

Diversity Benefit Plans®

Plan Member Booklet

Employees

Precision Restorations Inc.

Group Plan G2067

Effective: July 1, 2012

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INTRODUCTION

The information in this employee benefits booklet is important to you. It provides the information that you need to know about the group benefits available through your employer's group contract with The Wawanesa Life Insurance Company.

This is a summary of your benefit plan. The actual terms and conditions of coverage and benefits, exclusions and limitations are contained in the group contract, policy number G2067, between your employer and Wawanesa Life. Your employer has retained Wawanesa Life to administer the plan and provide claims adjudication expertise.

Your group benefits may be modified after the issue date of this booklet. The actual terms and conditions of coverage and benefits contained in the contract between your employer and Wawanesa Life will always override any outdated information contained in your booklet.

In no event will the contract automatically be amended to cover benefits that are currently provided through the provincial health care system and which may, in the future, be de-listed, de-regulated, or reduced. Your employer reserves the right to review such changes and determine whether such services will become a covered expense under this plan.

Upon your request, Wawanesa Life will provide you with a copy of:

- 1) your application for group benefits,
- 2) your evidence of insurability,
- 3) the group insurance plan.

PROTECTING YOUR PRIVACY

Protecting your privacy and the confidentiality of your personal information has always been fundamental to the way we do business and is the responsibility of every employee of Wawanesa Life. We only collect personal information required to provide you with the services and benefits to which you are entitled as a group plan member.

Wawanesa Life has adopted a Personal Information Protection Policy that documents our policies and procedures on privacy and tells you about the ways we ensure that your privacy and the confidentiality of your personal information are protected. The Policy complies with the requirements of the federal Personal Information Protection and Electronic Documents Act. To obtain more information on our Policy, please ask your Administrator for "Our Commitment to Privacy" brochure, visit our website at www.wawanesa.com/life, or contact us directly at:

The Wawanesa Life Insurance Company
400 – 200 Main Street
Winnipeg, Manitoba
R3C 1A8
Tel: 1.800.665.7076

BENEFIT SUMMARY

The following is a brief summary of the coverage details contained in your group insurance plan. More detailed information is contained within each Benefit Section and should be consulted for any applicable limitations or restrictions.

Life Insurance Benefits

Employee Life Insurance

Benefit Formula	\$10,000
Non-evidence Maximum	\$10,000
Benefit Reduction	50% upon attaining age 65
Termination Age	Earlier of retirement or age 70

Employee and Spouse Optional Life Insurance

Benefit Formula	Units of \$10,000 to a maximum of \$200,000
Termination Age	Earlier of retirement or age 65

Accidental Death & Dismemberment Insurance

Benefit Formula	\$10,000
Non-evidence Maximum	\$10,000
Benefit Reduction	50% upon attaining age 65
Termination Age	Earlier of retirement or age 70

<i>Waiver of Premium</i>	Definition of Disability – Any Occupation
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Extended Health Benefit

Prescription Drugs

Deductible	\$500.00 single/calendar year \$1000.00 family/calendar year
Eligible Expense Reimbursed at Eligible Expenses	70% Prescription by law and life sustaining Smoking Cessation: \$300 lifetime maximum Fertility Drugs: \$2,400 lifetime maximum

Hospital

Deductible	Nil
Eligible Expense Reimbursed at Eligible Expenses	100% In Canada - Semi-Private Out of Canada – Semi-Private

Paramedical Services

Deductible	Nil
Eligible Expense Reimbursed at Eligible Expenses	100% Chiropractors \$500 per calendar year Osteopaths \$500 per calendar year Chiropractists/Podiatrists \$500 per calendar year Naturopaths \$500 per calendar year Physiotherapists \$500 per calendar year Psychologists \$500 per calendar year Speech Therapists \$500 per calendar year Massage Therapists \$500 per calendar year Acupuncturists \$500 per calendar year

Vision Care

Deductible	Nil
Eligible Expense Reimbursed at Eligible Expenses	100% Eye Exams: 1 every 24 consecutive months subject to a \$125 maximum Frames, etc: \$150 every 24 consecutive months

Other Services

Deductible	Nil
Eligible Expense Reimbursed at Eligible Expenses	100% Orthopedic Shoes: \$300 per calendar year Foot Orthotics: \$300 per calendar year Hearing Aids: \$500 every 4 years See Benefit Section for more information

Out of Province/Country Coverage

Deductible	Nil
Referrals Reimbursed at Limitations	50% \$25,000 lifetime maximum
Emergency Services Reimbursed at Limitations	100% 60 consecutive days per trip \$2,000,000 lifetime maximum
Termination Age	Earlier of retirement or age 70 for the employee

GENERAL INFORMATION

Who is Eligible for Insurance Coverage?

You and your dependents may be eligible for insurance coverage. You must be an active, permanent employee, working full-time for at least 20 hours per week.

Your eligible dependents must be covered under a Provincial Health Insurance plan and may include:

- 1) your legal spouse, or the partner you have been continuously living with in a role like that of a marriage partner for at least 12 months,
- 2) your children, which may include unmarried natural, adopted or step-children under the age of 21 years who are solely dependent on you for support and live with you in a parent-child relationship.

Insurance coverage may be extended beyond the age of 21 years for an eligible child who is a full-time student and dependent solely on you for support until the age of 25. Confirmation of your child's full-time student enrollment will be required annually.

Insurance coverage may also be extended beyond the age of 21 years for a mentally or physically disabled child who depends solely on you for support. The child must become disabled before reaching the age of 21 to be eligible for this insurance coverage. Proof of the child's disability must be submitted to Wawanesa Life as required.

Important!

- You must complete a Group Enrollment Form and apply for insurance on all your eligible dependents. Please see the section called "Your Responsibilities" in this booklet for more information.
- Beneficiaries you designated under a prior plan have not been transferred to this plan.

When is Insurance Coverage Effective?

