PROVIGO QUÉBEC INC.
MEMBER OF LOBLAW COMPANIES LIMITED GROUP

Provigo Flexible Benefit Plan
Employees

Group no. **93085** and sections / **93086** and sections

MEDAVIE BLUE CROSS™

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GENERAL INFORMATION

This booklet is aimed at giving you a description of the flexible group plan offered by ***Provigo Inc.*** and administered by ***Medavie Inc***.

NOTICE REGARDING CONFIDENTIAL INFORMATION

When you apply for coverage under the group plan, **Medavie Inc.** sets up a file with personal information relevant to your coverage.

Your file is kept in the Administrator's office. The Administrator's employees have access to this information when required for claim assessment purposes.

You have certain rights of access and correction with respect to the information in your file. A request for access or correction must be in writing and may be sent to the Administrator's office.

This notice is provided in accordance with any applicable legislation respecting the protection of personal information in the private sector.

NOTICE REGARDING THE QUEBEC ACT RESPECTING PUBLIC PRESCRIPTION DRUG INSURANCE

Please note that the four levels of Medical-Dental Coverage offered in this group plan comply with the minimum requirements of the Quebec Act Respecting Public Prescription Drug Insurance.

When you subscribe to the plan, you must choose between the four levels of coverage offered, unless you are covered for drugs under another group plan (for example, that of your spouse).

NOTICE REGARDING YOUR BENEFIT SUMMARY

The Benefit Summary that follows must be read together with the benefit provisions described in the different sections of this booklet.

This booklet describes the group plan in force since 1997. This plan is a flex plan offering options for most benefits. For a confirmation of the coverage you have selected and its effective date, please refer to your identification card, if applicable, or to your Colleague Information Center (CIC).

Employee eligibility:		In order to be eligible for all benefits under this contract, you must actively work for the Employer on a permanent basis and belong to one of the following categories:
	Cat. 1	Regular Full-time Employees
	Cat. 2	Regular Employees with flexible working hours*
	Cat. 3	Part-time Employees **

* *The amount of the weekly indemnity benefit is determined by using the average of hours worked and/or non-working hours paid for during the period of reference.*

** *These employees have a choice to make for their dependents for the Health and Dental Benefits. They may choose family coverage or an individual coverage (and add the family coverage for the Drug Benefit only). The employee pays the entire cost of any family coverage.*

All applications should be completed and submitted to the Administrator within 60 days of the date of eligibility.

Plan waiting period:	
➢ **Cat. 1 and 2**	3 months of continuous employment.
➢ **Cat. 3** (in force since the beginning of the program)	6 months of active employment as of January 1 and must have maintained a 20 hrs/week average of work hours for the 12-month period preceding December 1.
Effective date / Date of eligibility:	
➢ **Cat. 1 and 2**	The first day following the date the active Employee has completed the Plan waiting period.
➢ **Cat. 3**	January 1 following the date you have completed the Plan waiting period if you are actively at work or on the date of your return to active employment according to your regular work schedule.
Maintenance of eligibility (category 3):	Eligibility is reviewed yearly according to the criteria mentioned under the Plan waiting period.
Coverage modification date:	Your coverage or increase in response coverage to a change in employee category will commence on the actual date of the change. If you are not actively at work on the date of the category change, coverage will become effective on the date of your return to active employment according to your regular work schedule.
Termination of benefits:	The benefits provided herein terminate on the earliest of the following dates: 1. the date you retire 2. the date you terminate your employment 3. the date you attain the termination age specified in each benefit, if applicable, or 4. the date the person no longer meets the eligibility criteria.

COVERAGE IN THE EVENT OF DEATH

OPTION A

Basic Life Benefit for the Subscriber	
1) Amount of benefit	One times the annual salary, rounded to the nearest $500
• **maximum**	$300,000
2) Amount of benefit for a part-time employee (Cat. 3)	$12,500
Reduction on the 65th birthday	The amount of benefit is reduced to $5,000
Termination of benefit	Age 70
Basic Life Benefit for Dependents	
Amount of benefit	
➢ **Spouse**	$5,000
➢ **Children**	$2,500 per child
Termination of benefit	Subscriber's age 70

OPTION B

Basic Life Benefit for the Subscriber	
1) Amount of benefit	Two times the annual salary, rounded to the nearest $500
• **maximum**	$300,000
2) Amount of benefit for a part-time employee (Cat. 3)	$25,000
Reduction on the 65th birthday	The amount of benefit is reduced to $5,000
Termination of benefit	Age 70
Basic Life Benefit for Dependents	
Amount of benefit	
➢ **Spouse**	$5,000
➢ **Children**	$2,500 per child
Termination of benefit	Subscriber 's age 70

COVERAGE IN THE EVENT OF DEATH

OPTION C

Basic Life Benefit for the Subscriber	
1) <u>Amount of benefit</u> • **maximum**	Three times the annual salary, rounded to the nearest $500 $300,000
2) <u>Amount of benefit for a part-time employee (Cat. 3)</u>	$50,000
Reduction on the 65th birthday	The amount of benefit is reduced to $5,000
Termination of benefit	Age 70
Basic Life Benefit for Dependents	
Amount of benefit	
➢ **Spouse**	$5,000
➢ **Children**	$2,500 per child
Termination of benefit	Subscriber's age 70

SUBSCRIBER'S OPTIONAL LIFE COVERAGE

OPTIONS A, B and C

Optional Life Benefit for the Subscriber	
<u>Amount of benefit</u>	Units of $10,000
• **Maximum with proof of insurability**	$400,000
Termination of benefit	Subscriber's age 65

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN
(benefit insured by Chartis Insurance Company of Canada)

OPTION A

1) Amount of benefit	One times the annual salary, rounded to the nearest $500
• **maximum**	$300,000
2) Amount of benefit for a part-time employee (Cat. 3)	$12,500
Termination of benefit	Subscriber's age 65

OPTION B

1) Amount of benefit	Two times the annual salary, rounded to the nearest $500
• **maximum**	$300,000
2) Amount of benefit for a part-time employee (Cat. 3)	$25,000
Termination of benefit	Subscriber's age 65

OPTION C

1) Amount of benefit	Three times the annual salary, rounded to the nearest $500
• **maximum**	$300,000
2) Amount of benefit for a part-time employee (Cat. 3)	$50,000
Termination of benefit	Subscriber's age 65

DISABILITY INCOME COVERAGE

OPTION A

Weekly Indemnity Benefit	
Amount of benefit	60% of weekly salary, rounded to the next highest dollar
• **Maximum Weekly Benefit**	Unlimited
Elimination Period	
➢ **Accident**	None
➢ **Illness**	5 working days, according to the Subscriber's work schedule at the start of disability *(see note 1)*
Maximum Benefit Period	26 weeks
Benefit Tax Status	Taxable
Termination of benefit	Subscriber's age 71
Long Term Disability Benefit	
Amount of benefit	60% of monthly salary, rounded to the next highest dollar
• **Maximum Monthly Benefit**	$10,000
Elimination Period	26 weeks
Maximum Benefit Period	To age 65
Benefit Tax Status	Taxable
Cost-of-living Adjustment	None
Termination of benefit	Subscriber's age 65

Note 1

It is agreed that the weekly benefits will start after an elimination period according to the Subscriber's work schedule, determined in days or in hours, so that no more than the equivalent of a standard work week is ever considered as an elimination period, for benefits to be payable. In case of ambiguity, guidelines will be issued by the Administrator to explain the work schedules and specify the period to be considered as the elimination period.

DISABILITY INCOME COVERAGE

OPTION B

Weekly Indemnity Benefit	
Amount of benefit	80% of weekly salary, rounded to the next highest dollar
• **Maximum Weekly Benefit**	Unlimited
Elimination Period	
➢ **Accident**	None
➢ **Illness**	5 working days, according to the Subscriber's work schedule at the start of disability *(see note 1)*
Maximum Benefit Period	26 weeks
Benefit Tax Status	Taxable
Termination of benefit	Subscriber's age 71
Long Term Disability Benefit	
Amount of benefit	70% of monthly salary, rounded to the next highest dollar
• **Maximum Monthly Benefit**	$10,000
Elimination Period	26 weeks
Maximum Benefit Period	To age 65
Benefit Tax Status	Taxable
Cost-of-living Adjustment	None
Termination of benefit	Subscriber's age 65

Note 1

It is agreed that the weekly benefits will start after an elimination period according to the Subscriber's work schedule, determined in days or in hours, so that no more than the equivalent of a standard work week is ever considered as an elimination period, for benefits to be payable. In case of ambiguity, guidelines will be issued by the Administrator to explain the work schedules and specify the period to be considered as the elimination period.

DISABILITY INCOME COVERAGE

OPTION C

Weekly Indemnity Benefit	
Amount of benefit	70% of weekly salary, rounded to the next highest dollar
• **Maximum Weekly Benefit**	Unlimited
Elimination Period	
➢ **Accident**	None
➢ **Illness**	5 working days, according to the Subscriber's work schedule at the start of disability *(see note 1)*
Maximum Benefit Period	26 weeks
Benefit Tax Status	Taxable
Termination of benefit	Subscriber's age 71
Long Term Disability Benefit	
Amount of benefit	70% of monthly salary, rounded to the next highest dollar
• **Maximum Monthly Benefit**	$10,000
Elimination Period	26 weeks
Maximum Benefit Period	To age 65
Benefit Tax Status	Taxable
Cost-of-living Adjustment	Yes, maximum of 3% *(see note 2)*
Termination of benefit	Subscriber's age 65

Note 1

It is agreed that the weekly benefits will start after an elimination period according to the Subscriber's work schedule, determined in days or in hours, so that no more than the equivalent of a standard work week is ever considered as an elimination period, for benefits to be payable. In case of ambiguity, guidelines will be issued by the Administrator to explain the work schedules and specify the period to be considered as the elimination period.

