Life Coverage

<b>General description of the coverage</b>	Your Life coverage provides a benefit for your beneficiary if you die while covered.
<b>What we will pay</b>	For details on your benefit amount, please contact your employer.
<b>Who we will pay</b>	<p>If you die while covered, Sun Life will pay the full amount of your benefit to your last named beneficiary on file with Sun Life.</p> <p>If you have not named a beneficiary, the benefit amount will be paid to your estate. Anyone can be your beneficiary. You can change your beneficiary at any time, unless a law prevents you from doing so or you indicate that the beneficiary is not to be changed.</p>
<b>Converting Life coverage</b>	<p>If your Life coverage ends or reduces for any reason other than your request, you may apply to convert the group Life coverage to an individual Life policy with Sun Life without providing proof of good health.</p> <p>The request must be made within 31 days of the reduction or end of the Life coverage.</p> <p>There are a number of rules and conditions in the group contract that apply to converting this coverage, including the maximum amount that can be converted. Please contact your employer for details.</p>
<b>When and how to make a claim</b>	Claims for Life benefits must be made as soon as reasonably possible. Claim forms are available from your employer.

## Employee Assistance Program

**General description  
of the program**

This program is provided by Shepell.fgi. The Employee Assistance Program (EAP) is not insured or administered by Sun Life Assurance Company of Canada.

In this section, *you* means the employee and all dependents as defined under the group plan.

**Immediate,  
confidential help  
for any concern**

Your EAP is a confidential and voluntary support service that can help you address all types of problems and challenges in your life. In addition to providing you with support on health-related issues (such as stress, anxiety, depression, nutrition and addictions), EAP provides a range of support services relating to legal, financial, family and workplace issues.

You can receive support over the telephone, in person, online, and through a variety of issue-based health and wellness resources. For each concern you are experiencing, you can receive a series of sessions. You can also take advantage of online tools to help manage personal well-being. For a complete description of this service, please refer to your EAP brochure.

Assistance is available 24 hours a day, seven days a week. For immediate confidential help, you can call Shepell.fgi:

- n toll-free at 1-866-347-2061
- n TTY Service for the hearing impaired at 1-877-338-0275

You can visit online counselling at [www.shepellfgi.com/ecounselling](http://www.shepellfgi.com/ecounselling) or online resources at [www.shepellfgi.com](http://www.shepellfgi.com).

**Confidential service**

Your EAP is completely confidential. Your employer will not be advised that you have used the service unless you choose to tell them.

- Cost** There is no cost to use EAP. If you need more specialized or longer-term support, your EAP will help you select an appropriate specialist or service that can provide assistance. While fees for these additional services are your responsibility, some may be covered by your provincial plan or your group plan.
- Liability of Sun Life** Sun Life will not be held liable for any acts or omissions of any person or organization providing services in connection with this program.

## Respecting Your Privacy

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

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

**Employee Assistance Program**

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