You must first complete a period of continuous active employment with your Employer. This period of time is known as your waiting period and it must be satisfied before you can be considered eligible for insurance. The waiting period in this benefit plan is 3 months.

You can complete your Group Enrollment Form during the waiting period, but your insurance will not be effective until the waiting period has been satisfied. If you complete your Group Enrollment Form after first becoming eligible for coverage and do so within 31 days of that date, your insurance will become effective on the day you sign the Group Enrollment Form.

If you apply for insurance coverage for yourself or your dependents more than 31 days after you or your dependents first become eligible for coverage, you will be required to complete:

- a Group Enrollment Form,
- a Health Questionnaire, and
- may be required to submit additional medical evidence at your own expense.

Wawanesa Life will review this information and determine if you or your dependents are eligible for insurance coverage. If your enrollment is approved, your insurance coverage is effective on the day Wawanesa Life gives its approval.

Important!

If you are away from work because of illness or injury on the day that your insurance coverage should be effective, or the day when an increase in your coverage should take effect, your coverage effective date or increased coverage effective date will be delayed until you return to work for one full day.

If any of your dependents are confined to a hospital or convalescent hospital on the day their insurance coverage would otherwise begin, the insurance coverage will begin when your dependent is no longer hospitalized.

When is Insurance Coverage Terminated?

Insurance coverage for you and your dependents will end when:

- your employment ends because of either retirement or termination,
- you are no longer eligible for insurance coverage,
- you stop paying the required premiums,
- you are no longer actively at work, including during strike or lay-off, except as outlined below, or
- the group insurance policy terminates.

Important!

Insurance coverage for you and your dependents may be continued for a period of time if you are absent from work. The examples below describe in general terms when insurance coverage may be continued. You should confirm with your Administrator the specific details of your absence from work and its effects on your continued eligibility for insurance coverage.

- If you are absent from work because you are ill or injured, all insurance other than your disability insurance can continue on a premium paying basis for up to 24 months. Some of your benefits may be continued without premium, if you file a waiver of premium claim within a defined period of time and it is approved by Wawanesa Life. See "Claims Filing Deadlines".
- If you are absent from work because of a maternity or parental leave all insurance coverage can continue for the leave period according to the legislation in your province of residence.
- If you are absent from work on an approved leave of absence or temporary lay-off, all insurance coverage other than your disability insurance, can continue for up to 120 days after your last day of work. Any disability insurance terminates on your last day of work.
- If employment legislation requires your employer to continue insurance coverage for a limited period of time after your employment terminates, Wawanesa Life will extend each insurance benefit for the minimum required by law.

Your Responsibilities

As an employee and a member of this group insurance plan, you have certain responsibilities in connection with the benefit plan. The following lists both general responsibilities and actions that must be taken by you to preserve your rights to participate in the various coverages offered through your employer's group insurance plan.

A) Enrollment

You must complete the Group Enrollment Form and return it to your employer by the due date specified by your employer. To be considered a regular entrant in the Plan, your application should be signed no later than 31 days after the completion of your waiting period and received by Wawanesa Life within 45 days of the completion of your waiting period. All applicable sections of the Group Enrollment Form must be completed. Group Enrollment Forms signed or received after these dates will be considered Late Applications and will require you or your dependents to submit evidence of your good health at your own expense. Your acceptance into the Plan is based on the health information provided and is not guaranteed.

B) Change in Status/Life Events

- i) If your family status changes from single to couple or family, your insurance coverage can be changed to add your new dependent(s) to this insurance plan. If you complete the applicable sections of the Notice of Change Form and submit it to Wawanesa Life within 31 days of the effective date of your change in family status, your dependent(s) will be added without any medical evidence. If you notify Wawanesa Life more than 31 days after the effective date of your change in family status, Wawanesa Life will require your dependent(s) to submit evidence of their good health at your own expense.
- ii) If you do not wish to change your level of coverage because you already have family coverage, but need to add a new dependent, complete the applicable sections of the Notice of Change Form registering your new dependent. Without this notification, claims for your new dependent will be unnecessarily delayed.
- iii) If you wish to change your level of coverage from family or couple to single due to divorce or the death of a dependent, complete the applicable sections of the Notice of Change Form and submit it to Wawanesa Life. If it is received within 31 days of the effective date of the change, Wawanesa Life will credit premiums back to the effective date of the change. If you notify Wawanesa Life more than 31 days after the effective date of the change, Wawanesa Life will make the change effective the day notification is received and no premium credit will be given.
- iv) If you and/or your family is covered by your spouse's benefit plan for extended health benefits and/or dental coverage and you and/or your family lose this coverage, you and/or your family may be eligible for immediate enrollment under this benefit plan. To ensure your immediate enrollment, you must notify Wawanesa Life of the loss in coverage within 31 days. Otherwise, Wawanesa Life will require you and/or your dependents to submit evidence of good health at your own expense.

C) Extended Health Benefit

To be eligible for this benefit, you and/or your family must be covered under a provincial health plan.

Extended health care expenses must be medically necessary in order to be covered under the plan. Ensure that you have sufficient documentation indicating medical need. In most cases, a letter from your physician is required for medical equipment. If a single expense is expected to be in excess of \$500, it is recommended that a "Pre-Determination of Benefits" be submitted. We will assess the expense and provide you with an estimate as to the level of reimbursement available under this plan.

When travelling outside your province of residence, carry your travel assistance card with you, so that you or a family member can call the number on the card when emergency services are required.

If you are unsure about your coverage, call Wawanesa Life for further assistance.

D) Waiver of Premium for Life Insurance

In order for waiver of premium for life insurance benefits to be assessed, you must submit a Disability Claim Form to Wawanesa Life. The form must be fully completed by you, your employer, and your physician. It is important that Wawanesa Life receive all medical information required in order to assess your claim.

How Do I Make a Claim?