Note 2

On the first day of January of each year, your monthly benefit is indexed according to the increase in the Consumer Price Index. The adjustment starts on the first day of January following 12 months of disability benefits and is subject, however, to a maximum cost-of-living adjustment of 3%.

DISABILITY INCOME COVERAGE

OPTION D

Weekly Indemnity Benefit	
Amount of benefit	80% of weekly salary, rounded to the next highest dollar
• **Maximum Weekly Benefit**	Unlimited
Elimination Period	
➢ **Accident**	None
➢ **Illness**	5 working days, according to the Subscriber's work schedule at the start of disability *(see note 1)*
Maximum Benefit Period	26 weeks
Benefit Tax Status	Taxable
Termination of benefit	Subscriber's age 71
Long Term Disability Benefit	
Amount of benefit	70% of monthly salary, rounded to the next highest dollar
• **Maximum Monthly Benefit**	$10,000
Elimination Period	26 weeks
Maximum Benefit Period	To age 65
Benefit Tax Status	Taxable
Cost-of-living Adjustment	Yes, maximum of 3% *(see note 2)*
Termination of benefit	Subscriber's age 65

Note 1
It is agreed that the weekly benefits will start after an elimination period according to the Subscriber's work schedule, determined in days or in hours, so that no more than the equivalent of a standard work week is ever considered as an elimination period, for benefits to be payable. In case of ambiguity, guidelines will be issued by the Administrator to explain the work schedules and specify the period to be considered as the elimination period.

Note 2
On the first day of January of each year, your monthly benefit is indexed according to the increase in the Consumer Price Index. The adjustment starts on the first day of January following 12 months of disability benefits and is subject, however, to a maximum cost-of-living adjustment of 3%.

MEDICAL-DENTAL COVERAGE

Dental coverage does not apply to employees who are covered by the Dental Care Benefit included in their collective agreement

OPTION A

Drug Benefit	
Percentage of reimbursement	75% of the first $3,000 and 100% of the excess
Deductible	None
Drug list	Drugs that can only be issued upon a prescription

Health Benefit	
Percentage of reimbursement	
➢ **hospital**	100%
➢ **psychologist**	50%
➢ **vision care**	0%
➢ **all other expenses**	75%
Deductible	None
Hospitalization in Canada • **active care**	Semi-private accommodation, unlimited number of days
Medical expenses in Canada	
• **chiropractor, occupational therapist, naturopath, speech therapist, osteopath, physiotherapist and podiatrist**	Subject to one visit per day and to a maximum reimbursement of $750 per calendar year for all professionals combined
• **psychologist**	Subject to one visit per day and to a maximum of 20 visits per calendar year
• **hearing aids**	n/a
• **vision care (eyeglasses and contact lenses)**	n/a
Other eligible expenses	As described in the «Health Benefit» section of this booklet
Termination of benefit	Subscriber's age 71

MEDICAL-DENTAL COVERAGE

OPTION A

Dental Benefit	
Percentage of reimbursement	
➢ **Preventive treatment**	100%
➢ **Basic treatment**	75%
➢ **Major restorative treatment**	0%
➢ **Orthodontic treatment**	0%
Deductible	none
Maximum	
• **Preventive treatment** • **Basic treatment**	Maximum of $1,000 per calendar year for all treatments combined
• **Major restorative treatment**	n/a
• **Orthodontic treatment**	n/a
Dental Fee Guide	Current year less three years
Termination of benefit	Subscriber's age 71

MEDICAL-DENTAL COVERAGE

OPTION B

Drug Benefit	
Percentage of reimbursement	75% of the first $3,000 and 100% of the excess
Deductible	None
Drug list	Drugs that can only be issued upon a prescription

Health Benefit	
Percentage of reimbursement	
➢ **hospital**	100%
➢ **psychologist**	50%
➢ **vision care**	100%
➢ **all other expenses**	80%
Deductible	None
Hospitalization in Canada • **active care**	Semi-private accommodation, unlimited number of days
Medical expenses in Canada	
• **chiropractor, occupational therapist, naturopath, speech therapist, osteopath, physiotherapist and podiatrist**	Subject to one visit per day and to a maximum reimbursement of $750 per calendar year for all professionals combined
• **psychologist**	Subject to one visit per day and to a maximum of 20 visits per calendar year
• **hearing aids**	Subject to a maximum reimbursement of $300 per 24 consecutive months
• **vision care (eyeglasses and contact lenses)**	Subject to a maximum reimbursement of $100 per 24 consecutive months
Other eligible expenses	As described in the «Health Benefit» section of this booklet
Termination of benefit	Subscriber's age 71

MEDICAL-DENTAL COVERAGE

OPTION B

Dental Benefit	
Percentage of reimbursement	
➢ **Preventive treatment**	100%
➢ **Basic treatment**	75%
➢ **Major restorative treatment**	50%
➢ **Orthodontic treatment**	0%
Deductible	None
Maximum	
• **Preventive treatment**	Maximum of $1,000 per calendar year for all treatments combined
• **Basic treatment**	
• **Major restorative treatment**	
• **Orthodontic treatment**	n/a
Dental Fee Guide	Current year less three years
Termination of benefit	Subscriber's age 71

MEDICAL-DENTAL COVERAGE

OPTION C

Drug Benefit	
Percentage of reimbursement	90% of the first $7,500 and 100% of the excess
Deductible	None
Drug list	Extended list

Health Benefit	
Percentage of reimbursement	
➢ **hospital**	100%
➢ **psychologist**	50%
➢ **vision care**	100%
➢ **all other expenses**	90%
Deductible	None
Hospitalization in Canada (and outside Canada in case of emergency) ***(see note 1)***	Semi-private accommodation, unlimited number of days
• **active care**	
Medical expenses in Canada	
• **acupuncturist, audiologist, chiropractor, occupational therapist, massotherapist, naturopath, speech therapist, osteopath, Christian Science practitioner, physiotherapist and podiatrist**	Subject to one visit per day and to a maximum reimbursement of $1,000 per calendar year for all professionals combined
• **psychologist**	Subject to one visit per day and to a maximum of 20 visits per calendar year
• **hearing aids**	Subject to a maximum reimbursement of $500 per 24 consecutive months
• **vision care (eyeglasses and contact lenses)**	Subject to a maximum reimbursement of $150 per 24 consecutive months
Other eligible expenses	As described in the «Health Benefit» section of this booklet
Medical expenses outside Canada (see note 1)	As described in the «Health Benefit» section of this booklet
Termination of benefit	Subscriber's age 71

MEDICAL-DENTAL COVERAGE

OPTION C

Dental Benefit	
Percentage of reimbursement	
➢ **Preventive treatment**	100%
➢ **Basic treatment**	90%
➢ **Major restorative treatment**	80%
➢ **Orthodontic treatment**	50%
Deductible	None
Maximum	
• **Preventive treatment**	Maximum of $1,200 per calendar year for all treatments combined
• **Basic treatment**	
• **Major restorative treatment**	
• **Orthodontic treatment**	Lifetime maximum of $2,000
Dental Fee Guide	Current year less one year
Termination of benefit	Subscriber's age 71

Note 1

Emergency medical and surgical care expenses incurred outside Canada are subject to a maximum reimbursement of $5,000,000 per calendar year, per Participant, including hospitalization outside Canada. However, if you are under an authorized leave of absence without pay or if you are not effectively at work for a period exceeding 3 months due to a lay-off, strike or lock-out, the maximum amount is $50,000 per Participant per period of 5 consecutive years.

OPTION D

Drug Benefit	
Percentage of reimbursement	100%
Deductible	none
Drug list	Extended list

Health Benefit	
Percentage of reimbursement	
➢ **hospital**	100%
➢ **psychologist**	50%
➢ **vision care**	100%
➢ **all other expenses**	100%
Deductible	None
Hospitalization in Canada • **active care**	Privage accommodation, unlimited number of days
Hospitalization outside Canada (for emergency) ***(see note 1)*** • **active care**	Semi-private accommodation, unlimited number of days
Medical expenses incurred in Canada	
• **acupuncturist, audiologist, chiropractor, occupational therapist, massotherapist, naturopath, speech therapist, osteopath, Christian Science practitioner, physiotherapist and podiatrist**	Subject to one visit per day and a maximum reimbursement of $1,500 per calendar year for all professionals combined
• **psychologist**	Subject to one visit per day and a maximum of 20 visits per calendar year
• **hearing aids**	Subject to a maximum reimbursement of $500 per 24 consecutive months
• **vision care (eyeglasses and contact lenses)**	Subject to a maximum reimbursement of $250 per 24 consecutive months
Other eligible expenses	As described in the «Health Benefit» section of this booklet
Medical expenses incurred outside Canada (see note 1)	As described in the «Health Benefit» section of this booklet
Termination of benefit	Subscriber's age 71

MEDICAL-DENTAL COVERAGE

OPTION D

Dental Benefit	
Percentage of reimbursement	
➢ **Preventive treatment**	100%
➢ **Basic treatment**	100%
➢ **Major restorative treatment**	80%
➢ **Orthodontic treatment**	50%
Deductible	None
Maximum • **Preventive treatment** • **Basic treatment** • **Major restorative treatment** • **Orthodontic treatment**	Maximum of $2,500 per calendar year for all treatments combined
Dental Fee Guide	Current year
Termination of benefit	Subscriber's age 71

Note 1

Emergency medical and surgical care expenses incurred outside Canada are subject to a maximum reimbursement of $5,000,000 per calendar year, per Participant, including hospitalization outside Canada. However, if you are under an authorized leave of absence without pay or if you are not effectively at work for a period exceeding 3 months due to a lay-off, strike or lock-out, the maximum amount is $50,000 per Participant per period of 5 consecutive years.

