

**INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES**

**ATLANTIC PROVINCES BENEFIT TRUST FUND**



**Plan Number: 8033**

**(AD&D Benefits SSQ Policy Number: IFZ75)**

Sections - 001, 002 & 003  
Classes - A, B, C, D, E, F & G

**Updated Effective Date: January 1, 2017**

## **IMPORTANT INFORMATION ABOUT YOUR BENEFITS**

1. This booklet contains important information from Medavie Blue Cross about certain of your benefits that are administered and/or underwritten by Medavie Blue Cross.
2. This booklet may contain information provided by others about certain of your benefits that are administered and/or underwritten by others.
3. Medavie Blue Cross has not reviewed and is not responsible for the content of any materials provided by others.
4. The ABOUT THIS BOOKLET section of this booklet contains important information for you and should be reviewed carefully.
5. This booklet is being provided for your convenience and ease of reference only. ***In all cases the details of your coverage may be found in the underlying insurance contracts.*** Information on obtaining copies of these contracts is given in this booklet.

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## **PRIVACY PROTECTION PRACTICES**

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In the course of providing customers with quality health, life and travel coverage, Medavie Blue Cross acquires and stores certain personal information about its clients and their dependents. The purpose of this document is to keep you informed about privacy protection practices at Medavie Blue Cross.

Protecting personal information is not new to Medavie Blue Cross. Ensuring the confidentiality of client information has always been fundamental to the way we do business and our staff takes the privacy policies and procedures we have in place to ensure that confidentiality very seriously.

### ***What is personal information?***

Personal information includes details about an identifiable individual and may include name, age, identification numbers, income, employment data, marital and dependent status, medical records, and financial information.

### ***How is your personal information used?***

Your personal information is necessary to allow Medavie Blue Cross to process your application for coverage under its health, life and travel plans. Your personal information is used:

- to provide the services outlined in your contract or the group contract of which you are an eligible member
- to understand your needs so that we can recommend suitable products and services, and\*
- to manage our business

\*not applicable in Ontario and Quebec

### ***To whom could this personal information be disclosed?***

Depending on the type of coverage you carry with us, release of selected personal information to the following may be necessary in order to provide the services outlined in your contract:

- other Canadian Blue Cross organizations in order to administer your benefit plan if you reside outside the Atlantic Provinces, Quebec or Ontario
- specialized health care professionals when necessary to assess benefit or product eligibility
- government and regulatory authorities in an emergency situation or where required by law
- Blue Cross Life Insurance Company of Canada and other third parties, on a confidential basis, when required to administer the benefits outlined in your contract or your group's contract, and
- the plan member of any contract under which you are a member.

## PRIVACY PROTECTION PRACTICES

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### *To whom could this personal information be disclosed? (Cont.)*

We do not provide or sell personal information about you to any outside company for use in marketing and solicitation. Personal information about you or your dependents is not released to a third party without permission unless necessary to fulfill the services Medavie Blue Cross is contracted to provide to you.

To ensure Medavie Blue Cross is able to provide you with the best possible service, it is important that the personal information we use is accurate and up to date. You can help by keeping us informed of changes of address, marital status and the addition or deletion of dependents. Should you become aware of errors in our information about you, please contact our customer service personnel and we will ensure the data is corrected.

By becoming a Medavie Blue Cross customer or filing a claim for benefits, you are agreeing to allow your personal information to be used and disclosed in the manner outlined above. If you prefer that we not use or disclose your personal information in those situations where it is not necessary to administer your benefit plan, please visit our Website or write to us at the address provided.

Please note that not allowing Medavie Blue Cross to use information about you may mean we may not be able to provide you with certain products or services that may be of use to you.

For more information on Medavie Blue Cross's privacy policy, contact us using one of the following methods:

[www.medavie.bluecross.ca](http://www.medavie.bluecross.ca)

1-800-667-4511 or 1-800-355-9133 (in Ontario)

Chief Privacy Officer  
Medavie Blue Cross  
Risk Management Group  
644 Main Street  
PO Box 220  
Moncton, NB E1C 8L3

or

[privacyofficer@medavie.bluecross.ca](mailto:privacyofficer@medavie.bluecross.ca)

If the issue is not resolved to your satisfaction, you may file a written complaint with:

Office of the Privacy, Commissioner of Canada  
Commissioner of Canada  
112 Kent Street  
Ottawa, Ontario K1A 1H3

## **ABOUT THIS BOOKLET**

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Medavie Blue Cross administers the following benefits on behalf of International Union of Painters and Allied Trades Atlantic Provinces Benefit Trust Fund:

- Extended Health Benefit
- Vision Benefit
- Drug Benefit
- Dental Benefit

Medavie Blue Cross underwrites Worldwide Travel Benefit and Referrals for Services Outside Canada

Blue Cross Life Insurance Company of Canada underwrites the following benefits:

- Group Life Insurance
- Dependent Life Insurance
- Weekly Indemnity

SSQ Insurance Company Inc. Assurances Inc. administers and underwrites the following benefits:

- Accidental Death & Dismemberment Insurance

Each underwriter of insurance coverage may have different rules regarding eligibility for and termination of coverage.

The information contained in this booklet summarizes the important features of your group program; is prepared as information only; and does not, in itself, constitute an agreement. The exact terms and conditions of your group benefit program are described in the group policies held by the International Union of Painters and Allied Trades Atlantic Provinces Benefit Trust Fund.

Where legislated, you have the right to request a copy of the group policy details pertaining to your insured coverage, a copy of your application for benefits, and any written statements or other records provided to an underwriter as evidence of your health.

Regarding the benefits administered or underwritten by Medavie Blue Cross or Blue Cross Life Insurance Company of Canada, you may also request, with reasonable notice, a copy of the contract for insured benefits. The first copy will be provided at no cost to you. A fee may be charged for subsequent copies. All requests for copies of these documents should be directed to Medavie Blue Cross.

Regarding the benefits administered and underwritten by SSQ Insurance Company Inc. Assurances Inc., for instructions on obtaining further information regarding your coverage including copies of the contract for insured benefits please refer to the materials provided by SSQ Insurance Company Inc. Assurances Inc. in the Accidental Death & Dismemberment section of this booklet.

## **ABOUT THIS BOOKLET**

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Every action or proceeding against an insurer (e.g. Medavie Blue Cross) for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

This booklet replaces any previously issued booklet.



To access a wealth of savings on medical, vision care and many other products and services, visit [www.blueadvantage.ca](http://www.blueadvantage.ca).

**BENEFITS ADMINISTERED OR UNDERWRITTEN BY:  
MEDAVIE BLUE CROSS AND/OR  
BLUE CROSS LIFE INSURANCE COMPANY OF CANADA**

**SCHEDULE OF BENEFITS**

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***GROUP LIFE INSURANCE (Applicable to Class A - All Active Members except PPG, Class B - PPG, Class C - Regular Self-Pay, Class D - Disabled & Class E - Early Retirees)***

You are eligible for an amount of insurance equal to \$75,000.

Coverage terminates the last day of the month in which you retire and/or exhaust your Hour Bank Account. However, you may arrange to have your insurance continued on a self-pay basis, and as outlined in the Termination of Insurance Section.

***DEPENDENT LIFE INSURANCE (Applicable to Class A - All Active Members except PPG, Class B - PPG, Class C - Regular Self-Pay, Class D - Disabled, Class E - Early Retirees & Class F - Spouses under 65 of Early Retirees )***

Spouse - \$10,000  
Each Child - \$10,000

Coverage terminates the last day of the month in which you retire and/or exhaust your Hour Bank Account. However, you may arrange to have your insurance continued on a self-pay basis, and as outlined in the Termination of Insurance Section.

## **SCHEDULE OF BENEFITS**

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### ***WEEKLY INDEMNITY INSURANCE (Applicable to Class A - All Active Members except PPG, Class C - Regular Self-Pay & Class D - Disabled)***

Benefit Formula: Current Employment Insurance maximum

Benefit Amount: Current Employment Insurance maximum

Non-Evidence Limit: Current Employment Insurance maximum

Elimination Period: 0 days for Accident  
0 days for Hospital  
7 days for Sickness

Benefit Period: 52 weeks

Limitation: Benefits will not be payable during the 15-week period beginning with the date EI benefits would normally commence unless proof can be provided that you are not eligible for EI (week 3-17). Only non-occupational injuries or illness are covered. WCB claims are excluded (i.e. no WCB top up).

Reductions: There is no reduction for CPP/QPP or any income or benefit payable under any government plan or program for an injury or disease totally unrelated to the injury or disease that caused the current disability.

Claim payments received are taxable benefits.