Dental claims may be submitted electronically by your dentist. If your dentist cannot submit electronically, a claim form should be sent to Wawanesa Life.

Health and dental claim forms are available from your Administrator, or can be downloaded from our website. Please send your completed and signed claim forms directly to Wawanesa Life. Please ensure all original receipts and other documents regarding your claim are attached. Always keep a copy of all the documents you submit with your claim for your personal records.

Reimbursement cheques will be mailed directly to you along with an Explanation of Benefits (EOB).

Forms for disability claims, life insurance claims and accidental death and dismemberment claims can be obtained from your Administrator. Life Insurance claims forms can also be downloaded from our website. Your Administrator can assist with the completion of these forms.

If You Are Covered Under Two Benefit Plans

The insurance industry has set guidelines for coordinating your extended health and dental benefits with another insurance program, such as your spouse's plan. Coordination of benefits (COB) allows you to potentially claim under both plans for up to a combined maximum of 100% of the eligible expense. For instance, if your plan covers 80% of the cost of prescription drugs, the 20% not covered may be claimed under your spouse's plan, depending on their plan. Check to ensure that your spouse's plan provides extended health and dental benefits, that your family is covered under your spouse's plan and that the plan allows for coordination of benefits.

If dependents are covered under two plans, claims for dependent children are submitted first to the plan that covers the spouse whose birthday falls earliest in the calendar year. Any part of the claim not covered under the "first" plan can then be submitted to the other spouse's plan. For example, if your birthday falls in January and your spouse's birthday is in March, you should submit your children's claims to your plan first. Proof of your plan's reimbursement along with copies of any expense receipts would then be sent to your spouse's plan for reimbursement of the balance, if the expense is covered under their plan.

Claim Filing Deadlines

Claim forms and proof that benefits are payable must be submitted by you or on your behalf and received by Wawanesa Life at its Head Office as follows:

- a) for a Life Insurance claim and/or an Accidental Death and Dismemberment claim, within 180 days from the date of loss
- b) for a Waiver of Premium claim, within 180 days from the date of disability
- c) for an Extended Health claim, within 365 days from the date that service or supplies were rendered.

Exception:

- If your insurance with Wawanesa Life terminates, you only have 90 days from the date of termination or the above 365 day rule, whichever day comes first to submit your Extended Health or Dental claim.
- If your coverage terminates, due to termination of a benefit provision or termination of the group plan, and is replaced by another insurer within 31 days of the termination date, a claim for a loss that occurred prior to this plan's termination date may be submitted up to 6 months from the date of termination for Life, Accidental Death and Dismemberment, loss of income due to total disability or Accidental Dental Injury.

Important!

Every action or proceeding against Wawanesa Life for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable insurance legislation, including related regulations.

DIVERSITY BENEFITS ONLINE

Diversity Benefits OnLine (DBO) is Wawanesa Life's Group Electronic Administration and Claim systems. Plan Members can enroll for DBO Plan Member Administration and DBO Plan Member Claims.

To access or register, go to www.wawanesa.com/life. Select the Diversity Benefits OnLine tab.



A separate registration is required to gain access to each site.

For DBO Administration, your Login ID will be assigned by Wawanesa Life and emailed to you. A Temporary Password will be available and the Plan Member will then create a Password for ongoing transactions.

For DBO Plan Member Claims, your User Name (User ID) and Password will both be created by the Plan Member.

DBO Administration provides Plan Members with access to:

- Update home address, telephone number
- Update or terminate dependent information
- Designate beneficiary for group life coverage
- View coverage and volume available
- Access to Wawanesa Life announcements and newsletters
- Easy link to Group Customer Service through the 'Contact Us' link

DBO Plan Member Claims provides Plan Members with access to:

- OnLine Claim Submission – No more filling out paperwork and waiting for results. Submit expenses for a wide range of paramedical services plus medical equipment & supplies.
To name a few, the following can all be submitted electronically: Physiotherapy, Foot Care (Podiatrist & Chiropodist), Chiropractic, Speech Therapy, Massage Therapy, Acupuncture, Naturopath, Counselling (Psychologist Only; note: other counselling services must be submitted by paper claim), Vision care (including eye exams, glasses and contact lenses), Orthodontic monthly fees

Online Claim Submission is only available for the services appearing on the Submit a Claim menu within the site.

- Access your personal claims information, including obtaining a breakdown of how your claims have been processed
- Print personalized claim forms and replacement ID card
- Print your Explanation of Benefits (EOB) at any time, or conveniently print a statement for a full year's worth of claims (commencing August 1st, 2015)
- View your Plan Member Booklet for full plan details
- Arrange for direct deposit of claim payments into your account. If you request, you can receive email notifications when your EOB statement is ready!
- Submit a 'pretend claim' for many services available under your plan so you can find out instantly what portion of a claim may be covered
- Use the 'Is my Drug Covered' tool to look up coverage information about a specific drug
- Find a dental, paramedical or vision care provider in your area
- Drug and Dental claims can be submitted electronically via email.



providerConnect™ is for use by Health and Dental providers. This site allows the provider access to:

- check Plan Member eligibility
- check Plan Member coverage details
- online claim submission on behalf of the Plan Member
- direct bill for services rendered to the Plan Member
- real time adjudication
- submit digital dental x-rays
- direct deposit

All OnLine Sites are available to you 24 hours a day, 7 days a week.

For more information on how to register, you can contact Group Customer Service at:

Email: GCS@wawanesa.com

Phone: 204.985.3806

Toll Free: 1.800.665.7076

Fax: 204.985.5781

LIFE INSURANCE

Life insurance coverage provides financial protection for survivors in the event of the plan member's death. If you die while insured under this policy and the claim requirements are met, your life insurance benefit will be paid to the beneficiary(ies) you have named. In the case of spousal optional life, please be aware that you are the beneficiary.