DEFINITIONS

Accident means a sudden, fortuitous and unforeseeable event inflicting directly and independently of all other causes, bodily injuries certified by a physician and due exclusively to an external cause of a violent nature and unintended by the Participant.

Actively at work means the status of an Employee who is physically and mentally capable of performing all the essential duties of his occupation and who, with the Employer's prior agreement, is actually working on a permanent basis, full-time, flexible working hours or part-time according to a regular work-schedule, at the Employee's place of work and own job.

Administrator means Medavie Inc.

Dependent means:

- Your **spouse**, who is the person to whom you are legally married or the person you publicly represent as your spouse and with whom you have been cohabiting for at least one year; this period does not apply if a child is born of the relationship.

  The spouse is named on the application for coverage and remains covered until there is dissolution of the marriage through divorce or annulment or if you and your common-law spouse live separately for at least 90 consecutive days because of a breakdown of your conjugal relationship.

  At any time, only one person can be covered as your spouse.

- Your biological, adopted or step-**children** (including the children of your common-law spouse who live with you), who are unmarried, who depend on you or your spouse for financial support and who satisfy at least one of the following conditions:
  - are under 21 years of age, or
  - are under 26 years of age if full-time students attending an accredited educational institution, college or university, or
  - regardless of their age, if they live with you and have become totally and permanently disabled while they were dependents as per one of the above criteria.

Employee means a person who is domiciled in Canada, is an active permanent Employee working full-time, flexible hours or part-time for the Employer and belongs to a category of Subscribers specified in the Benefit Summary.

Employer means the Plan Sponsor or any other company specified as such by the Plan Sponsor.

Health professional means any health care practitioner mentioned in this booklet who is a duly registered member of his occupational guild, and who practices within the scope of his profession, as established by law.

Hospital means an institution established under the Health Services and Social Services Act to provide short-term care, with the exception of any part of such institution intended for long-term care.

The term « hospital » excludes psychiatric hospitals, long-term care hospitals, tuberculosis hospitals, sanatoriums, community centers, rest homes, retirement homes, health spas, dispensaries, or any facility or part thereof set up to provide nursing care.

Illness means a deterioration of health or bodily disorder diagnosed by a physician, which requires regular, continuous and curative care. The Administrator must consider such medical care satisfactory.

Insured services means services that a Participant is entitled to receive free of charge under the Hospital Insurance or Health Insurance Acts or that are covered under the terms of these acts.

Participant means the Subscriber and his Dependents, as specified herein.

Physician means a member of the medical profession who is licensed to practice medicine under the laws of the jurisdiction in which he practices.

Salary means the Employee's regular rate of remuneration paid by the Employer. Included, if applicable, some allowances paid on a regular basis, but excluding any compensation for overtime, allowances or bonuses.

The salary is established according to the regular practice of the Employer and, if applicable, the requirements of the Employee's collective agreement.

Subscriber means an Employee who has made application to the Plan and has been accepted by the Administrator.

EFFECTIVE DATE OF INITIAL COVERAGE AND OF ANY SUBSEQUENT MODIFICATION

Subscriber's coverage

The effective date of your coverage is determined as follows:

- for any benefit not requiring proof of insurability: at the end of the Plan Waiting Period.
- if proof of insurability is required : the date the Administrator approves such coverage.

Generally, if you are not actively at work on the date your coverage is to be effective, it will become effective when you return to active work.

Dependents' coverage

Dependents' coverage becomes effective on the first of the following dates:

- the date you become eligible for coverage,
- the date your dependents meet the definition of Dependent providing that the Administrator is notified within 60 days of this date; if not, the Subscriber must wait until the following annual enrollment period to add his dependents. Exceptionally, the drug coverage becomes effective as soon as the Administrator is notified.

However, if a dependent (other than a newborn) is hospitalized on the day his coverage should be effective, coverage will become effective when he is discharged from the hospital.

PARTICIPATION

Participation under each benefit is compulsory.

However, an exemption right may be exercised with respect to the Drug Benefit, Health Benefit and Dental Benefit, if you are covered under another group health insurance plan. Supporting proof is then required.

Please note that the Drug, Health and Dental Benefits cannot be subscribed to separately.

PROOF OF INSURABILITY

You must submit proof of insurability (at your expense) if your application for coverage for yourself or your dependents is submitted to the Administrator more than 60 days after the date of eligibility.

Proof of insurability is not required for the Drug Benefit.

As regards the Dental Benefit, for any Participant whose coverage becomes effective more than 60 days after the date of eligibility, the following maximums will apply:

- $100 for all covered services, other than orthodontics, in the first 12 months of coverage, and
- $100 per covered child for orthodontic treatment in the first 36 months of coverage (if orthodontic treatment is covered hereunder).

COVERAGE MODIFICATION

Once your coverage has been selected, you may modify your options once a year, during the annual enrollment period (usually at the beginning of the year**)**, provided you are not disabled. Your request must be submitted within 30 days. You will then be authorized to increase or decrease your coverage, subject to the following restrictions:

1) Applicable to the Basic Life, Accidental Death and Dismemberment and Disability Income benefit

   You must submit proof of insurability (at your expense) to increase the coverage provided under the option that you have selected.

2) If you have selected Option B, Option C or Option D for the Drug, Health and Dental Benefits, you cannot decrease your coverage before the expiry of a three-year period.

After the 30-day period, you will have to wait for the next enrollment period to modify your options.

If you are unable to work on the date the change is to be effective, it will become effective on the date you are able to return to work on a full-time, flexible working hours or part-time basis, according to your regular work schedule.

MODIFICATION DUE TO A CHANGE IN THE FAMILY STATUS

You can modify your individual coverage to a family coverage, or vice versa, within 60 days following one of the events mentioned below:

- marriage or eligibility of your common-law spouse,
- separation or divorce,
- birth or adoption of a child,
- death of your spouse or of the last dependent child,
- the last dependent child is no longer eligible or a child over the age of 21 (but less than 26) is going back to school full-time when there were not any eligible children left,
- if you involuntarily lose access to coverage under your spouse's plan.

After the 60-day period, you will have to wait for the next enrollment period to cover a new dependent providing you submit to the Administrator proof that this new dependent has no insurance coverage.

In Quebec, in conformity with the law, the Subscriber and his dependents who are late applicants, are still granted drug coverage as provided in the contract.

COVERAGE TERMINATION

Subscriber's coverage

Your coverage terminates on the earliest of the following dates:

- the date the contract terminates;
- the date you cease to meet the definition of Subscriber;
- on the date you retire;
- the date you attain the termination age set for each specific benefit, if applicable, as specified in the Benefit Summary.

Dependents' coverage

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

- the date of the Subscriber's death;
- the date the Subscriber's coverage, of whom he is a dependent, ends, with respect to each benefit;
- the date they no longer meet the definition of dependent;
- the date the dependent attains the age limit for each specific benefit, if applicable, as specified in the Benefit Summary.

Death Benefit

Upon your death, the amount specified in the Benefit Summary, depending on the option you selected, is paid to your beneficiary.

Conversion privilege

At or before age 65, you may request within 31 days of the termination of your employment, to convert your Basic Life Benefit, in part or in total, to an individual contract for an amount not to exceed the amount covered under this group contract without having to submit proof of insurability.

However, the amount to be converted cannot exceed the lesser of the following two amounts: a) two hundred thousand dollars or b) the difference between the amount held under this group contract and the amount held in any other group contract under which you were covered before exercising your conversion privilege.

Extension of your Basic Life Benefit without payment of premium

If you terminate your employment at or before age 65, your Basic Life Benefit is extended, without payment of premium, up to 31 days following your termination of employment.

Termination of benefit

This benefit terminates at the age specified in the Benefit Summary.

GENERAL

The Accidental Death and Dismemberment (AD&D) Plan provides benefits in the event of the accidental loss of life, sight, limbs, speech, hearing, or the accidental loss of use of limbs, or paralysis. You are covered 24 hours a day, anywhere in the world.

ELIGIBLE PERSON AND AMOUNTS COVERED UNDER THE BASIC AD&D

The Insured Employee is the eligible person define by the insurer of the Basic Life Group Insurance, under the age of sixty-five (65).

You are automatically covered for a Principal Sum amount equal to your Employer (Policyholder) Basic Group Life Insurance, maximum $300,000.

PAYMENT RESULTING FROM ACCIDENTAL DEATH OR DISMEMBERMENT

The portion of the principal sum payable to you in the event of an accident will depend on the nature of the loss as described below. Loss must occur within 365 days of an accident.