Hospitalization means that you must be admitted to a licensed general hospital as an in-patient for a minimum period of an overnight stay.

Coverage terminates on the last day of the month in which you attain age 70, retire and/or exhaust your Hour Bank Account, and as outlined in the Termination of Insurance Section.

## **SCHEDULE OF BENEFITS**

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***HEALTH INSURANCE (Applicable to Class A - All Active Members except PPG, Class B - PPG, Class C - Regular Self-Pay, Class D - Disabled, Class E - Early Retirees, Class F - Spouses under 65 of Early Retirees and Class G - Survivors)***

### ***EXTENDED HEALTH BENEFITS***

- reimbursement to the member
- program pays 100% of the eligible expense

### ***VISION CARE***

- vision care benefits every 24 consecutive months and 12 consecutive months for dependent children less than 19 years of age
- reimbursement to the member
- program pays 100% of the eligible expense
- charges for one eye exam plus maximum eligible expense and maximum reimbursed is \$250 for lenses, contact lenses and frames, \$150 for visual training, \$250 for contact lenses due to disease and \$1,500 lifetime maximum for laser corrective eye surgery.

### ***DRUG BENEFITS***

- paid directly to the pharmacy
- the member pays 20% for each eligible drug on the prescription
- program pays 100% of the remaining eligible expense

### ***WORLDWIDE TRAVEL BENEFITS***

- benefits are provided for an accident or unexpected illness outside the province of residence
- payment assistance through World Assistance
- program pays 100% of the eligible expense

### ***OUT OF CANADA REFERRALS***

- medical services incurred outside of Canada on a referral basis when those services are unavailable in Canada
- program pays 100% of the eligible expense up to a maximum payment of \$500,000 per person

***(Applicable to Class B - PPG, Class C - Regular Self-Pay, Class D - Disabled, Class E - Early Retirees, Class F - Spouses under 65 of Early Retirees and Class G - Survivors)*** Coverage terminates on the last day of the month in which you attain age 65 for Worldwide Travel and Out of Canada Referrals, retire and/or exhaust your Hour Bank Account, and as outlined in the Termination of Insurance Section.

***(Applicable to Class A – All Active Members except PPG)*** Coverage terminates on the last day of the month in which you attain age 75 for Worldwide Travel and Out of Canada Referrals, retire and/or exhaust your Hour Bank Account, and as outlined in the Termination of Insurance Section.

## **SCHEDULE OF BENEFITS**

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***DENTAL INSURANCE (Applicable to Class A - All Active Members except PPG, Class C - Regular Self-Pay, Class D - Disabled, Class E - Early Retirees, Class F - Spouses under 65 of Early Retirees and Class G - Survivors)***

Co-insurance:     100% for Basic Benefits  
                      60% for Major Restorative Benefits  
                      50% for Oral Surgery  
                      50% for Orthodontic Services (dependent children under the age of 18)

Fee Guide:         Dental benefits are based on the usual and customary charges up to the current Dental Fee Guide less two years for general practitioners in effect in the covered person's province of residence. The Dental Fee Guide will be updated on January 1<sup>st</sup> of each year.

**Maximum**

Reimbursement: \$2,000 combined maximum for Basic and Major Restorative Benefits per calendar year per individual.

\$2,000 lifetime maximum for Orthodontic Services (dependent children under the age of 18).

Coverage terminates on the last day of the month in which you retire and/or exhaust your Hour Bank Account, and as outlined in the Termination of Insurance Section.

## **ELIGIBILITY**

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### ***WHO MAY BE INSURED***

*Class A - All Active Members except PPG, Class B - PPG, Class C - Regular Self Pay, Class D - Disabled, Class E - Early Retirees, Class F - Spouses under 65 of early retirees and Class G - Survivor*

**This Plan is for members in good standing of the International Union of Painters and Allied Trades Atlantic Provinces Benefit Trust Fund who work for Contributing Employers and are residents of Canada.**

If you require additional information regarding your Eligibility or Self-pay options, please call your Union office.

### ***ELIGIBLE DEPENDENTS***

Dependents are defined as your legal spouse (as described below), and unmarried, unemployed dependent children including natural (from birth for dependent life insurance), legally adopted or stepchildren. Children of a common-law spouse may be covered if they are living with the member. All dependents must be residents of Canada and be eligible for benefits under the provincial government health care program in the province of residence in order to be eligible for coverage.

The term “spouse” is defined as a person of the opposite or same sex who is legally married to the member, or has continuously resided with the member for not less than one full year having been represented as members of a conjugal relationship (common-law). In the event of divorce, legal separation, or discontinuance of cohabitation (“common-law” spouse), you may elect to continue membership of the former spouse or to provide notice to Medavie Blue Cross to terminate coverage for the spouse. Medavie Blue Cross will at no time provide coverage for more than one spouse under the same plan.

Dependent children are eligible for benefits if they are less than 21 years of age or, if 21 years of age but less than 25 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

### ***EFFECTIVE DATE OF INSURANCE***

To be eligible for group benefits, you must be a permanent member who is a resident of Canada and covered under your provincial government plan. You and your eligible dependents will become insured on the first day of the second month following accumulation of 375 hours in your Hour Bank Account during a 12-month period, provided you are actively at work or available for work on the day you would ordinarily become insured. Should you not be working or available for work on the day your insurance would ordinarily start, the insurance for you and your dependents will be delayed until you return to work or are available for work.

## **ELIGIBILITY**

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### ***REINSTATEMENT***

If your insurance has previously terminated because of insufficient hours in your Hour Bank Account, you will again become insured on the first day of the next month following accumulation of 250 hours in your Hour Bank Account.

Should you not be working or available for work on the day your insurance would ordinarily become reinstated, the insurance for you and your dependents will be delayed until you return to work or are available for work.

### ***ELIGIBLE FOR SELF-PAY***

If at the end of any given month, a member covered under this Plan fails to meet the required monthly coverage cost as determined by the rules of the Trust Fund, such member will be notified by the Plan Administrator before his coverage is terminated and given the opportunity of contributing the necessary amount of money so that he may continue to be covered.

Please contact your Union Office for your self-payment options.

### ***SURVIVOR BENEFIT***

In the event of a member's death, dependents can maintain the health and dental benefits to the earlier of the date the dependent ceases to be a dependent, the date the spouse remarries (children will continue to be covered), the end of 12 months from the date of death or the date the policy terminates.

## CLAIMING BENEFITS

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If your Group Plan contains the appropriate benefit, the following procedures should be followed in the event of a claim:

1. In reference to Group Life, Dependent Life or Weekly Indemnity benefits, please obtain the necessary forms from your employer. Certain portions must be completed by the employer, the claimant and the attending physician. Once the claim forms are completed, they should be submitted to the insurer for processing.
  - With respect to the Group Life or Dependent Life benefits, written notice of claim must be given to the insurer as soon as reasonably possible after the loss, and in no event later than one year from the date of loss.
  - With respect to the Weekly Indemnity benefits, written notice of claim must be given to the insurer within 90 days immediately following the end of the elimination period.

An insured member who qualifies to receive Weekly Indemnity benefits under this policy may at any time be required to participate in a Rehabilitation Program, which the Company deems appropriate for his circumstances.

Refusal to enter, participate or comply with a Rehabilitation Program deemed appropriate by the Company will result in the termination of Weekly Indemnity benefit payments.

2. All Health Benefits are on a reimbursement basis unless otherwise specified in the Schedule of Benefits. Claims must be submitted within 12 months of receiving services or supplies. To claim benefits on a reimbursement basis, please follow the procedures described in paragraph (b) below.

For Health Care or Drug claims, the subscriber or dependent should ensure they are dealing with a Health Care Professional approved by Medavie Blue Cross. After this, the procedure below should be followed:

Reimbursement plan: the member must pay the provider, obtain an official receipt and submit it to Medavie Blue Cross for payment. The member should also arrange for the completion of the appropriate claim forms, which are available from the International Union of Painters and Allied Trades Atlantic Provinces Benefit Trust Fund or the provider of services. For drug claims on a reimbursement basis, receipts must indicate the following information for each prescription item:

- Patient's name
  - prescription number and date dispensed
  - D.I.N. (Drug Identification Number) or drug name, strength and quantity.
3. For Group Travel Benefits, please refer to the appropriate page in this booklet for claims filing procedures.