Employee Life Insurance	Benefit Formula:	
	\$10,000	Maximum available without providing evidence of insurability is \$10,000

Optional Life Insurance	Benefit Formula:	
	Employee:	Units of \$10,000 up to a maximum of \$200,000
	Spousal:	Units of \$10,000 up to a maximum of \$200,000

Please note that Optional Life Insurance is additional amounts of life insurance for which you or your spouse may apply. You and/or your spouse apply by choosing an amount of optional life insurance and completing a health questionnaire. You and/or your spouse may also be asked to submit medical evidence to Wawanesa Life, in order for any amount of optional life insurance to be approved.

Waiver of Premium Definition of Disability – Any Occupation

Important!

- Employee Life Insurance coverage will reduce by 50% if you are still working full time at age 65.
- Employee Life Insurance coverage will terminate when your employment terminates, you retire, or reach age 70, whichever comes first.
- Optional Life Insurance and/or Spousal Optional Life Insurance will terminate when your employment terminates, you retire, or you or your spouse reaches age 65, whichever comes first.
- If your life insurance coverage or your spouse's life insurance coverage reduces or terminates, you may be eligible to convert some of the coverage being lost to an individual life insurance policy, without having to submit a health questionnaire or undergo a medical examination. Written application and the first month's premium must be received by Wawanesa Life within 31 days of the date that your group life insurance coverage reduces or terminates. If you or your spouse die within 31 days of the date that your life insurance terminates, the applicable insurance benefits will be paid even if you did not apply for conversion.

- If you become totally and permanently disabled while covered for life insurance and continue to be disabled for 6 months, you may qualify to have your life insurance coverage continued free of charge until your 65th birthday. In order to apply for this waiver of premium you must submit a claim form and proof of your total and permanent disability within 180 days from your last day at work. Wawanesa Life will review your claim and determine your eligibility. If approved, your life insurance premiums will be waived and you will be required to submit proof of your continuing total and permanent disability as required by Wawanesa Life.
- If death results directly or indirectly from suicide and the optional life insurance coverage or increase in optional life insurance coverage has been in place for 2 years or less, no optional life insurance benefit and/or increase in optional life insurance benefit will be paid. Optional life insurance coverage or an increase in optional life insurance coverage that has been in place for more than 2 years is exempt from this exclusion.

Benefit Tax Status

Under current tax laws, life insurance benefits paid to a named beneficiary are not taxable. Any interest paid by Wawanesa Life on life insurance benefits would be taxable in the hands of the named beneficiary.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

If you die or are severely injured in an accident while insured under this policy and the claim requirements are met, your accidental death and dismemberment insurance (AD&D) will pay a benefit to you in the case of injury, or to your beneficiary in the case of your death as described below.

Benefit Formula:

Employee AD&D

\$10,000

Maximum available without providing evidence of insurability is \$10,000

Waiver of Premium

Definition of Disability – Any Occupation

The AD&D insurance benefit payable is calculated as a percentage of the benefit amount depending on the circumstances of the accidental injury.

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accidental injury.

No more than 100% of the benefit amount will be paid for all losses due to any one accidental injury. This does not include Quadriplegia, Paraplegia or Hemiplegia, where Wawanesa Life will pay a maximum of 200%.

Table of Covered Losses

For loss of:

Life	100% of the benefit amount
Both hands or both feet	100% of the benefit amount
Sight of both eyes	100% of the benefit amount
One hand and one foot	100% of the benefit amount
One hand and sight of one eye	100% of the benefit amount
One foot and sight of one eye	100% of the benefit amount
Speech and hearing in both ears	100% of the benefit amount
One arm or one leg	75% of the benefit amount
One hand or one foot	50% of the benefit amount
Sight of one eye	50% of the benefit amount
Speech	50% of the benefit amount
Hearing in both ears	50% of the benefit amount
Thumb and index finger of one hand	25% of the benefit amount
All four fingers of one hand	25% of the benefit amount
All toes of one foot	12.5% of the benefit amount

For loss of use:

Both legs or both arms	100% of the benefit amount
Both hands	100% of the benefit amount
One leg or one arm	75% of the benefit amount
One hand or one foot	50% of the benefit amount

Quadriplegia	200% of the benefit amount
Paraplegia	200% of the benefit amount
Hemiplegia	200% of the benefit amount
Coma benefit	1% of the benefit amount per month

Coma Benefit

Wawanesa Life will advance 1% of the benefit amount if you lapse into a coma due to an accidental injury. You must be diagnosed as comatose within 365 days of the accident by a licensed physician and the coma must last at least 31 days before payment will be advanced.

Payments will continue until you are no longer in a coma, die, or 100 monthly payments have been made.

If you die before the maximum coma benefit has been paid, the difference between the benefit amount and the coma benefit payments already made will be paid out as a death benefit to your named beneficiary.

Benefits will not be paid

For any loss directly or indirectly related to:

- suicide or self-inflicted injury, whether you are sane or insane,
- war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion,
- an infection, illness or disease or the medical treatment of any illness or disease or bodily or mental infirmity,
- riding in, boarding or leaving, or descending from any aircraft as a pilot, operator or member of the crew,
- riding in, boarding or leaving, or descending from any aircraft which is owned, operated or leased by or on behalf of your Employer,
- committing or attempting to commit a criminal offence as defined under the criminal code,
- provoking an assault;
- use of any prohibited substance, including but not limited to any substances listed under the Controlled Drugs and Substances Act, its Schedules or other comparable criminal legislation, unless taken as prescribed by a physician; or
- an accident occurring while the Employee was operating a vehicle, vessel or aircraft while under the influence of any intoxicant or if the Employee's blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at time of Injury.

Important!