TABLE OF LOSSES

Loss of Life	The Principal Sum
Loss of Both Hands	The Principal Sum
Loss of Both Feet	The Principal Sum
Loss of Entire Sight of Both Eyes	The Principal Sum
Loss of One Hand and One Foot	The Principal Sum
Loss of One Hand and the Entire Sight of One Eye	The Principal Sum
Loss of One Foot and the Entire Sight of One Eye	The Principal Sum
Loss of One Arm	Four-Fifths of The Principal Sum
Loss of One Leg	Four-Fifths of The Principal Sum
Loss of One Hand	Three-Quarters of The Principal Sum
Loss of One Foot	Three-Quarters of The Principal Sum
Loss of the Entire Sight of One Eye	Three-Quarters of The Principal Sum
Loss of Thumb and Index Finger of the Same Hand	One-Third of the Principal Sum
Loss of Speech and Hearing	The Principal Sum
Loss of Speech or Hearing	Three-Quarters of The Principal Sum
Loss of Hearing in One Ear	Two-Thirds of the Principal Sum
Loss of Four Fingers of One Hand	One-Third of The Principal Sum
Loss of All toes of One Foot	One-Quarter of The Principal Sum
Loss of Use of Both Arms or Both Hands	The Principal Sum
Loss of Use of One Hand or One Foot	Three-Quarters of The Principal Sum
Loss of Use of One Arm or One Leg	Four-Fifths of The Principal Sum
Quadriplegia	Two Times the Principal Sum
up to a Maximum of One Million Dollars (total paralysis of both upper and lower limbs)	
Paraplegia	Two Times the Principal Sum
up to a Maximum of One Million Dollars (total paralysis of both lower limbs)	
Hemiplegia	Two Times the Principal Sum
up to a Maximum of One Million Dollars (total paralysis of both limbs of one side of the body)	

"Loss" as above used means the complete and irreversible paralysis as defined herein:

- "*Quadriplegia*", "*Paraplegia*", and "*Hemiplegia*" means the complete and irreversible paralysis of such limbs;
- "*Hand*" or "*Foot*" means the complete severance through or above the wrist or ankle joint, but below the elbow or knee joint;
- "*Arm*" or "*Leg*" means the complete severance through or above the elbow or knee joint;
- "*Thumb and Index Finger*" means the complete severance through or above the first (1st) phalange;
- "*Fingers*" means the complete severance through or above the first (1st) phalange of all four (4) Fingers of One (1) Hand;
- "*Toes*" means the complete severance of both phalanges of all the Toes of One (1) Foot;
- "*The Entire Sight of One (1) Eye*" means the total and irrecoverable Loss of Sight such that corrected visual acuity must be 20/200 or less in such eye;
- "*The Entire Sight of Both Eyes*" means the total and irrecoverable Loss of Sight in Both Eyes such that corrected visual acuity must be 20/200 or less and the field of vision must be less than twenty (20) degrees in both eyes. A Physician certified in Ophthalmology must clinically confirm the diagnosis in writing;
- "*Hearing in One (1) Ear*" means the diagnosis of permanent Loss of Hearing in One (1) Ear, with an auditory threshold of more than ninety (90) decibels. A Physician certified in Otolaryngology must confirm the diagnosis in writing;
- "*Hearing*" means the diagnosis of permanent Loss of Hearing in Both Ears, with an auditory threshold of more than ninety (90) decibels in each ear. A Physician certified in Otolaryngology must confirm the diagnosis in writing;
- "*Speech*" means complete and irrecoverable Loss of the ability to utter intelligible sounds; and
- "*Loss of Use*" means the total and irrecoverable Loss of use provided the Loss is continuous for twelve (12) consecutive months and such Loss of use is determined to be permanent.

Indemnity provided under this section for all losses sustained by any one Insured Employee as the result of any one accident will not exceed the Principal Sum with the exception of quadriplegia, paraplegia and hemiplegia, two times the Principal Sum.

DISAPPEARANCE

If you are in a transportation vehicle that disappears, is forced to land, is stranded, sinks or is wrecked, and you are not found within 365 days of the incident, you will be considered to have died, and the Company will pay benefits accordingly.

REHABILITATION BENEFIT
If you sustain a covered injury payable under the Table of Losses, the Company will reimburse all reasonable and necessary expenses you incur for special training to become specifically qualified to perform an occupation for which you previously lacked the qualifications.

Benefits are payable for up to two (2) years following the accident, to a maximum of $15,000 per covered individual for any one accident. The Company will not pay for any room, board or other ordinary living, travelling or clothing expenses.

HOME ALTERATION AND VEHICLE MODIFICATION
If you suffers Injury resulting in a Loss (other than Loss of Life) for which the Company has paid a benefit set out in the Table of Losses and which Loss results in and necessitates the use of a wheelchair in order for the Insured Employee to be ambulatory, the Company shall pay the reasonable and necessary expenses actually incurred for:

(a) the one-time cost of alterations to the injured Insured Employee's residence to make the residence wheelchair accessible and habitable; and

(b) the lesser of:

    (i) the one-time cost of modifications necessary to a motor vehicle, owned by the injured Insured Employee, to make the vehicle accessible or drivable for the Insured Employee; and
    (ii) the one-time cost to purchase a wheelchair accessible specially modified vehicle, with the prior approval of the Company.

This benefit is payable only if:
(a) home alterations are made on behalf of the Insured Employee and carried out by an experienced individual in such alterations and recommended by a recognized organization, providing support and assistance to wheel chair users; and

(b) vehicle modifications are made on behalf of the Insured Employee and carried out by an experienced individual in such matters and modifications are approved by the Provincial vehicle licensing authorities in the Insured Employee's province of residence.

The maximum amount payable for this benefit for all Injuries resulting from any one (1) accident is fifteen thousand dollars ($15,000.00) per Insured Employee.

WORKPLACE MODIFICATION AND ACCOMMODATION BENEFIT
Pays a benefit of up to $5,000 if you sustain a Loss covered under the Table of Losses and require special adaptive equipment or workplace modification in order to return to full-time work with your Employer.

PSYCHOLOGICAL THERAPY
Pays a benefit of up to $5,000 if you sustain a covered Loss payable under the Table of Losses and require psychological therapy within two (2) years of the injury.

IN-HOSPITAL INDEMNITY BENEFIT
If you suffer Injury resulting in a Loss (other than Loss of Life) for which the Company has paid a benefit set out in the Table of Losses, and as a consequence of such Loss you are, pursuant to the instructions of a Physician, confined to a Hospital for more than five (5) consecutive overnight stays, the Company will pay:

(a) a monthly benefit of 1% of your Principal Sum; or

(b) for periods of less than one (1) month, 1/30 of the above monthly benefit per day.

The maximum amount payable for this benefit for all Injuries resulting from any one (1) accident is two thousand five hundred dollars ($2,500.00) per month.

Benefits are not payable for more than a total of twelve (12) months of confinement for any one (1) accident causing Injury.

FAMILY TRANSPORTATION
Should you be hospitalized for a covered injury payable under the Table of Losses, the Company will pay an immediate family member's visiting expenses to a maximum amount of $15,000 provided the following criteria are met:

a) the hospital confinement occurs within 365 days of the accident;
b) the hospital is at least 100 kilometers away from your permanent place of residence;
c) the attending physician recommends the personal attendance of a member of the immediate family;
d) the visiting family member takes the most direct route, by a licensed common carrier in economy class, to the hospital.

"*Immediate Family*" means a person who is related to the Insured Employee in any of the following ways: a Spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (including legally adopted or stepchild).

REPATRIATION BENEFIT
In the event of your accidental death due to an accident at least 50 kilometers away from your normal place of residence and within 365 days after the accident, the Company will reimburse the actual expenses incurred for preparing the deceased Insured Employee for burial or cremation and shipment of the body to your city of residence; up to a maximum of $15,000.

IDENTIFICATION BENEFIT
Pays a benefit of up to $5,000 for the transportation of an immediate family member to identify your body if you suffer a covered accidental death payable under the Table of Losses, at least 150 kilometers from home and a law enforcement agency requests such identification.

SEAT BELT BENEFIT
Should you sustain a covered injury payable under the Table of Losses and you were wearing a properly fastened seat belt at the time of the accident, the Company will pay 125% of the amount that would otherwise be payable for such covered Loss. Verification of actual use of the seat belt must be part of the official report of accident or certified by the investigating officer.

DAY-CARE BENEFIT
In the event of your accidental death due to an accident, benefits will be paid for each covered dependent child currently enrolled in an accredited day-care centre or enrolled in an accredited day-care centre within 90 days after the date of the accident.

The benefits payable for the day-care services of each eligible dependent are equal to the lowest of the following amounts:
a) the actual cost charged annually by such day-care center; or
b) 3% of the Principal Sum; or
c) $5,000 per year.

The benefit is payable annually for a maximum of four (4) consecutive payments but only if the dependent child is under age 13 and continues his or her enrolment in an accredited day-care center not later than ninety (90) days following your Loss of Life.

DEPENDANT CHILD EDUCATIONAL BENEFIT
If you die as a result of a Loss covered under the Table of Losses, the Company will reimburse the annual tuition, excluding room and board, charged by an Institution of Higher Learning per school year for each of your Dependent Child up to the lesser of the following amounts:
(a) 5% of such your Principal Sum; or

(b) $5,000 per school year.

This benefit is payable annually up to a maximum of four (4) consecutive payments per Dependent Child only if:
(a) your Dependent Child is, at the time of your Loss of Life, enrolled as a full-time student in an Institution of Higher Learning beyond the twelfth (12^{th}) grade level; and

(b) your Dependent Child continues his or her continuous enrollment in an Institution of Higher Learning.

The Company will reimburse the person who has incurred the actual tuition expenses.

"Dependent Child" as used herein means any unmarried child under 23 years of age who is dependent upon you for his maintenance and support and who is not engaged in gainful employment more than twenty-five (25) hours per week at the time of Loss, or an unmarried child under 26 years of age attending at an Institution of Higher Learning and dependent upon you for his maintenance and support and who is not engaged in gainful employment more than twenty-five (25) hours per week at the time of Loss, or by reason of mental or physical infirmity, incapable of self-sustaining employment and who is considered a

Dependent Child of the Insured Employee within the terms of the Income Tax Act (Canada).
"Institution of High Learning" as used herein includes, but is not limited to, any university, post secondary college or trade school, and any College of General and Vocational Education/ Collège d'enseignement général et professionnel (CÉGEP).

SPOUSAL EDUCATIONAL BENEFIT
Pays a benefit of up to $15,000 for your spouse's expenses in enrolling in a professional or trades training program for the purpose of obtaining an independent source of income, if you die as a result of a Loss covered under the Table of Losses, and such expenses are incurred within 30 months of your death.