## **TERMINATION OF INSURANCE**

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Coverage for you and your dependents will cease on the last day of the month on the earliest of:

- date you have fewer than 125 hours in your Hour Bank Account, provided you do not elect to self-pay at that time, subject to the self-pay provisions,
- the date you cease to be a member of the Union,
- the date you enter Military Service,
- the termination date of the Group Contract,
- the date you discontinue any required contributions,
- the date of retirement, and you have insufficient hours in your Hour Bank Account to maintain coverage, provided you do not elect to self-pay at that time (subject to the self-pay provisions),
- the earlier of attainment of age 70 or retirement for Weekly Indemnity,
- the earlier of attainment of age 65 for Worldwide Travel and Out of Canada Referrals (*Applicable to all Classes except Class A - All Active Members except PPG*)
- the earlier of attainment of age 75 for Worldwide Travel and Out of Canada Referrals (*Applicable to Class A - All Active Members except PPG*)
- the date the member becomes eligible (other than as a dependent) for other group insurance benefits similar to those for which they are covered under this Plan.

## **GROUP LIFE INSURANCE**

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*Applicable to Class A - All Active Members except PPG, Class B - PPG, Class C - Regular Self-Pay, Class D - Disabled & Class E - Early Retirees*

### ***AMOUNT OF INSURANCE***

Benefit Formula: Flat Amount  
Benefit Maximum: \$75,000

### ***DEATH BENEFIT***

The death benefit provides for payment to your designated beneficiary for the amount of Group Life Insurance in force on the date of death.

### ***TERMINAL ILLNESS***

A special advance payment may be provided if you are suffering from a condition that is expected to result in death within 12 months of your request. A medical certificate will be required. The payment must be requested in writing and will be the lesser of \$50,000 or 50% of your Group Life Insurance. This payment will be deducted from the Group Life Insurance otherwise payable upon your death.

### ***WAIVER OF PREMIUM***

If you become totally disabled prior to your 65th birthday, and remain disabled for a period of six (6) consecutive months, insurance coverage is continued without payment of premium from the first of the month following the date of disability, provided that proof of total and continuous disability is submitted as required. Total Disability means a state of incapacity due to accidental injury or illness that prevents you from engaging in any occupation for which you are reasonably qualified by education, training or experience and you are unable to perform work for remuneration or profit.

In the event you recover from a total disability and become disabled again due to the same or related cause, the second period of disability will be considered a continuation of the first disability, unless the periods of disability are separated by an interval of at least six (6) months during which you returned to work on a permanent basis.

If a period of total disability is considered to be a continuation of a previous total disability, then premiums will be waived without the application of another six (6) months of total disability.

### ***EXTENSION OF COVERAGE***

In the event of your death within 31 days following termination of employment, the Group Life Insurance benefit will be paid to your designated beneficiary provided that any individual plan issued under the conversion privilege is surrendered.

## **GROUP LIFE INSURANCE**

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### ***CONVERSION PRIVILEGE***

If your Group Life Insurance coverage ceases on or before attaining 65 years of age because of retirement, termination of employment or termination of membership in the class of members eligible for insurance under this plan, then the member may purchase an individual plan of the type then being offered by Blue Cross Life in an amount not to exceed \$200,000.

If you terminate employment prior to your 65th birthday, you may convert to an individual plan issued by the insurer, without evidence of insurability. Written application must be made and the required premium submitted during the 31-day period immediately following the date of termination.

This option does not apply to scheduled reductions or termination of coverage that become effective at specific ages.

Limited conversion rights are available on termination of the group contract in accordance with the Superintendents of Insurance Guidelines. If the Group Life Insurance contract is not being replaced, all members who had been insured for at least five (5) continuous years may convert their group life coverage in the same manner as terminating members.

## **DEPENDENT LIFE INSURANCE**

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*Applicable to Class A - All Active Members except PPG, Class B - PPG, Class C - Regular Self-Pay, Class D - Disabled, Class E - Early Retirees & Class F - Spouses under 65 of Early Retirees*

### **AMOUNT OF INSURANCE**

Spouse: \$10,000  
Children: \$10,000

### **ELIGIBLE DEPENDENTS**

An eligible dependent is as defined under the Eligibility section within this booklet.

### **COMMENCEMENT OF COVERAGE**

Insurance on your dependent begins on the later of the date the application for dependent insurance was completed or the date you acquired the dependent, provided the dependent is not confined to a hospital. In this instance, coverage for the dependent will commence on the date the dependent ceases to be confined to a hospital. In the case of a child born while this coverage is in force, the dependent coverage on that child will become effective from 28 weeks gestation, even if confined to a hospital.

### **EXCEPTIONS AND LIMITATIONS**

Dependents excluded from the plan:

- a spouse residing outside of Canada or the United States of America, or
- a person for whom evidence of insurability, if required, is not approved by the insurer.

### **WAIVER OF PREMIUM**

If a claim is approved under Group Life Insurance for total disability, the Dependent Life benefit will continue for the same period without further payment of premium.

### **CONVERSION PRIVILEGE**

Upon termination of employment you may purchase insurance on the life of your spouse in the same manner as under the Group Life benefit in an amount not to exceed the amount of insurance that terminated. The conversion privilege is available to your spouse only, and is not available to dependent children.

### **EXTENSION OF COVERAGE**

If your spouse should die within 31 days of your termination of employment, the death benefit of your spouse will be paid, provided that any individual plan issued under the conversion privilege is surrendered.

## **WEEKLY INDEMNITY BENEFIT**

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*Applicable to Class A - All Active Members except PPG, Class C - Regular Self-Pay and Class D - Disabled*

### **AMOUNT OF INSURANCE**

Benefit Formula:	Current Employment Insurance maximum
Benefit Amount:	Current Employment Insurance maximum
Non-Evidence Limit:	Current Employment Insurance maximum
Elimination Period:	0 days for Accident 0 days for Hospital 7 days for Sickness
Benefit Period:	52 weeks
Limitation:	Benefits will not be payable during the 15 week period commencing with the date EI benefits would normally commence unless proof can be provided that you are not eligible for EI (week 3-17). Only non-occupational injuries or illness are covered. WCB claims are excluded (i.e. no WCB top up).
Reductions:	There is no reduction for CPP/QPP or any income or benefit payable under any government plan or program for an injury or disease totally unrelated to the injury or disease that caused the current disability.

Claim payments received are taxable benefits.

This plan is designed to partially replace earnings lost as a result of a non-occupational disability due to accident or sickness.

Hospitalization means that you must be admitted to a licensed general hospital as an in-patient for a minimum period of an overnight stay.

### **DISABILITY**

To be eligible for this benefit, you must be under the continuing care of a physician for the period of the disability, which normally commences with your first visit to a doctor. You will be considered disabled and entitled to weekly indemnity payments if, as a result of a non-occupational accident or sickness you are unable to perform a substantial portion of the duties of your own occupation or regular employment and are not engaged in any occupation or employment for wage or profit.

### **RECURRENT DISABILITY**

Successive periods of disability separated by fewer than two consecutive weeks of permanent employment, will be considered one period of disability, unless the subsequent disability is due to an accident or sickness entirely unrelated to the cause of the previous disability and commences after return to permanent employment.

### **ELIMINATION PERIOD**

The elimination period is the continuous period of time you must wait from the onset of the disability before the insurer begins paying Weekly Indemnity benefits.

## **WEEKLY INDEMNITY BENEFIT**

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### ***WEEKLY INDEMNITY PREMIUM REQUIREMENT***

In the event you become disabled and receive Weekly Indemnity benefits, the IUPAT must continue to submit premiums. If, at the end of the benefit period you are still considered disabled and are unable to return to active employment, your Weekly Indemnity coverage will cease and premiums will no longer be required. Your Weekly Indemnity coverage will be reinstated immediately upon your return to work and you will be required to submit premiums commencing with the first full calendar month after your return to work.

### ***EXCLUSIONS AND LIMITATIONS***

No benefit will be payable if a disability, illness, injury or accident occurs while participating in or engaging in any criminal activity, regardless of whether charges are laid or a conviction obtained.

Weekly Indemnity benefits are not payable for any of the following:

1. Any period of disability during which you are not under the continuing care and appropriate treatment and care of a physician who is a registered medical specialist or health care practitioner in the field of medicine that is applicable to your condition.
2. Any period during which you are not undergoing a course of medical treatment or participation in a program of rehabilitation which is deemed appropriate in the opinion of the company.
3. Any period during which you are imprisoned.
4. Any disability due to or resulting from self-inflicted injury or sickness, while sane or insane.
5. Any disability due to or resulting from insurrection, war (declared or not) or the hostile actions of the armed forces of any country, or the participation in any riot or civil commotion.
6. Any disability during the period:
  - of formal maternity leave taken by you pursuant to provincial or federal law, or pursuant to mutual agreement between you and the employer, or
  - in which unemployment insurance maternity benefits are being paid or would be paid if you were eligible, orwhichever is the longer.
7. Any disability period beyond the maximum benefit period. If you attain the maximum coverage age while receiving Weekly Indemnity benefits, the maximum benefit period will be 15 weeks.