- Your AD&D insurance coverage will reduce by 50% if you are still working full time at age 65.
- Your AD&D insurance coverage will terminate when your employment terminates, you retire or reach age 70, whichever comes first.
- If you suffer a Loss specified in the Table of Covered Losses above due to unavoidable exposure to the elements of nature after a conveyance in which you were travelling in sinks, makes a forced landing or is lost, wrecked or stranded, your loss will be deemed to have occurred as a result of an accidental injury.
- If you die in an accident and your body requires repatriation, Wawanesa Life will reimburse up to \$5,000 of this expense. Anyone making arrangements on your behalf should request pre-authorization from Wawanesa Life.
- If you suffer a loss, other than loss of life, Wawanesa Life may reimburse up to \$10,000 of your rehabilitation expenses and an additional \$10,000 to renovate your home and/or vehicle to make them wheelchair accessible. The eligible rehabilitation expenses must be approved by Wawanesa Life in advance and may include training to prepare you for a new occupation. Any vehicle modifications may require approval from the licensing authority before payment can be made.
- If you die in an accident, Wawanesa Life may also reimburse up to \$10,000 for tuition and books to prepare your spouse for active employment in an occupation that he/she would otherwise not have sufficient qualifications.

Benefit Tax Status

Under current tax laws, AD&D benefits paid to a named beneficiary are not taxable. Any interest paid by Wawanesa Life on AD&D benefits would be taxable in the hands of the named beneficiary.

EXTENDED HEALTH BENEFIT

Your provincial health insurance plan provides basic health services such as hospital ward accommodations, fees for physicians and other hospital practitioners, and any drugs or blood products you may need during your hospital stay.

Your group plan is designed to cover many additional medical expenses on a reasonable and customary basis for you and your family, over and above the coverage provided by your provincial plan.

Your deductible is the portion of an eligible expense that you are responsible for paying. After your deductible has been satisfied, this plan will generally pay 100% of an eligible expense unless otherwise noted.

- For prescription drugs your deductible is \$500 per calendar year, per person to a maximum of \$1000 per family.

Eligible Medical Expenses, when incurred in your own province

- Drugs that are dispensed by a licensed pharmacist, and which require a legal prescription written by a physician, dentist or pharmacist with the legal authority to prescribe or are classified as life-sustaining are eligible. This eligible expense is payable at 70%.

Please note that the drugs and/or medicines listed below are subject to the following individual maximums:

Smoking Cessation:	\$300 lifetime maximum
Fertility Drugs:	\$2,400 lifetime maximum

The following drugs and/or medicines are **not eligible** expenses under your group plan even if a legal prescription is written by physician. These include:

Anti-Obesity Drugs
Erectile Dysfunction Drugs
Vaccines

- Paramedical Services listed below are eligible up to the maximum amount for each category of paramedical specialists. These expenses will be eligible without a physician's referral provided they are rendered by a licensed practitioner within the scope of the practitioner's practice.

In some provinces, the law prohibits reimbursement of the services listed below if some or all of the cost is insured through a government plan. In these situations, expenses for these services will become eligible after the annual provincial maximum is reached.

Chiropractors	\$500 per calendar year
Osteopaths	\$500 per calendar year
Chiropodists/Podiatrists	\$500 per calendar year
Naturopaths	\$500 per calendar year
Physiotherapists	\$500 per calendar year
Psychologists	\$500 per calendar year
Speech Therapists	\$500 per calendar year
Massage Therapists	\$500 per calendar year
Acupuncturists	\$500 per calendar year

- Custom-made or custom-modified Orthopedic shoes are eligible to a maximum expense of \$300 per calendar year. Custom made foot Orthotics such as arch supports or molds are eligible to a maximum expense of \$300 per calendar year. These expenses must be recommended by a physician, podiatrist or chiropodist to be eligible.
- Vision Care includes one eye exam every 24 months subject to a maximum of \$125, plus \$150 every 24 months for prescription lenses and frames, contact lenses, or laser surgery when prescribed or recommended by ophthalmologist, optometrist, or licensed surgeon. This eligible expense is payable at 100%, and no deductible will be applied. **Not eligible** are safety glasses and sunglasses.
- Hearing aids and repairs are eligible to a maximum of \$500 every 4 years when prescribed by an otolaryngologist. **Batteries are not eligible.**
- CPAP machines, including obstructive sleep apnea devices, are eligible to a maximum of \$2,500 every 5 years to a lifetime maximum of \$5,000.
- In Canada, hospital expenses in excess of standard ward accommodations are eligible to a maximum charge for semi-private hospital accommodations. This eligible expense is payable at 100% and no deductible will be applied.
- In Canada, convalescent hospital expenses in excess of standard ward accommodations are eligible to a maximum charge for semi-private convalescent hospital accommodations for a period of no more than 180 days. You or your dependent must need to be confined to the convalescent hospital to recover from an illness or injury after spending at least 3 days in an acute care hospital. This eligible expense is payable at 100% and no deductible will be applied.
- Ambulance services (including air ambulance) to transport you or your dependent from the place of injury or illness to the nearest hospital where treatment is available are eligible. Ambulance services where transportation is required from the first hospital where treatment is given to the nearest hospital where specialized treatment is available or to a convalescent hospital are also eligible.
- Professional Nursing Services when recommended by your physician and as defined in this booklet. The person who provides the care cannot be a member of your family or normally live in your home. Charges are limited to \$10,000 per calendar year while you or your dependent is under the age of 65. After attaining age 65, these charges have a lifetime maximum of \$10,000 per person.
- Cardiac Rehabilitation that adheres to the standards of the Heart & Stroke Foundation of Canada and is prescribed by your physician is an eligible expense to a lifetime maximum of \$300. Eligible expenses must be incurred within 6 months of your myocardial infarction, coronary bypass surgery or valve replacement.