FUNERAL EXPENSE
When injuries covered by this policy result in your accidental loss of life, the Company will reimburse the person who has incurred the actual expenses pertaining to the cremation, burial or funeral expenses, subject to a maximum of $5,000.

BEREAVEMENT BENEFIT
Pays a benefit of up to $1,000 if your eligible dependents require counseling within one (1) year of the Loss of your life covered under the Table of Losses.

WAIVER OF PREMIUM
Your premiums will be waived if you become totally disabled and eligible for Waiver of Premium under your Basic Group Life Insurance Plan. Such waiver will then apply until the earliest of:

(a) your 65th birthday anniversary;
(b) your death or recovery; or
(c) the date on which this policy is terminated.

BENEFICIARY DESIGNATION
If you die as a result of a loss covered under the Table of Losses, benefits shall be payable as designated in writing under your current Employer Basic Group Life Insurance Plan. In the absence of such designation, benefits shall be payable to your Estate.

You are automatically the beneficiary of any benefits payable in the event of a Loss covered under the Table of Losses.

EXCLUSIONS
Benefits are not payable from this Plan for losses caused or mediated in whole or in part by the following:

(a) suicide or any attempt thereat by you while sane;
(b) self inflicted injury or any attempt thereat by you while sane or insane;
(c) declared or undeclared war or any act thereof;
(d) sickness, disease, mentally incapacity or bodily infirmity whether the loss or claim results directly or indirectly from any of these;
(e) Injury sustained while you are undergoing the medical or surgical treatment of sickness, disease, or bodily or mental infirmity;
(f) cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;

(g) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if you are:
    i. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
    ii. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
    iii. riding as a passenger in an aircraft owned or leased by the Policyholder;
(h) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
(i) injury or loss sustained while the you are on full-time active duty in the armed forces or organized reserve corps of any country or international authority. (Unearned premium for any period for which you are on full-time active duty shall, upon application to the Company by the Policyholder, be refunded);
(j) the commission or attempted commission by you or injury incurred while you are in the course of committing or attempting to commit any act which if adjudicated by a court would be an indictable offence under the laws of the jurisdiction where the act was committed; and
(k) natural causes.

EFFECTIVE DATE

Your coverage begins on the date you satisfy the definition of "Insured Employee".

TERMINATION DATE

Coverage ends on the earliest of:

(a) the date the policy is terminated;
(b) the premium due date if premiums are not paid when due;
(c) the date you no longer satisfy the definition of an Insured Employee; or
(d) the first day of the month following the date you no longer belong to an Eligible Class of Employee as set out in the Policy.

This brochure provides only brief descriptions of the coverage available. The full details of the coverage are contained in the Policy including limitations, exclusions and termination provisions.

If there are any conflicts between this document and the Policy, the Policy shall govern.

Insurance is underwritten by Chartis Insurance Company of Canada.

Death Benefit

Upon your death, the amount specified in the Benefit Summary, depending on the number of units you selected, is paid to your beneficiary.

Conversion privilege

At or before age 65, you may request within 31 days of the termination of your employment, to convert your Optional Life Benefit, in part or in total, except for the waiver of premiums benefit, to an individual contract for an amount not to exceed the amount covered under this group contract without having to submit proof of insurability.

However, the amount to be converted cannot exceed the lesser of the following two amounts: a) two hundred thousand dollars or b) the difference between the amount held under this group contract and the amount held in any other group contract under which you were covered before exercising your conversion privilege.

Extension of your Optional Life Benefit without payment of premium

If you terminate your employment at or before age 65, your Optional Life Benefit is extended, without payment of premium, up to 31 days following your termination of employment.

Waiver of premiums

You are eligible for the Waiver of premiums if you are eligible for benefits under the Long Term Disability Benefit. Premiums cannot be waived beyond age 65.

You must submit a proof of the persistence of your disability when and as required and deemed reasonable by the Administrator.

Non-smoker status

The Administrator may recognize as a non-smoker the Subscriber who furnishes a declaration stating that he has not smoked any cigarettes or cigars during the 12-month period preceding the date he signed the application or his request to change the amount of his death benefit.

If proof of a false declaration is established, this benefit will be null and the Administrator will have no responsibility under the terms of this benefit, other than the refund of premiums paid.

Exclusion

If you commit suicide, while sane or not, within the first 24 months of coverage under this benefit, the Administrator's obligation is limited to the refund of paid premiums and this reimbursement discharges the Administrator of any other obligations under this benefit.

This exclusion applies to the initial death benefit in the first 24 months of coverage or during the 24 months following any subsequent increase of the initial death benefit. If this 24-month period began with the prior contract, it will be continued as if the coverage had never ceased.

Termination of benefit

This benefit terminates at the age specified in the Benefit Summary.

Death Benefit

The amount paid to you on the death of a dependent is specified in the Benefit Summary.

Termination of benefit

This benefit terminates at the age specified in the Benefit Summary.

PURPOSE OF COVERAGE

If you become **totally disabled** following an illness or an accident, the Plan will pay you weekly indemnity benefits, according to the option you have selected, up to the maximum amount and the maximum benefit period specified in the Benefit Summary.

Benefits are paid at weekly intervals for each day of total disability following the expiry of the elimination period.

The benefit for each day of total disability is equal to the full weekly benefit, divided by the number of working days per week, according to your work schedule at the start of your disability.

ADDITIONAL DEFINITIONS

Total disability means any state of incapacity resulting from an accident or illness, requiring continuous medical care of a physician from the beginning of the disability and wholly preventing you from performing each and every duty of your regular occupation.

A total disability beginning more than 15 days after an accident is considered as resulting from an illness.

Elimination period means the period consisting of the first consecutive working days of total disability, for which no benefit is payable under this plan. The elimination period is specified in the Benefit Summary.

Maximum period of benefits means the maximum number of weeks for which benefits are payable, as specified in the Benefit Summary.

Rehabilitation program means a part-time or full-time employment program, approved in writing by the Administrator and during which you earn an income through rehabilitative employment, while you remain unable to perform each and every duty of the occupation you held before your total disability began.

RECURRENT DISABILITIES

Successive periods of disability resulting from the same cause or from related causes are considered one period of disability unless they are separated by your active return to work according to your own schedule during at least 15 calendar days.

When successive periods are considered as a same disability the elimination period is not applied a second time and the same amount as for the initial disability is payable for the remainder of the maximum period originally set.

REHABILITATION PROGRAM

If, while receiving benefits hereunder, you join a rehabilitative employment program approved by the Administrator, you will be entitled to receive rehabilitation benefits equal to the benefit you received immediately before the rehabilitation program, less 50% of the remuneration earned from such rehabilitative employment.

For as long as you are part of the program, your weekly indemnity benefits will be reduced as necessary so that your total income from all sources does not exceed 100% of your pre-disability earnings.

EXCLUSIONS AND RESTRICTIONS

1. Reduction of benefits

   The weekly indemnity benefits payable hereunder will be reduced by an amount equal to the sum of all income, compensation, indemnity and benefits to which you are entitled, on the basis of your disability, from:

   a) Any occupational health and safety act.

   b) Any automobile insurance provincial act.

   c) The Quebec Pension Plan or the Canada Pension Plan.

   d) Any fringe-benefits plan offered by the employer, including a group insurance plan or pension plan to which the Employer contributes.

   e) Any other governmental organisation – when the reduction is acceptable by the Canada Employment Insurance Commission (CEIC).

   The weekly benefits are reduced even if you neglect or refuse to exercise your right to such benefits under the aforementioned acts and plans.

   However, reductions will be made without taking into account subsequent increases made by way of adjustments to the cost of living, in the benefits granted under the aforementioned acts and plans.

2) No weekly indemnity benefit is payable during one of the following periods:

   a) Period during which you are on paid vacation.

   b) Period during which you receive or are entitled to receive any remuneration from your Employer (excluding earnings payable under a rehabilitative employment program).

   c) One of the following periods, the longest period being considered:

      - during a maternity leave taken in accordance with any provincial or federal act or any agreement between you and your employer.
      - while you are receiving or could receive maternity benefits, if you were eligible, under the Québec Parental Insurance Plan (QPIP) or the Canada Employment Insurance Commission (CEIC).

3) No benefit is payable for a total disability beginning during a temporary lay-off, a strike, a lock-out or an imprisonment.

4) No benefit is payable if the total disability results directly or indirectly from one of the following causes:

   a) Injury sustained during a war, declared or not.

   b) Injury sustained while committing or attempting to commit a criminal act.

5) If the disability occurs during a period of absence during which this benefit has remained in force, the elimination period commences on the expected date of return to work, as communicated in writing to the Administrator before the beginning of the leave.

TERMINATION OF THE RIGHT TO BENEFITS

A totally disabled Subscriber's right to benefits hereunder is revoked on the earliest of the following events:

- you have reached the maximum duration of benefits,
- your death,
- your 71st birthday,
- the date you are no longer disabled,
- you refuse to undergo a medical examination requested by the Administrator,
- you fail to produce proof satisfying the Administrator of the persistence of disability,
- you engage in remunerative work, unless it is part of a rehabilitation program.

TERMINATION OF BENEFIT

This benefit terminates at the age specified in the Benefit Summary.

PURPOSE OF COVERAGE

This benefit has been established to offer you long-term disability benefits if you become totally disabled due to an illness or an accident.

AMOUNT OF BENEFITS

Providing this benefit is in force when you become totally disabled and such total disability persists, you will receive, once the elimination period has expired, the long-term disability benefits specified in the Benefit Summary.