## **HEALTH CARE BENEFITS**

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If you (or your dependents, if applicable) incur charges in Canada for any of the following while insured, Medavie Blue Cross will pay the usual, customary and reasonable charges for these eligible expenses, based on any deductible, co-insurance or maximum amount shown below, less the amount allowed under any government health program. Benefit maximums are applied on a per person basis.

*Applicable to Class A - All Active Members except PPG, Class B - PPG, Class C - Regular Self-Pay, Class D - Disabled, Class E - Early Retirees, Class F - Spouses under 65 of Early Retirees and Class G - Survivors*

**Co-insurance: 100%**

**Maximum: \$25,000 reimbursement per calendar year per participant in combination with drugs and vision benefits. Only applicable to Class E - Early Retirees and Class F - Spouses under 65 of Early Retirees.**

LABORATORY AND X-RAY SERVICES - Maximum \$500 in a calendar year

Charges for laboratory services and X-ray examinations not covered by any provincial government plan.

OXYGEN - Charges for oxygen on the written authorization of the attending physician.

PHYSICIAN SERVICES - Charges outside the covered person's province of residence in excess of the allowance under a government health plan.

PRIVATE DUTY NURSING - Maximum of \$10,000 in a calendar year

Provided you do not reside in a convalescent nursing home and the nurse is not a relative, charges for medically necessary home nursing care performed by a registered nurse, registered nursing assistant or certified nursing assistant are eligible. Written authorization of the attending physician is required.

In addition, services provided by an approved personal care worker are eligible under this benefit for up to four (4) hours per day. Personal care workers offer essential services such as bathing, dressing, toileting, feeding and mobilization. The covered person may be eligible for services in his/her home if under the active care of a nurse or if requiring home care during the recuperation period after a discharge from the hospital and requires temporary home care.

All nursing services must be pre-approved by Medavie Blue Cross in order to be considered for reimbursement.

## **HEALTH CARE BENEFITS**

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If you (or your dependents, if applicable) incur charges for any of the following while insured, Medavie Blue Cross will pay the usual, customary and reasonable charges for these eligible expenses, based on any deductible, co-insurance or maximum amount shown below, less the amount allowed under any government health program. Benefit maximums are applied on a per person basis.

**Co-insurance: 100%**

**Maximum: \$25,000 reimbursement per calendar year per participant in combination with drug and vision benefits. Only applicable to Class E - Early Retirees and Class F - Spouses under 65 of Early Retirees.**

PROFESSIONAL AMBULANCE - Maximum \$200 per individual in any 12 consecutive months.

Charges for a professional ambulance service (ground), other than airline or railroad to the nearest hospital equipped to provide the required treatment.

ACCIDENTAL DENTAL - Maximum of \$500 per tooth to a \$2,000 maximum per accident.

Dental treatment when natural teeth have been damaged by a direct accidental blow to the mouth or jaw. Work must be completed within 12 months of the accident.

CONTRACEPTIVE DEVICES - Maximum of \$75 every 24 consecutive calendar months.

Purchase of an intrauterine contraceptive device (IUD) on the written authorization of the attending physician.

HEARING AIDS - Maximum of \$1,000 per person every five (5) consecutive calendar years

Charges for hearing aids (excluding batteries and exams) when prescribed by an otolaryngologist, otologist and/or registered audiologist.

MEDICAL SUPPLIES AND EQUIPMENT - Charges for the following medical supplies and equipment, when prescribed by an authorized physician:

- purchase of burn pressure garments is limited to a maximum of \$500 in a calendar year;
- rental (or purchase, if approved by Medavie Blue Cross) of a wheelchair or hospital-type bed;
- equipment for the administration of oxygen;
- insulin pump;
- compression pump and accompanying sleeves (limited to two (2) in a calendar year);
- transcutaneous electrical nerve stimulator (TENS machine) is limited to a maximum eligible expense of \$300 in five (5) consecutive calendar years.

Once the original equipment purchase is approved, the rental or approved purchase of another piece of similar equipment will be limited to once every five (5) consecutive calendar years.

## HEALTH CARE BENEFITS

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If you (or your dependents, if applicable) incur charges for any of the following while insured, Medavie Blue Cross will pay the usual, customary and reasonable charges for these eligible expenses, based on any deductible, co-insurance or maximum amount shown below, less the amount allowed under any government health program. Benefit maximums are applied on a per person basis.

**Co-insurance: 100%**

**Maximum: \$25,000 reimbursement per calendar year per participant in combination with drugs and vision benefits. Only applicable to Class E - Early Retirees and Class F - Spouses under 65 of Early Retirees.**

ORTHOPEDIC FOOTWEAR & SUPPLIES - Maximum of \$300 every five consecutive calendar years for special foot appliances, and \$350 every 12 consecutive months for orthopedic shoes.

Charges for special foot appliances when recommended by a physician along with a copy of the biomechanical or gait analysis from the health care professional, which have been specially designed and moulded for the insured individual and are required to correct a diagnosed physical impairment, such as arch supports, lifts, wedges, etc.

Charges for orthopedic shoes which have been specially designed and moulded for the insured individual and are required to correct a diagnosed physical impairment.

OSTOMY SUPPLIES - Charges for essential ostomy supplies on the written authorization of the attending physician.

OTHER PRACTITIONERS - Charges for treatment, except when performed in a hospital, for the following licensed practitioners:

- speech therapist, occupational therapist, licensed osteopath, naturopath, chiropractor or chiropodist/podiatrist limited to a maximum benefit of \$400 per practitioner per calendar year
- physiotherapist, limited to a maximum of \$50 per visit with a maximum of \$400 per calendar year
- Clinical psychologist, limited to a maximum benefit of \$1,000 per practitioner per calendar year

Charges for x-rays to a maximum of \$35 per practitioner per calendar year

The overall maximum eligible expense for this benefit is \$1,000 in a calendar year.

## **HEALTH CARE BENEFITS**

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If you (or your dependents, if applicable) incur charges for any of the following while insured, Medavie Blue Cross will pay the usual, customary and reasonable charges for these eligible expenses, based on any deductible, co-insurance or maximum amount shown below, less the amount allowed under any government health program. Benefit maximums are applied on a per person basis.

**Co-insurance: 100%**

**Maximum: \$25,000 reimbursement per calendar year per participant in combination with drugs and vision benefits. Only applicable to Class E - Early Retirees and Class F - Spouses under 65 of Early Retirees.**

PROSTHETIC APPLIANCES - Charges for the following remedial appliances or supplies, when authorized by the attending physician:

- artificial limbs
- breasts
- eyes
- crutches
- canes
- splints
- casts
- trusses
- braces

Replacement must be due to pathological or physiological change. Repairs and/or adjustments are provided to a maximum eligible expense of \$300 in a calendar year.

Hair prosthetics (wigs), when hair loss is due to an underlying pathology or its treatment, to a maximum eligible expense of \$500 in 12 consecutive months.

Hair prosthetics, replacement therapy and other procedures for physiological hair loss are excluded (i.e. male pattern baldness).

CHRONIC DISEASE MANAGEMENT – Maximum of \$500 in a calendar year

Charges for services rendered by an approved Medavie Blue Cross provider specialized in chronic disease management. Services must be delivered by the approved provider for medical conditions deemed eligible by Medavie Blue Cross. Coverage includes: initial assessment, counselling and follow up sessions; education relating to symptom management, medication usage; and development of action plans.

Initially, eligible conditions include asthma, COPD and smoking cessation by a Certified Respiratory Educator or Certified Asthma Educator.

## **HEALTH CARE BENEFITS**

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### **VISION BENEFIT**

**Co-insurance: 100%**

**Maximum: \$25,000 reimbursement per calendar year per participant in combination with drugs and extended health benefits. Only applicable to Class E - Early Retirees and Class F - Spouses under 65 of Early Retirees.**

CONTACT LENSES DUE TO DISEASE - Maximum of \$250 in two (2) consecutive calendar years.

Charges for contact lenses when medically necessary on the written authorization of the attending physician for ulcerated keratitis, severe corneal scarring, keratoconus or aphakia, provided sight can be improved to at least the 20/40 level.

EYE EXAMINATION - charges for one eye exam in 24 consecutive months and 12 consecutive months for dependent children less than 19 years of age.

Charges of a licensed optometrist or ophthalmologist for eye examinations.