- Dental care charges are eligible only if they are incurred due to accidental injury. Dental services include treatment by a dental surgeon for a fractured jaw or repairs to whole or sound natural teeth, including replacement of such damaged teeth. These services must be received within 12 months of the accident. Eligible expenses will be limited to the fee stated in the Dental Association Fee Guide in the province where you live and where two or more courses of treatment would produce professionally adequate results, the least expensive course of treatment will be considered to be the maximum eligible expense.
- Durable medical equipment and supplies which include rental or possible purchase of items such as a standard, non-motorized wheelchair or hospital bed, iron lung and other mechanical equipment for the treatment of respiratory conditions and equipment for the administration of oxygen are eligible. **Before purchasing or renting any equipment**, you should submit an estimate of the expense to Wawanesa Life to determine whether it will be covered and to what extent. Including a letter from your physician describing the nature of the disability and its expected duration, as well as the type of equipment required assists us in assessing the eligibility of the expense.
- Other medical supplies that are eligible expenses when prescribed by a physician include:
 - artificial eyes and limbs, excluding myoelectrical limbs,
 - casts, splints, trusses, braces (provided they are not for athletic use), crutches and surgical dressings,
 - Jobst burn garments, Jobst sleeves,
 - stump socks, shoulder harnesses, traction apparatus, cervical collars and head halters,
 - surgical stockings, 2 per calendar year,
 - catheters, ileostomy and colostomy supplies,
 - insulin syringe and home chemical testing supplies for diabetics,
 - blood glucose monitoring machines, \$100 per unit per person every 4 years,
 - insulin pumps, 1 to a maximum of \$5,000, every 5 years,
 - cartridges and other related equipment for insulin pumps, \$3,500 per calendar year ,
 - breast prosthesis, 1 per calendar year,
 - surgical bras, 2 per calendar year,
 - \$200 lifetime maximum for wigs, when hair loss is due to a medical procedure or drug treatment.

Referrals for treatment outside of Canada

If you or your dependents require medically necessary treatment not available in Canada, expenses relevant to the treatment in excess of the Provincial Health Plan may be eligible for reimbursement at 50% of the eligible expense to a lifetime maximum of \$25,000. The following conditions also apply:

- the treatment is ordered in writing by a doctor located in your province of residence;
- the treatment has been pre-approved and organized by Wawanesa Life and your Provincial Health Plan. Additional expenses will only be covered if the Provincial Health Plan is participating in the reimbursement;

- referrals cannot be due to waiting lists or a lack of resources, such as strike or lack of organ donations. If the condition is not immediately dangerous and treatment will soon be available in Canada, you may be asked to wait;
- the treatment is not experimental or investigative in nature.

Emergency Services while outside your Province of Residence

Emergency Services are available to you during any trip outside your province of residence, during the first 60 days of the trip. You must return home for a period of at least 45 days between trips out of province or Wawanesa Life will consider your trips to be a continuation of the same trip.

Exception: Your eligible dependents who are attending school on a full-time basis will be exempt from the 60-day limit, providing their provincial health plan is maintained for their entire study leave.

Emergency medical care is available as a result of a sudden and unexpected injury or when a sudden, unexpected illness or acute episode of a disease occurs that could not have been reasonably anticipated based on your prior medical condition.

100% of eligible Emergency medical care expenses are payable with no deductible being applied up to a lifetime maximum of \$2,000,000 per person.

The following Emergency medical services and supplies are eligible expenses if they are incurred as a result of your initial medical treatment and supported by the appropriate receipts or bills:

- treatment by a physician
- diagnostic X-ray and laboratory services
- hospital room and board at standard semi-private rates
- medical supplies provided during a covered hospital stay
- charges for physiotherapy when provided in a hospital
- charges for Paramedical Services. These charges are restricted to the practitioners in the Paramedical section listed above.
- medical supplies provided on an out-of-hospital basis, if they would have been covered in Canada
- hospital out-patient services and supplies
- charges for drugs, medicines and serums when prescribed by a physician or dentist and dispensed by a licensed pharmacist. This will be limited to a 60 day supply and subject to any specifications in the Drug section listed above
- charges for Professional Nursing Services required during or immediately following hospitalization as an in-patient.

The following is a list of other services and transportation benefits that may be available to you. To access these benefits, any arrangements **must be pre-authorized** by Wawanesa Life:

- Medical evacuation or repatriation to return you to your home province for admission to a hospital or appropriate medical facility. The maximum eligible expense is \$50,000 per emergency. Please note that Wawanesa Life has the authority to make these arrangements after consulting with your attending physician.
- Ambulance services, including air ambulance, to the nearest center providing the essential treatment. The maximum eligible expense is \$50,000 per emergency. Please note that Wawanesa Life has the authority to make these arrangements after consulting with your attending physician.
- In the case of death, preparation and transportation to bring your body home. The maximum eligible expense is \$5,000. Charges for an interment vessel will not be covered.
- Transportation arrangements for your dependent child under the age of 16 to return home when left alone because you or your spouse have been hospitalized or die. The maximum eligible expense is \$5,000 per emergency.
- Transportation arrangements for one of your immediate family members when you or your spouse has been hospitalized for more than 7 days and it is recommended by the attending physician. Eligible expenses include meals and accommodations of up to \$150 per day for 7 days. The maximum eligible expense including transportation costs is \$3,000 per emergency.
- Assistance will be provided to return your vehicle to your place of departure or to the nearest rental agency when a medical emergency results in you being unable to do so. The maximum eligible expense is \$1,000 per emergency.
- Transportation arrangements are available when your trip is interrupted because you or one of your dependents is hospitalized for more than 24 hours. Transportation arrangements are intended for members of your immediate family or your travelling companion to return home or rejoin the rest of your travelling group. If you or your dependent decide to rejoin the trip instead of returning home, any further medical expenses will not be paid if incurred due to the same or related illness or injury.
- Transportation arrangements are also available if you or your dependent must return home due to the hospitalization or death of an immediate family member.
- Reimbursement will be available of up to \$150 per day, to a maximum of \$1,200 for your whole immediate family and travelling companion, when you or one of your dependents is hospitalized more than 24 hours and this causes a delay beyond the planned termination of your trip.