ADDITIONAL DEFINITIONS

Total disability means:

1. you are totally and continuously unable, as the result of an illness or accident, to perform the regular duties of your own occupation during the Elimination period and for the following 24 months; and
2. thereafter, "Total disability" means you are totally and continuously unable, as the result of an illness or accident, from performing the regular duties of any occupation:
    a) that would enable you to earn at least 60% of your pre-disability earnings, and
    b) for which you are reasonably qualified, or may so become, by training, education or experience.

Regular duties are defined as those work-related activities which are considered essential to your work performance and which proportionately take the majority of your time to complete.

The availability of such occupations, jobs or work will not be considered while assessing your disability.

The loss of a professional or occupation license or certification does not, in itself, constitute disability.

REHABILITATION PROGRAM

If, while receiving benefits hereunder, you join a rehabilitative employment program approved by the Administrator, you will be entitled to receive rehabilitation benefits equal to the benefit you received immediately before the rehabilitation program, less 50% of the remuneration earned from such rehabilitative employment.

Your benefit will be reduced of any excess, if any, of your pre-disability earnings, from the remuneration earned from such rehabilitation employment and the benefit otherwise payable.

Rehabilitation benefits cease to be payable on the first of the following dates:

- The last day of the month during which you reach age 65.
- The date you cease to participate in the rehabilitation program.
- The date the total duration of remuneration from the rehabilitation program is equal to 24 months, starting on the date the rehabilitation program began.

A rehabilitation program is a part-time or full-time employment program approved in writing by the Administrator and for which remuneration is paid for the services rendered during the period for which you are unable to perform all the regular duties of your own occupation prior to the beginning of your total disability period.

COST-OF-LIVING ADJUSTMENT (Options C and D only)

On the first day of January of each year, your monthly benefit is indexed according to the increase in the Consumer Price Index. The adjustment starts on the first day of January following 12 months of disability benefits and is subject, however, to the maximum cost-of-living adjustment specified in the Benefit Summary.

WAIVER OF PREMIUMS

The payment of your premiums is waived under this benefit during the period of payment of the Long Term Disability Benefit.

EXCLUSIONS AND RESTRICTIONS

1) Reduction of benefits
   The monthly benefits payable hereunder will be reduced by an amount equal to any disability benefit payable or that would be payable if you had submitted a satisfactory claim to:
   a) The Quebec Pension Plan or the Canada Pension Plan, excluding benefits for dependent children.
   b) Any occupational health and safety act.
   c) Any automobile insurance provincial act.
   d) Any crime victims compensation acts.
   e) Any other governmental program.

   However, no further reduction will be made for subsequent increases made by way of adjustments to the cost-of-living, in the benefits granted under the aforementioned acts and plans.

2) Co-ordination of benefits
Furthermore, the amount of disability benefit paid by the Administrator is reduced, so that the sum of all income, compensations, indemnities and benefits to which you could be entitled, due to your disability, from your employer, a governmental plan or program or from any group insurance or pension plan with employer contributions, does not exceed the percentage of benefit specified in the Benefit Summary.

3) No benefit is payable for a disability, an illness, an injury or an accident sustained while engaging in any criminal activity, regardless of whether charges are laid or a conviction is obtained.

4) Furthermore, no benefit is payable for a disability that results from one of the following causes:

   a) A disability period during which you are not receiving treatment or appropriate care from a physician who is a recognized medical specialist or a health professional in the medical field applicable to your condition.

   b) A disability period during which you are not receiving medical treatments or you refuse to take part in a rehabilitation program that is reasonably appropriate in the opinion of the Administrator.

   c) A period during which you are imprisoned.

   d) A disability resulting directly or indirectly from a voluntary illness or injury, whatever your state of mind at the time of the incident.

   e) Injury sustained during active participation in a civil commotion, war (declared or not), hostile act of armed forces of any country or participation in a riot or an insurrection.

   f) A disability during one of the following periods, the longest period being considered:

      - during a maternity leave taken in accordance with any provincial or federal act or any agreement between you and your employer.
      - while you are receiving or could receive maternity benefits, if you were eligible, under the Québec Parental Insurance Plan (QPIP) or the Canada Employment Insurance Commission (CEIC).

   g) A period during which you are outside Canada for any reason, unless prior written approval from the Administrator has been obtained granting payment of benefits during such absence.

TERMINATION OF THE RIGHT TO BENEFITS

A totally disabled Subscriber's right to benefits hereunder is revoked on the earliest of the following events:

- your death,
- your 65th birthday,
- the date you are no longer disabled,
- you refuse to undergo a medical examination requested by the Administrator,

- you fail to produce proof satisfying the Administrator of the persistence of disability,
- you engage in remunerative work, unless it is part of a rehabilitation program.

TERMINATION OF BENEFIT

This benefit terminates at the age specified in the Benefit Summary.

This benefit covers expenses for eligible drugs, incurred by you or your dependents as a result of an illness, a pregnancy or an accident, subject to the percentage of reimbursement specified in the Benefit Summary, for each of the available options.

When in any calendar year you have spent (through coinsurance) an amount equivalent to the maximum contribution established by the Régie de l'assurance-maladie du Québec (RAMQ), for yourself or your dependents, the amounts subsequently reimbursed for eligible drugs is paid at 100% by the Administrator for the remainder of the calendar year.

ELIGIBLE DRUGS

This benefit must always include the drugs and products that appear on the List provided by the Régie de l'assurance-maladie du Québec (RAMQ) and dispensed by a pharmacist on the written prescription of a physician, resident physician or dentist. These drug expenses must be incurred in Canada.

Some of these drugs are covered only in the cases, on the conditions and for the therapeutic indications specified in the regulation, namely exception drugs.

OPTIONS A and B: Regular list

The **Regular List** consists of the usual and reasonable charges for drugs or products purchased in Canada that cannot be obtained without a prescription. They must be prescribed by a physician or a dentist and dispensed by a pharmacist, for use in respect of a pregnancy, illness or injury. The quantity must not exceed a 30-day supply.

The drug or product must be sold in accordance with the Food and Drugs Act of Canada. It must bear a Drug Identification Number (D.I.N.), be used in accordance with the official indications for which the drug or product has been authorized and appear on the list of drugs made and updated by the Quebec Association of Pharmacists.

Also included are:

- certain drugs essential for the Participant's survival or for the treatment of a clearly diagnosed chronic illness, mainly in case of heart disease, pulmonary disease, diabetes, arthritis, Parkinson's disease, epilepsy, cystic fibrosis and glaucoma. The claim must then include, as corroboration, the physician's prescription and written statement giving his diagnosis and the period for which the drugs were prescribed;
- insulin and injectable iron as well as allergy serums prescribed by a physician;
- drugs for the treatment of infertility, subject to a maximum benefit of $1,500 per calendar year and a $3,000 lifetime maximum, per Participant;
- varicose vein injections for medical purposes, subject to a maximum of $5 per day.

OPTIONS C and D: Extended List

The **Extended List** consists of the usual and reasonable charges for drugs or products purchased in Canada, obtained on the prescription of a physician. dentist or podiatrist and dispensed by a pharmacist, for use in respect of a pregnancy, illness or injury. The quantity must not exceed a 30-day supply.

The drug or product must be sold in accordance with the Food and Drugs Act of Canada. It must bear a Drug Identification Number (D.I.N.), be used in accordance with the official indications for which the drug or product has been authorized and appear on the list of drugs made and updated by the Quebec Association of Pharmacists.

Also included are:

- insulin and injectable iron as well as allergy serums prescribed by a physician;
- drugs for the treatment of infertility, subject to a maximum benefit of $1,500 per calendar year and a $3,000 lifetime maximum, per Participant;
- varicose vein injections for medical purposes, subject to a maximum of $5 per day.

EXCLUSIONS

A) *OPTIONS A and B: Regular list*

Expenses related to the following products or drugs are excluded:

- Products for the care of contact lenses.
- Preci-Jet
- Contraceptives (other than oral).
- Proteins or dietary supplements, amino acids.
- Processed food for infants.
- Hygiene products, including soaps.
- Smoking cessation aids (in excess of eligible expenses that appear on RAMQ's list of drugs).
- Minerals.
- Homeopathic products.
- Hair growth stimulants.
- Muse and Viagra.
- Growth hormones.
- Xenical and Meridia.
- Norplant.
- Drugs administered for experimental purposes.
- Vaccines (other than allergenic extracts).
- Drugs and drug formats with no therapeutic indication and intended exclusively to improve the quality of life.
- Mouthwashes, dressings, syrups and cough drops.*
- Shampoos, oils, creams. *
- Prenatal supplements or vitamins. *

* These elements are covered when requiring a physician's prescription, as specified by any act respecting health services and social services.

B) ***OPTIONS C and D: Extended list***

Expenses related to the following products or drugs are excluded:

- Products for the care of contact lenses.
- Preci-Jet.
- Contraceptives (other than oral).
- Smoking cessation aids (in excess of eligible expenses that appear on RAMQ's list of drugs).
- Hair growth stimulants.
- Muse and Viagra.
- Growth hormones.
- Xenical and Meridia.
- Norplant.
- Drugs administered for experimental purposes.
- Drugs and drug formats with no therapeutic indication and intended exclusively to improve the quality of life.

The following products and drugs are also excluded, unless there is medical evidence to the effect that the drug or product is used for therapeutic purposes:

- Proteins and amino acids, dietary and food supplements, processed foods for infants, artificial sweetening agents.
- Vaccines (other than allergenic extracts), injectables (other than those described as eligible under this benefit).
- Herbal products, homeopathic products.
- Cleansers and bath aids, cosmetic, dental and beauty aids, lotions, ointments and creams, powders, shampoos, soaps.
- Diagnostic and testing material.
- Lozenges, mouth and throat preparations, nasal drops and sprays, normal saline (except for inhalation), single vitamins C and E.
- Multivitamins.
- Suppositories - hemorrhoidal preparations.
- Artificial tears preparations, eye and ear drops.
- Diapers.
- Bandages.
- Elastic bands.