LENSES, FRAMES, CONTACT LENSES AND LASER CORRECTIVE EYE SURGERY - Maximum of \$250 in 24 consecutive months for adults and 12 consecutive months for dependent children less than 19 years of age and a maximum of \$1,500 in a lifetime for laser corrective eye surgery.

Charges for corrective eyeglasses, including lenses, frames, contact lenses and safety glasses but excluding glasses/contacts for cosmetic purposes.

VISUAL TRAINING - Maximum of \$150 in a lifetime.

Charges of a registered, licensed optometrist or ophthalmologist for visual training and remedial eye exercises.

## HEALTH CARE BENEFITS

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### DRUG COVERAGE

If you (or your dependents, if applicable) incur charges for certain prescription-requiring drugs, the eligible drug may be subject to quantity maximums, dollar maximums, deductibles, co-payments or other maximums as approved by Medavie Blue Cross. Benefit maximums are applied on a per covered person basis.

**Co-payment:** 20% for each eligible drug on the prescription

**Co-insurance:** 100% of the remaining eligible expense

**Method of payment:** paid directly to the pharmacy

**Maximum:** \$25,000 reimbursement per calendar year per participant in combination with extended health and vision benefits. Only applicable to Class E - Early Retirees and Class F - Spouses under 65 of Early Retirees.

Includes prescription drug items approved by Medavie Blue Cross and certain over-the-counter items that are considered life-sustaining in nature and that are approved by Medavie Blue Cross.

Eligible drug expenses include medically necessary items that, by law, can only be obtained with a prescription of a physician or dentist, which are authorized as benefits by Medavie Blue Cross, and are dispensed by an approved provider.

Smoking Cessation Products - eligible products covered to a combined maximum of \$500 per participant per lifetime.

Interchangeable (Generic) Drugs\* - unless medically unsuitable, Interchangeable Drugs, when available, will be used in place of brand name drugs.

\*Interchangeable (Generic) Drug coverage for prescription drugs will be limited to the cost of the least expensive product when interchangeable products are available from more than one manufacturer.

## **HEALTH EXCLUSIONS AND LIMITATIONS**

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Medavie Blue Cross does not cover the following expenses:

1. Medical examinations or routine general checkups required for use by a third party.
2. Elective services obtained outside the covered person's province of residence.
3. Charges which normally would not be made if the covered person were not covered under the plan.
4. Any item or service not listed as a benefit in this plan.
5. Medications restricted under federal or provincial legislation.
6. Registration charges or non-resident surcharges in any hospital.
7. Services performed by an unqualified practitioner.
8. Charges for missed appointments or the completion of forms.
9. Services that are normally paid for directly or indirectly by the employer.
10. Charges for health care planning assessments.
11. Any health care services and supplies that are not provided by a Medavie Blue Cross approved provider.
12. Convalescent, custodial or rehabilitation services.
13. Conditions not detrimental to health.
14. 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.
15. Services or supplies normally provided by the covered person's government health plan.
16. Benefits the covered person receives or is entitled to receive from Workers' Compensation.
17. Mileage or delivery charges.
18. Services as a result of self-inflicted injuries or any suicide attempt, whether the covered person is sane or not.
19. Any injury or illness resulting from the covered person's active participation in or related to civil unrest, riot, insurrection, or war.
20. Participation in the commission of a criminal offence.
21. A service or supply that is experimental or investigative in nature.
22. A service or supply that is not medically necessary or proven effective.
23. Services for which the government prohibits the payment of benefit.
24. Services provided without charge or paid for by the employer.
25. Services for which the member or dependent is entitled to indemnity from any government plan, or any plan or arrangement.

## **WORLDWIDE TRAVEL BENEFIT**

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*Applicable to Class A - All Active Members except PPG, Class B - PPG, Class C - Regular Self-Pay, Class D - Disabled, Class E - Early Retirees, Class F - Spouses under 65 of Early Retirees and Class G - Survivor*

The Group Travel plan covers a wide range of benefits that may be available following an accident or unexpected illness incurred outside the covered person's province of residence while this plan is in effect. Payment is subject to the maximum amounts and co-insurance amount indicated below, less the amount allowed under any government health program. Benefit maximums are noted in Canadian currency.

Medavie Blue Cross will pay the usual, customary and reasonable charges for the following eligible expenses. These benefits are subject to any deductible, co-insurance or maximum amounts specified below.

**Co-insurance: 100%**

### ***ACCIDENTAL DENTAL***

Maximum: \$1,000

Charges as a result of an accidental injury (direct accidental blow to the mouth) where natural teeth have been damaged, or a fractured or dislocated jaw requires setting. Such dental treatment must be rendered or reported and approved for payment by Medavie Blue Cross within 180 days of the accident and be supported by details of the accident.

### ***AMBULANCE***

Normal charges for ambulance service, including air ambulance and evacuation to and from the nearest qualified medical facility.

### ***COMING HOME***

Extra costs of return economy fare by the most direct route (air, bus, train) when an illness is such that the covered person must return home and be accompanied by a qualified medical attendant (not a relative). Written authorization is required from the attending physician. If returning on a commercial aircraft, the benefit covers:

- two economy seats by the most direct route to the patient's home city in Canada, one for the covered person and one round-trip fare for a medical attendant;
- the number of economy seats required to accommodate the covered person if on a stretcher and one round-trip fare for a medical attendant.

### ***DIAGNOSTIC SERVICES***

Charges for laboratory services for diagnostics and X-rays when ordered by the attending physician.

### ***DRUG BENEFITS***

Charges for drug benefits in a quantity sufficient for the period of travel. Payment of eligible drugs will be made only when proof of purchase is supplied in the form of an account from a Medavie Blue Cross approved provider located outside the covered person's province of residence and showing the name of the preparation, date of purchase, quantity, strength and total cost.

## **WORLDWIDE TRAVEL BENEFIT**

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### ***EMERGENCY AND PAYMENT ASSISTANCE***

The services of a 24-hour emergency hotline are available to covered persons who need assistance while travelling. By telephoning the appropriate number on your Medavie Blue Cross identification card when a medical emergency occurs, coverage will be confirmed to the hospital or physician. Payment of medical expenses will be arranged or coordinated on behalf of the covered person. In addition, the following services are offered.

Medical Assistance - the covered person may call for a list of hospitals or medical facilities and arrangements will be made for:

- advice from a qualified physician,
- medical follow-up of the covered person's condition and communication with the member and family,
- return home or transfer of covered person if medically permissible,
- transportation of a family member to the covered person's bedside or to identify the deceased.

Non-Medical Assistance - the covered person may call to obtain:

- an emergency response in any major language,
- emergency assistance in contacting the family or business,
- referral to legal counsel.

### ***HOSPITAL ACCOMMODATION***

The cost of a public general hospital, less the amount allowed under the provincial government health plan, for (a) room accommodation (not a suite) and (b) medically necessary inpatient and outpatient services.

### ***MEALS AND ACCOMMODATION***

Maximum:           \$1,200 (\$150 per day for eight days) per trip

Charges for extra costs of commercial accommodation and meals incurred by a covered person, remaining with a travelling companion when the trip is delayed due to illness or accident to a travelling companion or a covered person. This must be verified by the attending physician and supported with receipts from commercial organizations.

### ***MEDICAL APPLIANCES***

The cost of casts, canes, crutches, slings, splints, trusses, braces and/or temporary rental of a wheelchair when required due to an accident or sudden illness that occurs outside the province of residence and when ordered by a physician.

### ***NURSE***

Charges for private duty nursing (not a relative of the patient or a member of the hospital) when ordered by an attending physician.

## **WORLDWIDE TRAVEL BENEFIT**

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### ***PARAMEDICAL SERVICES***

Charges made by a licensed chiropractor, osteopath, chiropract/podiatrist or physiotherapist (not a relative), in excess of payment by the provincial government health plan, excluding charges for X-rays.

### ***PHYSICIANS AND SURGEONS***

Customary charges by physicians and surgeons for services rendered, less the amount allowed under the provincial government health plan.

### ***RETURN OF DECEASED***

Maximum:           \$3,000

Charges for the cost of preparation and homeward transportation of the deceased covered person (excluding the cost of a coffin) to the point of departure in Canada by the most direct route.

### ***TRANSPORTATION TO VISIT THE COVERED PERSON***

Charges for one return economy fare by the most direct route for transportation costs (air, bus, train) when the covered person has been confined to hospital or has died, and the attending physician has advised of the necessity of the attendance of a family member or close friend of the covered person.

### ***VEHICLE RETURN***

Maximum:           \$500

Charges for the cost of driving the covered person's vehicle, either private or rental, by commercial agency to the covered person's residence or nearest appropriate vehicle rental agency when the covered person is unable to return it due to sickness or accident.