Travel Assistance Benefit

Wawanesa Life also has a worldwide travel emergency assistance program that can be accessed through your Extended Health Benefit. It is available to you or your dependents when a medical emergency happens while you are travelling outside of Canada for business or vacation.

To access these services, you need to carry your Wawanesa Travel Assistance Benefit card and your Group Insurance Certificate when travelling. Be sure to present both of these cards to the emergency center. Failure to do so may result in payment of lesser benefit amounts.

Travel Assistance Services may not be available in all countries that you visit due to conditions such as war, political unrest or other circumstances that interfere with or prevent the provision of such services. Please check with the Department of Foreign Affairs for travel advisories before beginning your trip. (Their website is <http://travel.gc.ca/>.) If you are going to a country where travel is not recommended and have a medical or personal emergency, our travel assistance provider will do their best to provide service to you, but they may be limited in what services they can offer to you.

Our Travel Assistance Provider (TAP) operates a worldwide healthcare and communication network and can offer the following services to you:

- 24 hour multilingual assistance by telephone, telex or facsimile in locating medical services.
- Coordinating payment directly with the appropriate Government Health Plan and Wawanesa Life to try and ensure that you do not have to pay any hospital or medical charges in excess of \$200. If this can not be accomplished, the TAP will make arrangements with Wawanesa Life and pay the provider directly. For any eligible expense under \$200, please retain the receipt and submit them directly to Wawanesa Life for reimbursement.
- If you or your dependent is hospitalized, our TAP will monitor the care and services being rendered and assist in maintaining contact between the attending physician, your personal physician and your immediate family.
- If you or your dependent require medical transportation, our TAP can arrange all aspects of the transport, including medical accompaniment if necessary. The maximum amount for this service is \$50,000 per emergency.
- If you or your dependent die, our TAP can obtain all the necessary authorizations and make arrangement for the return of your remains.
- If a personal emergency should arise, our TAP can refer you to a local legal advisor and provide assistance in arranging a cash advance from credit cards or family and friends to post bail and pay legal fees.
- If your travel documents or tickets are lost or stolen, our TAP can assist you in replacing them.
- Our TAP can provide telephone interpretive services in most major languages and will hold messages to or from family, friends or business associates for up to 15 days.
- If transportation arrangements are needed for a dependent child under the age of 16 to return home because you or your spouse have been hospitalized or die, our TAP can assist with these arrangements including providing a qualified escort to accompany the child home.
- If transportation arrangements are recommended by your attending physician for one of your immediate family members to visit you because you have been hospitalized for more than 7 days, our TAP will be available to assist in these arrangements.

Benefits will not be paid under the Extended Health Benefits, including the Out-of-Province/Country coverage for any Expense incurred as a result of:

- suicide or self-inflicted injury, whether you or your dependent are sane or insane
- confinement in any institution operated by any government or agency
- medical examinations for use in cosmetic treatment and dental services other than those required as a result of an accident
- war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion
- committing or attempting to commit a criminal offence as defined under the criminal code
- injuries being sustained by you or your insured dependent while operating a vehicle, vessel or aircraft under the influence of any intoxicant or while you or your dependent's blood contained more than 80 milligrams of alcohol per 100 milliliters of blood at the time of injury
- confinement or treatment expenses which are covered under provincial and/or federal legislation, or any other plans that are maintained by your employer in conjunction with this policy
- hospital charges incurred in Canada unless the hospital expense benefit is included in your plan
- charges for the delivery and administration of medications, injectible drugs, serums and vaccines
- charges for vitamin and dietary products, ethical drugs unless specified as eligible, and contraceptives other than eligible contraceptive drugs
- charges for services or supplies that are required for recreation or sports but which are not medically necessary for regular activities
- charges for services performed by a person ordinarily resident in your home or related to you or your dependents by blood or marriage
- charges considered tray fees or block fees
- medical treatment that is not Usual, Customary or Reasonable
- any services or supplies that are not usually provided to treat an illness, including treatment that is experimental or investigational in nature
- any illness or injury when compensation is available under a Workers Compensation Act, Criminal Injuries Compensation Act or similar legislation
- while outside Canada, subsequent medical care related to a medical emergency after the initial phase of treatment. This also applies to non-emergency care related to a condition originally treated as an emergency
- while outside Canada, any expense incurred more than 60 days after your date of departure, unless you are confined in a hospital at the end of the 60-day period. Only under these circumstances will expenses be allowed beyond the 60-day limit, until you are released from the hospital
- while outside Canada, any expense related to your pregnancy and delivery within 8 weeks of your expected delivery date
- while outside Canada, any expense incurred for treatment that could have waited until you returned home without endangering your life or health
- charges for treatment or surgery while outside Canada when the trip was undertaken for the purpose of securing or with the intent of receiving medical or hospital services. This expense will not become eligible even if undertaken on the advice of your physician.
- charges for any item or service not listed as a benefit

Important!

- Extended Health Benefit will terminate when your employment terminates, you retire or reach age 70, whichever comes first. Dependent coverage will terminate in conjunction with your coverage or when the person is no longer an eligible dependent.
- To qualify for this benefit you and your dependents **must** have provincial health coverage or similar coverage under a Federal Government plan. Only those services or supplies that are medically necessary are potentially eligible for reimbursement under this policy.
- Any part of your deductible satisfied in the last 3 months of a calendar year may also be used to satisfy the deductible in the next calendar year.
- If you die while insured for family coverage under this benefit, Wawanesa Life will continue the extended health benefit offered under this policy to your eligible dependents for a maximum period of 24 months at no charge.

Benefit Tax Status

Under current tax laws, claims reimbursed under this benefit are not taxable to you.

WHEN YOU HAVE QUESTIONS

From time to time you are going to have questions about your group insurance plan.