C) ***Also excluded are:*** services, treatments or products which you or your dependents receive free of charge as well as all expenses incurred due to an illness or accident covered under any occupational health and safety act or any automobile insurance provincial act.

GENERAL PROVISIONS

At age 65, you may opt to be insured under the Prescription Drug Insurance Public Plan provided by the Régie de l'assurance-maladie du Québec (RAMQ) rather than remain covered hereunder. However, if you so choose, you are required to also register your dependents and your choice is **irrevocable;** you are no longer eligible under this benefit and your Drug coverage cannot be reinstated.

This choice to be insured under the public plan may also be exercised by a spouse who reaches age 65 before the Subscriber. Such choice is also irrevocable.

This benefit covers eligible expenses incurred by you or your dependents as the result of an illness, pregnancy or accident, subject to the percentage of reimbursement specified in the Benefit Summary.

Options C and D: Outside Canada, the expenses must be incurred following an emergency resulting from an accident or sudden illness and you and your dependents must at all times be covered under hospital and health provincial insurance plan**.**

TERMS OF REIMBURSEMENT

The eligible expenses must be:

- usual and reasonable;
- medically necessary and, unless otherwise indicated, be recommended by a physician.

Fees are payable only when the services are provided by health professionals who are legally authorized to practice within the scope of their profession and who are registered members of a recognized professional corporation.

The maximum amounts specified in the Benefit Summary and in this section apply to each covered member of a same family, unless otherwise indicated.

ELIGIBLE EXPENSES

HOSPITALIZATION EXPENSES

1. **Hospitalization in Canada**
   Hospitalization charges for a Participant admitted in a hospital for active care after the effective date of his coverage, for his stay in a semi-private or private room as specified in the Benefit Summary, for as long as he is entitled to insured services under the governmental plan.

2. **Hospitalization outside Canada in case of emergency (Options C and D)**
   The portion of the hospital costs that exceeds the amount refundable by the government health plan in the Participant's province of residence, subject to the daily maximum and number of days specified in the Benefit Summary, **as well as the $5,000,000 overall maximum as specified in note 1 in the Benefit Summary.**

ELIGIBLE MEDICAL EXPENSES (incurred in Canada)

1. **Private duty nursing**
   Charges for nursing services in the home on the written authorization of the attending physician. The nurse must be a Registered Nurse, Registered Nursing Assistant, Licensed Practical Nurse, Licensed Nursing Assistant or a member of the Victorian Order of Nurses. The nurse must be currently registered with his professional association and must not be a blood or marriage relative of the Participant's family nor reside with him.

2. Psychologist

Charges for treatment by a registered psychologist, subject to one professional visit per day and to the maximum number of visits specified in the Benefit Summary.

3. Diagnostic and X-ray services

Charges for diagnostic and x-ray services by a private laboratory which, in the Administrator's opinion, is qualified to render such services. Included are laboratory tests, X-ray examination, Magnetic Resonance Imaging (MRI), Ultrasounds and Tomography performed by a certified radiologist. Radium and X-ray therapy are also included.

4. Convalescent care

Charges for confinement in a standard ward including auxiliary hospital services, in a duly registered convalescent home (or, outside Quebec, in a similar centre), subject to a maximum reimbursement of $20 per day and a maximum of 180 days per period of disability.

For dependents, a subsequent disability is considered to be a continuation of the first disability if the remission period between the two periods of disability is less than three months and if it results from or is related to the same cause.

5. Ambulance transportation

Charges for licensed ambulance services required to transport a stretcher patient to and from the nearest hospital able to provide essential care (excluding inter-hospital transfers). Charges for air transport are included subject to a maximum of three economy seats on a regularly scheduled flight.

When no professional ambulance service is available, the Administrator may, at its option, allow payment for those forms of transportation normally used in the area where the sickness or accident occurred (must be authorized in writing by a physician).

6. Prosthetic appliances

- Charges for artificial limbs or eyes, crutches, splints, casts, trusses, braces, canes, myoelectric prostheses (when medically necessary) and capillary prostheses, when hair loss is due to an underlying pathology or its treatment, up to an overall lifetime maximum of $500. Capillary prostheses, replacement therapy and other procedures for physiological hair loss are excluded (i.e., male pattern baldness). Charges for the replacement of these items will not be eligible unless replacement is required due to pathological or physiological change.
- Mammary prostheses and surgical brassieres, up to a maximum of $200 per calendar year.
- Charges for surgical stockings, custom made gradient pressure support and elastic support hoses.

7. Hearing aids (Options B, C and D)

Charges for hearing aids (excluding batteries and exams) when prescribed by an otorhinolaryngologist, an otologist and/or recommended by a registered audiologist, subject to the maximum reimbursement specified in the Benefit Summary.

8. Orthopaedic shoes and supplies

Charges for orthopaedic shoes customized with special features to accommodate, relieve, remedy or to offset a mechanical foot defect or abnormality, in excess of $20 per pair per calendar year for a covered dependent child and $40 per calendar year in all other cases. The shoes must be prescribed by an orthopaedic surgeon, physiatrist, rheumatologist or the attending physician.

Also covered are charges for shoe modifications, adjustment supplies and moulded arch supports when prescribed by one of the above Health Professionals to accommodate, relieve, remedy or to offset a mechanical foot defect or abnormality.

9. Medical supplies or equipment

- Charges for rental of a wheelchair, hospital-type bed (including mattress and safety side rails), equipment for the administration of oxygen and transcutaneous electrical nerve stimulator (TENS), when prescribed by a licensed physician. If, due to a long-term illness or disability, it is felt that the need for these items will also be for a long-term period, the Administrator, in consultation with the Plan Sponsor, may approve the purchase of these items.
- Blood glucose monitor, subject to one every five years.
- Oxygen.
- Blood, blood plasma and transfusions.
- Charges for essential ostomy supplies.

10. Paramedical services (without medical recommendation)

Charges for services rendered by the health professionals indicated in the Benefit Summary, according to the option selected, subject to one visit per day and the maximum reimbursement specified in the Benefit Summary.

Charges for X-rays taken by a chiropractor, subject to a maximum reimbursement of $30 per calendar year.

11. Dental care

Services of a dentist when required to repair and replace sound natural teeth due to an accidental blow to the mouth occurring while the coverage is in force. This dental treatment must be rendered within 12 months of the accident. Eligible expense will be the dentist's usual and customary fee up to the amount indicated in the “Fee Guide” for General Practitioners or the “Fee Guide” for Dental Specialists in effect in the Participant’s province of residence.

12. Cosmetic surgery

Cosmetic surgery required as a result of an accident which occurred while the coverage is in force, provided such treatment is rendered within 12 months of the accident.

13. Vision care (Options B, C and D)

Purchase of eyeglasses or contact lenses, up to the overall maximum payable specified in the Benefit Summary, provided they have been prescribed by an optometrist or an ophthalmologist and are necessary to correct a visual deficiency.

Eye examinations done by an optometrist or ophthalmologist, up to a maximum payable of $40 per period of 24 consecutive months.

MEDICAL EXPENSES (outside Canada): Options C and D

In case of emergency, medical and surgical expenses incurred outside Canada, which exceed the amount payable under the government health plan in the Participant's province of residence. **These expenses are subject to the $5,000,000 overall maximum as specified in note 1 in the Benefit Summary.**

EXCLUSIONS

The following expenses are not reimbursed under this benefit:

1. Medical care to which you or your dependents are entitled under any federal or provincial government legislation or that is covered under such legislation.
2. Services, treatments or products received free of charge.
3. Services, treatments or products for experimental purposes.
4. Preventive care.
5. Cosmetic treatments or prostheses, with the exception of surgery required following an accident.
6. Services of a nurse, at home, when acting as a midwife or psychotherapist, or when services other than nursing care are provided.
7. Dental services, with the exception of treatment rendered after an accident.
8. All processes relating to family planning, including artificial insemination and laboratory or any other charges incurred in any infertility treatment, regardless as to whether infertility is considered to be an illness or not.
9. All charges, services, articles or supplies that do not appear in the article ELIGIBLE EXPENSES of this benefit.
10. All charges that would not have been made if no coverage had existed.
11. Charges for any care, treatment, services or products other than those which competent authorities have stated to be necessary for the treatment of an injury or illness.

12. Charges incurred following an illness or accident covered under any occupational health and safety act, or any automobile insurance provincial act, or any other similar law or public plan.
13. Eligible charges incurred directly or indirectly because of
    a. Intentionally self-inflicted injuries, whether the Participant is sane or not;
    b. active participation in a civil commotion, riot or insurrection, except while the Participant is performing the duties of his occupation, or injury sustained during war;
    c. perpetration or attempt to perpetrate a criminal act.

TERMINATION OF BENEFIT

This benefit terminates at the age specified in the Benefit Summary.

This benefit covers eligible expenses incurred by you or one of your dependents for dental services recommended by a dentist and performed by

- a dentist, or
- a dental hygienist under the supervision of a dentist, or
- a licensed denturist, when such services are within the scope of his abilities.

Expenses are subject to the percentages of reimbursement and overall maximums specified in the Benefit Summary for each of the options eligible.

CALCULATION OF ELIGIBLE EXPENSES

The eligible amount for covered services is the amount indicated in the *Dental Society Fee Guide* approved by the *Dental Surgeons' Association* or the *Denturists' Fee Guide* of the provider's province (in effect for the year specified in the Benefit Summary).