## **WORLDWIDE TRAVEL BENEFIT**

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### **EXCLUSIONS AND LIMITATIONS**

1. No benefits are available under the plan for the covered person travelling outside their province of residence primarily or incidentally to seek medical advice or treatment, even if such a trip is on the recommendation of a physician.
2. No benefits are available under the plan for elective (non-emergency) treatment or surgery. This is defined as treatment or surgery (a) not required for the immediate relief of acute pain and suffering, or (b) which reasonably could be delayed until the covered person has returned to Canada or (c) which the covered person elects to have rendered or performed outside of Canada following emergency treatment for, or diagnosis of, a medical condition which (on medical evidence) would not prevent the covered person from returning to Canada prior to such treatment or surgery.
3. Benefits under the plan will not be paid if the covered person receives the same from a third party.
4. No benefits will be paid for expenses incurred as the result of abuse of medications, drugs or alcohol, suicide or attempted suicide, criminal acts, war or other hostilities.
5. Medavie Blue Cross, in consultation with the attending physician, reserves the right to return the patient to Canada. If any covered person, based on medical evidence, is able to return to Canada following the diagnosis of, or the emergency treatment for, a medical condition that requires continuing medical services, treatment or surgery, and the patient elects to have such treatment or services rendered or surgery performed outside Canada, the expense of such continuing medical services, treatment or surgery will not be covered by this plan. Medavie Blue Cross accepts no responsibility in the event of deterioration of the covered person's medical condition during or after the transfer back to Canada.
6. Coverage is limited to expenses incurred as a result of a sudden illness or accident that occurs outside the covered person's province of residence. Pre-existing conditions will be covered as a benefit, provided the condition is stable prior to travel, and medical attention is not anticipated during the travel period.

A pre-existing condition is considered stable if you, in the 90 days before the departure date, have not:

- a) been treated or evaluated for new symptoms or related conditions;
- b) had symptoms that increased in frequency or severity, or examination findings indicating the condition has worsened;
- c) been prescribed a new treatment or change in treatment for the condition (generally does not include reductions in medication due to improvement in the condition, or regular changes in medication as part of an established treatment plan);
- d) been admitted to a hospital for the condition; or
- e) been awaiting new treatments or tests regarding the medical condition (does not include routine tests).

The above criteria will be considered collectively in relation to the overall medical condition.

## **WORLDWIDE TRAVEL BENEFIT**

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### **EXCLUSIONS AND LIMITATIONS (Cont'd)**

7. Coverage is limited to amounts that are in excess of coverage provided by any other plan. Where a court determines that the policy and any other plan(s) provide primary coverage, the benefit will be co-ordinated with the other plan, as described in the Co-ordination of Benefits section.
8. Medavie Blue Cross will not cover expenses in excess of \$2 million Canadian per covered person, per incidence outside the province of residence.

All claims and required government forms must be submitted within four (4) months of the date of service.

## **REFERRAL FOR SERVICES OUTSIDE CANADA**

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*Applicable to Class A - All Active Members except PPG, Class B - PPG, Class C - Regular Self-Pay, Class D - Disabled, Class E - Early Retirees, Class F - Spouses under 65 of Early Retirees and Class G - Survivors*

When covered persons are referred outside Canada by the attending physician for medical services not available in Canada, Medavie Blue Cross will pay for the following eligible benefits. Payment will be made at the usual, customary and reasonable amount for charges in excess of provincial government health care allowances up to a lifetime maximum of \$500,000.

**Co-insurance: 100%**

### ***AMBULANCE***

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

### ***AMBULANCE ATTENDANT***

Charges for travel expenses of an accompanying Registered Nurse or qualified medical attendant (not a relative) when medically necessary and approved by Medavie Blue Cross.

### ***HOSPITAL***

All hospital charges for medically necessary services, less the amount allowed under the provincial government health care plan, such as:

- hospital room accommodation
- intensive care rooms
- nursing services
- operating and recovery rooms
- diagnostic and laboratory services including X-ray
- oxygen and blood
- prescription drugs including intravenous solutions
- physiotherapy

### ***PHYSICIANS AND SURGEONS***

Customary charges of physicians and surgeons for services rendered, less the amount allowed under the provincial government health care plan.

## **REFERRAL FOR SERVICES OUTSIDE CANADA**

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### **LIMITATIONS AND EXCLUSIONS**

1. The referral outside Canada must be medically necessary and must not be for services available in Canada, as determined by Medavie Blue Cross.
2. The claim must have prior approval for payment from Medavie Blue Cross.
3. Payment will be made for the reasonable and customary charges of the provider of the services or supplies in the area in which the services are rendered.
4. Payment will only be made for services and supplies rendered while the patient was under the active treatment of a licensed physician.
5. Payment will not be made for treatment of any illness commencing within 12 months after the covered person's effective date of group coverage for which the covered person has received medical treatment or has been prescribed drugs 12 months prior to the effective date of this coverage.
6. The services to be provided outside Canada must not be experimental or investigative in nature.
7. Referrals outside Canada exclude, but are not limited to, services not available due to waiting lists and/or treatment which has been refused by a physician in Canada.

## DENTAL BENEFIT

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*Applicable to Class A - All Active Members except PPG, Class C - Regular Self Pay, Class D - Disabled, Class E - Early Retirees, Class F - Spouses under 65 of early retirees and Class G - Survivor*

Your dental program covers you and your dependents for a wide range of dental services including the following benefits. Dental benefits are based on the usual and customary charges up to the current Dental Fee Guide less two years for general practitioners in effect in the covered person's province of residence. The Dental Fee Guide will be updated on January 1st of each year.

### ***BASIC BENEFITS***

**Co-insurance:** 100%  
**Maximum:** \$2,000 reimbursement in combination with Major Restorative Benefits

### ***Diagnostics***

- complete examinations once every two (2) consecutive calendar years
- recall examinations once (1) every nine (9) consecutive months
- bitewing four (4) films every calendar year
- full series or panoramic x-rays once every calendar year
- tests/analysis/laboratory procedures

### ***Preventive Services***

- polishing once, up to one (1) unit of time\* every nine (9) consecutive months
- fluoride treatment one (1) every nine (9) consecutive months
- scaling, up to eight (8) units of time per calendar year
- pit and fissure sealants
- protective appliance (mouth guard) one (1) appliance every calendar year
- space maintainers (for dependent children only)
- protective appliance (mouth guard) one (1) appliance every calendar year
- periodontal, TMJ or Myofascial appliances once every 24 consecutive months
- periodontal, TMJ or Myofascial appliance adjustments, maintenance and repair, limited to one (1) upper and one lower once every 24 consecutive months
- occlusal equilibration

### ***Restorative Services***

- amalgam (silver) and tooth coloured (white) fillings
- full coverage prefabricated restorations
- retentive pins

### ***Endodontic Services***

- root canal therapy

### ***Periodontic Services***

- periodontal scaling and root planing
- periodontal surgery (grafts)

\*one unit of time is equal to 15 minutes

## **DENTAL BENEFIT**

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### ***BASIC BENEFITS (Cont.)***

#### ***Prosthodontic Services***

- denture adjustments and repairs (after three (3) months of initial insertion)
- denture reline or rebase once every three (3) consecutive calendar years (using existing framework for complete or partial dentures)
- tissue conditioning

The replacement of existing fixed prosthetic devices is not covered except if:

- The replacement is required because of extraction, loss or fracture of one or more sound natural teeth after the individual became insured under this plan, or
- The replacement is more than 12 months after the individual became insured under this coverage, and the existing fixed prosthetic device is at least five (5) years old and no longer serviceable.

#### ***Surgical Services***

- extraction of teeth and roots
- surgical movement of teeth
- removal of benign tumours, cysts

#### ***General Services***

- general anesthesia and intravenous sedation in conjunction with oral surgery

### ***MAJOR RESTORATIVE BENEFITS***

**Co-insurance:** 60%

**Maximum:** \$2,000 reimbursement in combination with Basic Benefits

#### ***Extensive Restoratives***

- inlays/onlays/crowns

#### ***Prosthodontic Services***

- complete and partial dentures, limited to one (1) upper and one (1) lower, once every five (5) consecutive calendar years
- bridgework

Replacement of lost or stolen dentures, the duplication of dentures and personalization or characterization of dentures is not covered.

## **DENTAL BENEFIT**

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### ***ORTHODONTIC SERVICES***

**Co-insurance:** 50%  
**Maximum:** \$2,000 reimbursement per dependent child under 18 per lifetime

#### ***Orthodontic Services***

- removable and fixed appliances (braces)
- observations and adjustments.