Inquiries about your group insurance coverage should first be directed to the Plan Administrator located at your Employer's office.

Inquires about your group insurance benefits should be directed to the customer service department at Wawanesa Life.

Tel: 204.985.3806 (In Winnipeg)
1.800.665.7076 (Outside Winnipeg)
Email: GroupCustomerService@wawanesa.com

Our Head Office is located at:

400 – 200 Main Street
Winnipeg, Manitoba
R3C 1A8

www.wawanesa.com/life

Notes:

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DEFINITIONS

Accident

An occurrence due to external, violent, sudden, fortuitous causes beyond your control.

Accidental Dental Injury

An unexpected and unforeseen injury to the dental and contiguous structure which is a result of an event that occurs by chance, excluding those injuries, which are a direct result of objects placed in the mouth.

Ambulance

A ground vehicle equipped with first aid equipment, oxygen and resuscitators regularly used for transporting sick and injured people.

Chronic Care

Care for medically diagnosed conditions where significant improvement or deterioration is unlikely with the next 12 months.

Consumer Price Index

Consumer Price Index for Canada is published by the Government of Canada. It covers a 12 month period ending September 30th of each year.

Convalescent Hospital

A licensed institution which operates 24 hours for the care and treatment of sick and injured persons as in-patients who are under the care and personal attendance of a Physician and confined to such convalescent hospital for recuperative purposes.

The facility must provide the care, treatment and rehabilitation for patients on a continuous 24 hour with the assistance of Professional Nursing Services. The facility is not primarily a clinic, Chronic Care facility, nursing or rest-home, or similar establishment, or an institution used primarily for treatment of a specific illness or disease.

Drug

Medications that have been approved for use by the Federal Government of Canada, require a legal prescription, and have a Drug Identification Number.

Ethical Drugs

Drugs classified as Schedule II under the National Association of Pharmacy Regulatory Authorities' (NAPRA) drug schedule. These drugs are available without a prescription, but must be dispensed by a pharmacist.

Evidence of Insurability

Includes a health questionnaire completed by you or your dependents and may require further medical information for Wawanesa Life to assess you or your dependents eligibility for insurance.

Experimental or Investigational

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

Hospital

A legally licensed institution which is operated for the care and treatment of sick and injured persons as in-patients, and which:

- a) is eligible to receive payments under a provincial hospital plan,
- b) provides 24-hour nursing services by registered nurses, and has a Physician in regular attendance,
- c) is not primarily operated as a Chronic Care facility, a Convalescent, rest or nursing home, a home for the aged, a place for custodial care, or an institution used primarily for treatment of a specific illness or disease.

Hospitalization

Admittance to a Hospital as an in-patient.

For Short Term Disability benefit, Hospitalization also includes being admitted to a Hospital as an out-patient for Medically Necessary surgical procedures, chemotherapy or laser treatment.

Illness

An illness is a bodily disease, mental infirmity or sickness.

Injury

An accidental bodily injury which is sustained by a person while insured under this Policy, resulting directly and independently of all other causes, and occurring within 30 days after the Accident. Otherwise, the Injury is considered to be caused by Sickness.

In-Patient

A patient confined to a hospital for more than 24 hours on the recommendation of the attending physician.

Lay-off

A period during which you are laid off from work and for which there is no fixed recall date.

Leave of Absence

A period of absence from work for which the dates are fixed by legislation or by mutual agreement between yourself and your employer. A leave of absence includes Maternity and Parental Leave of Absence.

Licensed, Certified, Registered

The status of a person who legally engages in practice by virtue of a license or certificate issued by the appropriate authority, in the place where the service is provided.

Maternity Leave of Absence

The period of formal maternity leave to which you are entitled by legislation.

For the purpose of this Policy, Maternity Leave of Absence will start on the earlier of:

- a) the day fixed by mutual agreement between yourself and your employer,
and
- b) the day the child is born.

Medical Assessment

Independent medical examinations, assessments or tests performed by one or more Medical Practitioners, including without limitation psychological assessments, neuro-psychological evaluations utilizing a generally accepted classification system, physiological examinations, and functional capacity assessments, psychometric assessments and neuro-psychological testing.

Medically Necessary

Broadly accepted and recognized by the Canadian medical profession as effective, appropriate and essential in the treatment of illness or injury, or for the maintenance of health in accordance with Canadian medical standards.

Medical Practitioner

Includes a Physician, Specialist, Psychiatrist, Psychologist, Physiotherapist and Occupational Therapist. The Physician, Specialist and Psychiatrist must be legally licensed to practice medicine in the Canadian province or territory where the service is rendered and be registered by the College of Physicians and Surgeons in the Canadian province or territory where the person is practicing. The Psychologist, Physiotherapist and Occupational Therapist must be licensed, certified or registered to practice the profession by the appropriate authority in the Canadian province or territory where the care or services are rendered. The Medical Practitioner cannot be related to you or your dependent.

Parental Leave of Absence

The period of formal child care leave that you are entitled to by legislation.

Physician

A qualified doctor of medicine, licensed to practice medicine and surgery without restriction under the laws of the province, state or country where the services are provided or the Diagnosis is made.

Professional Nursing Services

The services of a Registered Nurse, Licensed Practical Nurse or Registered Nursing Assistant, who is currently registered with the appropriate provincial or state nursing association.

Provincial Health Plan

Any plan which provides hospital, medical, or dental benefits established by the government in the province where you live.

Sickness

A disease or illness.

Temporary Lay-off

A period during which you are laid off work and for which there is a fixed recall date.

Travel Assistance Provider

A third party provider contracted by Wawanesa Life to provide worldwide healthcare and communication services.

Travelling Companion

Any one person travelling with you, and whose fare for transportation and accommodation is pre-paid at the same time as yours.



This plan has been arranged through:

**Pacific First
215 – 3993 Henning Drive
Burnaby, BC V5C 6P7
604.293.1974**