PREDETERMINATION OF BENEFITS

If the cost of the proposed dental treatment exceeds $500, have your dentist complete the predetermination section of the claim form and forward it to the Administrator before the start of treatment. You will thus know, beforehand, the exact amount of the reimbursement. If you change dentist in the course of treatment, you will be required to submit a new treatment plan to the Administrator.

ELIGIBLE EXPENSES

PREVENTIVE TREATMENT

1. Oral examinations and diagnosis
   - Complete oral examination
   - Recall oral examination (twice per calendar year – must be separated by an interval of at least six months)
   - Emergency oral examination
   - Specific oral examination

2. X-rays
   - Intra-oral films - periapical (once every six months)
   - Intra-oral films - occlusal (once every six months)
   - Intra-oral films - bitewings (once every six months)
   - Extra-oral films
   - Sialography
   - Panoramic film (one per 24-month period)
   - Radiopaque dyes
   - Cephalometric

3. Laboratory tests and examinations
   - Bacterial culture
   - Biopsy of soft oral tissue
   - Biopsy of hard oral tissue
   - Cytological examination

4. Preventive treatment
   - Polishing of coronal portion of teeth (once every six months)
   - Scaling (limited to 12 units of time per calendar year combined with root planning under Periodontic Services)
   - Topical application of fluoride (once every six months)
   - Oral hygiene instruction (lifetime maximum of two instructions)
   - Pit and fissure sealants
   - Sedative dressings

5. Space maintainers (following loss of primary teeth).

BASIC TREATMENT

1. Restorations
   - Amalgam, acrylic, silicate or composite restorations
   - Retentive pins
   - Pre-formed steel or plastic crowns

2. Endodontic services
   - Pulp capping
   - Pulpotomy
   - Emergency pulpotomy
   - Endodontic traumatism
   - Root-canal therapy
   - Endodontic surgery
   - Bleaching (endodontically treated teeth)
   - Apexification

3. Periodontics
   - Periodontal surgery
   - Provisional splinting
   - Periodontal curettage and root planing (limited to 12 units of time per calendar year combined with Scaling under Preventive Services)
   - Management of acute infections
   - Desensitization (maximum of three teeth per 12-month period)
   - Other adjunctive periodontal services

4. Removable denture adjustments
   - Minor adjustments
   - Rebasing and relining
   - Prophylaxis and polishing

5. Oral surgery
   - Removal of erupted tooth (uncomplicated)
   - Surgical removal (complicated)
   - Surgical excision of cysts and neoplasms
   - X-ray-diagnostics, laboratory services required for oral surgery and other dental consultations.

6. General adjunctive services
   - Anaesthesia (related to surgery)

7. Temporary dressing for the emergency relief of pain

8. Finishing restorations

MAJOR RESTORATIVE TREATMENT (Options B, C and D)

The following expenses are eligible only if major restorative treatment is included in the Benefit Summary.

1. Restorations
   - Gold foil (if no other material can be used)
   - Inlays or onlays
   - Porcelain inlays or onlays (if no other material can be used)

2. Other restorative services
   - Cast post
   - Prefabricated metal post
   - Recementation of inlay, onlay or crown
   - Removal of crown, inlay or onlay

3. Crowns (single restorations only), other than pre-formed stainless steel and plastic crowns, for teeth broken due to caries or traumatic injury, which cannot be restored with amalgam or composite). Replacement of an existing crown if such crown is at least four years old.

4. Prosthodontic appliances (e.g. fixed bridgework and removable partial or complete dentures) other than dentures with precision or stress-breaker attachments or precision attachments and telescoping crown units for fixed bridgework, as follows:
   a) Construction and insertion of an initial permanent prosthodontic appliance if such appliance was necessary because of the extraction of at least one natural tooth while covered under this benefit.
   b) Replacement of an existing prosthodontic appliance with a permanent prosthodontic appliance:
      - if such appliance was necessary because of the extraction of at least one natural tooth while covered under this benefit,
      - if the existing appliance is at least five years old and cannot be made serviceable, or
      - if the existing appliance is temporary and is replaced by a permanent appliance within 12 months of the installation date of the temporary one.

5. Denture repairs (two per 12-month period).

ORTHODONTIC TREATMENT (Options C and D)

The following services are eligible only if orthodontic treatment is included in the Benefit Summary.

Observation and adjustments

- Oral examination
- Unmounted diagnostic casts
- Removable active appliances for tooth guidance
- Fixed or cemented appliances
- Appliances to control harmful oral habits
- Retention appliances
- Comprehensive treatment

Reasonable expenses incurred for orthodontic treatment given by an orthodontist to correct dental irregularities.

PAYMENT OF ORTHODONTIC CLAIMS

The payment of orthodontic claims will be made according to one of the following methods.

1. If a single charge is estimated for the entire course of treatment and you pay this charge to the orthodontist in pre-arranged instalments over an estimated period of treatment, the plan will reimburse you each time you submit a bill or receipt to the Administrator for any pre-arranged instalment.
2. If a single charge is estimated for the entire course of treatment and you pay this charge to the orthodontist in one lump sum, the plan will reimburse you on a quarterly basis as follows:
    - the first reimbursement will be made three months after treatment commences, and subsequent reimbursements will be made every three months;
    - the quarterly amount of reimbursement will be determined by multiplying the average monthly payment by three;
    - the average monthly payment will be determined by dividing the estimated single charge by the number of months over which the entire course of treatment is estimated to extend.
3. If instead of a single charge, each treatment is charged as it is performed, the Administrator will reimburse you as each charge is incurred.

EXCLUSIONS

The following expenses are not covered:

1. Treatment or appliance, related directly or indirectly to full mouth reconstruction, or to correct vertical dimension and temporomandibular joint dysfunction.
2. Services rendered by a dental hygienist but not administered under the supervision of a dentist.
3. Dental services eligible under the Health Benefit describe in this booklet.
4. Services and supplies relating to any appliance worn in the practice of a sport.
5. Expenses that are payable under a public or private plan or that would normally be so if a claim had been submitted.
6. Charges incurred following an illness or accident covered under any occupational health and safety act, or any automobile insurance provincial act, or any other similar law or public plan.
7. Services that are not medically required, that are given for cosmetic purposes or that exceed the ordinary services given in accordance with current therapeutic practice.
8. Care or services rendered free of charge, or that would be if there were no coverage, or that are not chargeable to the Participant.
9. Expenses incurred for implants.
10. Eligible charges incurred directly or indirectly because of
    a. Intentionally self-inflicted injuries, whether the Participant is sane or not;
    b. active participation in a civil commotion, riot or insurrection, except while the Participant is performing the duties of his occupation, or injury sustained during war;
    c. perpetration or attempt to perpetrate a criminal act.
11. All charges, services, articles or items that are not included in the list of eligible expenses described in this benefit.
12. Replacement of an appliance which has been lost, mislaid or stolen.
13. Charges for missed appointments or the completion of forms.

RESTRICTION

No reimbursement will be made for any portion of the charge that is over the suggested fee in the appropriate fee guide for the least expensive treatment that will provide a professionally adequate result. This restriction does not apply to composite restorations on posterior teeth.

Reimbursement of laboratory fees is limited to the reasonable and customary charges for such services in the area where the services are provided.

TERMINATION OF BENEFIT

This benefit terminates at the age specified in the Benefit Summary.

Hospitalization
If you or one of your dependents are hospitalized, simply mention your Medavie Blue Cross identification and contract numbers at the time you are being admitted. The claim will be forwarded to the Administrator's office by the hospital.

Drug and Health Benefit
Complete the claim form and forward it to the Administrator together with the original receipts. The Administrator's address is indicated for your province on the claim form.

The duly completed claim form must be filed with the Administrator no later than 12 months after the date expenses are incurred.

Dental Benefit
Reimbursement is made electronically through the ACDQ network; simply mention your Medavie Blue Cross identification and contract numbers to your dentist at every visit. Two reimbursement options are possible depending on your dentist's preference:

- you only pay your coinsurance (if applicable), and excess expenses are paid directly to the dentist by the Administrator; or
- you pay the total amount requested by your dentist and you will receive in the next few days the portion of the expenses refundable by your plan.

If your dentist cannot use the electronic transaction network, complete and submit a dental Claim form to the Administrator. The duly completed Claim form must be sent to the Administrator **within 12 months** of the date expenses were incurred.

FOR ADDITIONAL INFORMATION REGARDING:

Your plan or to obtain claim forms:
Simply call the Administrator,
Medavie Blue Cross Customer Service at 1-888-873-9200

Your eligibility, coverage, choice of options and to obtain claims forms:
Simply call your employer at 1-877-303-3013

The total amount of benefits from all plans can never exceed the amount of expenses incurred.

If you or your dependents are entitled under any other contract to compensation for expenses otherwise payable hereunder, the amount of compensation payable under such other contract will be deducted from the benefits payable hereunder.

The benefits payable under any coverage include benefits to which the Participant would have been entitled had he duly submitted a claim.

Applicable rules

- the expenses incurred by the spouse covered as an employee under another plan, are first reimbursed by his own group plan, and the balance if any by the present plan;
- the expenses incurred by children covered as dependents of both parents are first reimbursed by the plan of the parent with the earlier birth date in the calendar year.

If you and your spouse are separated or divorced, the plan which will pay benefits for your children will be determined in the following order:

1. the plan of the parent with custody of the child;
2. the plan of the spouse of the parent with custody of the child;
3. the plan of the parent without custody of the child;
4. the plan of the spouse of the parent without custody of the child.

LIMITATION OF BENEFITS

All Participants are deemed covered under the Hospital and Health Insurance acts of Quebec or of any other province, and under no circumstances will the amount paid by the Administrator to a Participant without such coverage ever exceed the amount that would have been paid had he been covered under such acts, unless specified otherwise.

MEDAVIE BLUE CROSS™

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