### ***BENEFITS FOR LATE APPLYING APPLICANTS***

If application for dental benefits is made more than 31 days after the date on which the member and/or dependent first becomes eligible, the maximum benefit will be limited to \$100 per covered person during the first 12 months of coverage. This provision does not apply to dental services required as a result of natural teeth being damaged by a direct accidental blow to the mouth after the effective date of the applicant's late application for coverage.

### ***PREDETERMINATION OF BENEFITS***

When the total cost of any proposed dental treatment is expected to exceed \$500, ask your dentist to complete and submit the predetermination section of the claim form to Medavie Blue Cross before the start of treatment. You will know, beforehand, the exact amount of reimbursement. If you change dentists in the course of treatment, you will be required to submit a new treatment plan.

## **DENTAL EXCLUSIONS AND LIMITATIONS**

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Medavie Blue Cross does not cover the following expenses:

1. Any item or service not listed as a benefit in this plan.
2. 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.
3. Benefits the covered person receives or is entitled to receive from Workers' Compensation.
4. Services as a result of self-inflicted injuries or any suicide attempt, whether the covered person is sane or not.
5. Splinting for periodontal reasons, where cast, crowns or inlays are used for this purpose, with or without onlays.
6. Veneers for cosmetic purposes.
7. Accidental dental services do not form part of the Dental Benefits being offered.
8. Services rendered by a dental hygienist but not administered under the supervision of a dentist.
9. Treatment or appliance, related directly or indirectly to full mouth reconstruction, to correct vertical dimension.

## **ADDITIONAL BENEFIT INFORMATION**

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### ***DEFINITIONS***

**ACTIVELY AT WORK** – Shall mean that a member is working for a contributing employer or available for work as determined by his name appearing on the out-of-work list of the Union.

**EARNINGS** – The amount of money, based on the number of hours in the regular work week, as per the Collective Agreement, multiplied by the hourly wage rate for each particular member in the wage rate classification to which he belongs.

**LEAVE OF ABSENCE** – Shall mean a period of time away from work mutually agreed to by the member and the member's employer. In the case of maternity leave of absence, the leave shall begin and finish on dates agreed to by the member and the member's employer or as required by Provincial or Federal law.

### ***CO-ORDINATION OF BENEFITS***

In the event that benefits may be claimed under more than one section of the health care plan, the claim will be assessed in a manner that provides the greatest benefit to the employee.

With the exception of Worldwide Travel Benefit provided under the policy, if you are eligible for similar benefits under another group benefit plan the amount payable through this plan shall be co-ordinated with all benefit plans and will not exceed 100% of the eligible expense. Where both spouses of a family have coverage through their own employer benefit plans, the first payer of each spouse's claim is their own employer's plan. Any amount not paid by the first payer can then be submitted for consideration to the other spouse's benefit plan (the second-payer).

Claims for dependent children should be submitted first to the benefit plan of the spouse who has the earlier birth month in the calendar year, and then to the other spouse's benefit plan. When submitting a claim to a second payer, be sure to include payment details provided by the first payer.

Benefit payments will be co-ordinated with any other plan or arrangement, in accordance with the Canadian Life and Health Insurance Association (CLHIA) guidelines.

Payment for Worldwide Travel Benefit provided under this policy is limited to amounts that are in excess of coverage provided by any other plan(s), as specified in the Worldwide Travel Benefit Exclusions.

### ***CONVERSION PRIVILEGE***

If you should terminate employment, you may convert to an Individual Health and Dental plan currently issued by Blue Cross provided that application is made within 31 days following your date of termination. This conversion privilege is also available to the surviving spouse and/or dependents in the event of your death.

### ***EVIDENCE OF HEALTH***

Proof of good health is not required if application is made within 31 days of first becoming eligible. If coverage is not applied for within this 31-day period, evidence may be requested from you and your dependents, if any, before benefits commence.

## **ADDITIONAL BENEFIT INFORMATION**

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Certain other situations may require the submission of evidence of health before coverage will be approved. The cost of obtaining evidence of health is to be provided at your own expense if you or your dependents do not apply for coverage within 31 days of becoming eligible.

### ***ALTERNATIVE BENEFIT***

Where more than one form or alternative form of treatment exists, Medavie Blue Cross, in consultation with its Health Care Consultants, reserves the right to make payment for eligible services and supplies based on an alternate procedure or supply with a lower cost, when deemed appropriate and consistent with good health management.

### ***SUBROGATION***

Medavie Blue Cross and Blue Cross life retain the right to subrogate on all applicable lines of benefit.

## **PLAN MEMBER WEBSITE**

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### ***INSTRUCTION FOR MEMBERS***

Medavie Blue Cross is continually developing its Web technology to respond to the needs of our customers. One such innovation, the Plan Member Website, will help you better understand, manage and co-ordinate your benefit plan.

The Plan Member Website is simple to use and is delivered in a secure environment. Now, when you want to access general information about your plan, view your claims and payment history, or print generic claim forms, you just have to click your mouse. The Plan Member Website is available 24 hours a day; seven days a week from home or work, all you need is an Internet connection. The Plan Member Website makes life easier for you.

### ***ON THE PLAN MEMBER WEBSITE***

There are a variety of options available to you on the Plan Member Website.

**Coverage Inquiry:** Detailed information about the Medavie Blue Cross benefit plan

**Forms:** Printable versions of generic Medavie Blue Cross claim forms

### **Member Information**

- Members can view and/or update address information (where access is available)
- Request new identification cards
- Add/update banking information for direct deposit of claim payments (where applicable)

### **Member Statements**

- Members can view claims history for member and dependents
- View record of payments issued to member and/or the service provider
- View Health Spending Account balances (where applicable)

### ***FIRST-TIME ACCESS TO THE PLAN MEMBER WEBSITE***

To register for the Plan Member Website, visit [www.medavie.bluecross.ca](http://www.medavie.bluecross.ca) and log in.

Please ensure you make note of your user ID and password for future reference.

### ***PLEASE NOTE***

For security reasons, the Plan Member Website is for use of the plan member only.

We look forward to helping you take advantage of our online technology. For further information on the Plan Member Website, or for any questions about your Medavie Blue Cross benefit plan, please contact our Customer Information Center toll free at the number on the back of your identification card or e-mail [inquiry@medavie.bluecross.ca](mailto:inquiry@medavie.bluecross.ca).

## **MEDAVIE BLUE CROSS CONTACT INFORMATION**

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Medavie Blue Cross has branch offices at the following locations to answer any inquiries you may have relating to your benefit plan.

### **NEW BRUNSWICK**

Fredericton Unit 2 - 1055 Prospect Street  
Fredericton, NB E3B 3B9

Moncton Blue Cross Centre  
644 Main Street  
P. O. Box 220  
Moncton, NB E1C 8L3

Saint John 47A Consumers Drive  
Saint John, NB E2J 4Z7

### **NOVA SCOTIA**

Dartmouth Street Address:  
230 Brownlow Avenue  
Dartmouth, NS B3B 0G5  
Mailing Address:  
P. O. Box 2200  
Halifax, NS B3J 3C6

Halifax Barrington Tower, Scotia Square  
1894 Barrington Street  
Halifax, NS B3J 2A8

### **NEWFOUNDLAND**

St. John's Viking Building  
136 Crosbie Road, Suite 204  
St. John's, NL A1B 3K3

### **ONTARIO**

Toronto 185 The West Mall, Suite 1200  
P. O. Box 2000  
Etobicoke, ON M9C 5P1

### **QUEBEC**

Montreal 550 Sherbrooke Street West, Suite 12  
Montreal, QC H3A 6T6

**Toll-free Customer Information Line: 1-800-667-4511**

**BENEFITS ADMINISTERED OR UNDERWRITTEN BY  
OTHERS**

**ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

**Underwritten by:**

**SSQ INSURANCE COMPANY INC. ASSURANCES INC.**

**Policy Number: 1FZ75**

**September 2013**

**A PROGRAM OF**

**ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

**FOR**

**THE MEMBERS**

**INTERNATIONAL UNION OF PAINTERS & ALLIED TRADES**

**ATLANTIC PROVINCES BENEFIT TRUST FUND**



**POLICY # 1FZ75**

## **INTRODUCTION**

This information booklet has been prepared to give you an informal summary of the main features of your Health and Welfare Program in regards to the Accidental Death & Dismemberment Benefit.

This booklet is not an insurance policy, and it does not grant or confer any contractual rights. All rights under this program shall be governed by the provisions of the Master Policy and by applicable law.

**INTERNATIONAL UNION OF PAINTERS & ALLIED TRADES  
ATLANTIC PROVINCES BENEFIT TRUST FUND**

**BASIC ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE  
UNDERWRITTEN SSQ INSURANCE COMPANY INC. ASSURANCES INC., POLICY  
#1FZ75**

**SUMMARY OF BENEFITS**

**Coverage**

Any accident resulting in Death, Dismemberment, Paralysis, Loss of use of limbs, Loss of sight, speech or hearing – anywhere in the world – 24 hours a day – on or off the job.

**Principal Sum**

You are eligible for an amount of insurance equal to \$50,000.

Coverage terminates on the date your Group Life Insurance terminates, and as outlined in the Termination of Insurance section pertaining to your Group Life Insurance benefits.

**ELIGIBILITY**

**Who May be Insured**

All Members in good standing of International Union of Painters & Allied Trades (IUPAT) and their eligible dependents provided Members meet the eligibility requirements and that initial contributions have been made on behalf of their Contributing Employer.

**Eligible Dependents**

"Spouse" means an individual

- a) to whom you are legally married,
- b) with whom you have continuously cohabited in a conjugal relationship for a minimum of one year immediately before a Loss is incurred under the Program.

Only one individual will qualify as a spouse.

If you are legally married but also cohabiting with an individual as described under section (b) above, you may elect in writing which one of the individuals will qualify as a spouse under this policy. This election must be filed with the Policyholder. If an election is not filed the Spouse will be the individual to whom you are legally married.

"Member of the Immediate Family", means a person at least 18 years of age, who is your spouse, son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of the above include natural, adopted or step relationship), grandson, granddaughter, grandfather or grandmother.

### **Effective date of Insurance**

Members in good standing who work for an Employer who is party to the Collective Bargaining Agreement and whose contributions are collected and remitted to the Trust Fund for that particular job, are eligible for coverage, even though they are not eligible for all other benefits.

### **Reinstatement**

If your insurance has previously terminated because of insufficient hours in your Hour Bank Account, you will again become insured on the first day of the next month in which you have accumulated 250 hours in your Hour Bank Account.

Should you not be working or available for work on the day your insurance would ordinarily become reinstated, the insurance for you and your dependents will be delayed until you return to work or are available for work.

### **Continuation of Coverage**

If, under your Basic Group Life Insurance Program, your life insurance is continued during any approved leave of absence, temporary lay-off, maternity leave, or disability leave, coverage under this program will also be continued, provided payment of premium is continued.

Coverage may also be continued under the self-pay provision:

1. For the first 12 consecutive months, monthly payments equal to the coverage costs may be made until attainment of age 65, provided the member is in good standing with the Union.
2. Disabled Members who are in receipt of disability benefits through Weekly Indemnity, Workers' Compensation, Canada Pension or Long Term Disability and not approved for Waiver of Premium, may self-pay until their attainment of age 65.
3. Members who retire under the Pension Plan before age 65 may continue to make self-payments until their attainment of age 65.

All terms and provisions of the Policy apply during the period of the leave, including provisions relating to reductions in amounts of insurance.

Notwithstanding anything contained to the contrary in the Policy, benefits payable for any Loss which occurs while this clause is in effect cannot exceed the amount of insurance payable on the commencement date of your leave.

## **Termination of insurance**

Your insurance coverage will immediately terminate on the earliest of the following dates:

1. On the date the Policy is terminated;
2. On the premium due date if the Policyholder fails to pay the required premium;
3. On the earlier of the last day of the month in which an active Member
  - has less than 125 hours in the hour bank,
  - ceases to be a member in good standing,
  - enters the Military,
  - required contributions are discontinued, retires with insufficient hours in bank to maintain coverage (subject to self-pay provision);
4. On the date the Insured Person ceases to be an active Member of the Policyholder, except as provided under the following sections: Waiver of Premium and/or Continuation of Coverage During Approved Leaves.

## **Beneficiary**

Your Loss of Life benefit shall be payable to the beneficiary or beneficiaries designated under your Basic Group Life Insurance Program, or if there is no such beneficiary designation, the benefit shall be payable to your Estate.

All other indemnities payable will payable to you, with the exception of indemnities payable under the following sections:

Repatriation  
Education  
Day-Care  
Workplace Modification and Accommodation  
Occupational Training  
Family Transportation  
Identification

## DEFINITIONS

### **Wherever used in the Accidental Death & Dismemberment sections of this booklet**

"Accident" means any unlooked for mishap or untoward event which is not expected or designed.

"Accommodation" means lodging in the vicinity of the Hospital where the Insured Person is confined.

"Disease" means any unhealthy condition of the body or any part thereof.

"Hospital" means an institution licensed as a hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of one (1) or more Physicians available at all times and which continuously provides twenty-four (24) hour nursing service by graduate registered nurses. It provides organized facilities for diagnostics and surgery, is an active treatment hospital and not primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment. For the purposes of this definition, hospital will include a facility or part of a facility used for rehabilitative care.

"Injury" means bodily injury caused by an Accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy, twenty-four (24) hours a day, anywhere in the world but in no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.

"Insured Person" means a member in good standing insured under the Policy.

"Male" The male pronoun will be construed as the feminine when the person is a female.

"Physician" means a doctor of medicine (other than the Insured Person or a Member of the immediate Family) who is licensed to practise medicine by:

1. a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing body, or
2. a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

"Plan Administrator" means the administrator approved by the Trustees to administer your Hour Bank and Eligibility Files.

"Policy" means the Group Policy #1FZ75 which is on file with the Policyholder.

"Policyholder" means the International Union of Painters & Allied Trades (IUPAT) Atlantic Provinces Trust Fund.

"Regular Care and attendance" means observation and treatment to the extent necessary under existing standards of medical practice for the condition causing the confinement.

"Sickness" means an impairment of normal physiological function and includes illness and infections.

“Self-pay” means that should coverage terminate because of insufficient hours in the hour bank account to maintain continuous coverage; the Insured Member will be given the option to make self-payments equal to the coverage cost, provided the member is in good standing with the Union.

"You" and "Your", means the Eligible Member who is employed with the Policyholder.

“We”, “Us”, “The Insurer” means SSQ Insurance Company Inc.

### **SPECIFIC LOSS ACCIDENT INDEMNITY BENEFIT SCHEDULE**

When Injury results in any of the following losses within three hundred and sixty-five (365) days after the date of the Accident, the Insurer will pay:

#### For Loss of

Life.....	The Principal Sum
The Entire Sight of Both Eyes .....	The Principal Sum
Speech and Hearing in Both Ears.....	The Principal Sum
One Hand and the Entire Sight of One Eye .....	The Principal Sum
One Foot and the Entire Sight of One Eye .....	The Principal Sum
The Entire Sight of One Eye .....	Three-Fourths of the Principal Sum
Speech.....	Three-Fourths of the Principal Sum
Hearing in Both Ears .....	Three-Fourths of the Principal Sum
Hearing in One Ear .....	Two-Fifths of the Principal Sum
All Toes of One Foot.....	One-Third of the Principal Sum

#### For Loss or Loss of Use of

Both Hands .....	The Principal Sum
Both Feet.....	The Principal Sum
One Hand and One Foot.....	The Principal Sum
One Arm .....	Four-Fifths of the Principal Sum
One Leg .....	Four-Fifths of the Principal Sum
One Hand.....	Three-Fourths of the Principal Sum
One Foot .....	Three-Fourths of the Principal Sum
Thumb and Index Finger or at Least Four Fingers of One Hand .....	Two-Fifths of the Principal Sum

#### For Paralysis of

Both Upper and Lower Limbs (Quadriplegia) .....	Two Times the Principal Sum
Both Lower Limbs (Paraplegia).....	Two Times the Principal Sum
Upper and Lower Limbs of One Side of Body (Hemiplegia) .....	Two Times the Principal Sum

"Loss of Life" means the death of the Insured Person.

"Loss" as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or knee joint; as used with reference to thumb means the complete severance of one (1) entire phalanx of the thumb; as used with reference to finger means the complete severance of two (2) entire phalanges of the finger; as used with reference to toes mean the complete severance of one (1) entire phalanx of the big toe and all phalanges of the other toes; as used with reference to eye means the irrecoverable loss of the entire sight thereof.

"Loss" as above used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing.

"Paralysis" means the loss of ability to move all or part of the body.

"Quadriplegia" means the permanent Paralysis and functional loss of use of both upper and lower limbs.

"Paraplegia" means the permanent Paralysis and functional loss of use of both lower limbs.

"Hemiplegia" means the permanent Paralysis and functional loss of use of upper and lower limbs on the same side of the body.

"Loss" as above used with reference to 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 at the end of such period.

Indemnity provided under this section will not be paid under any circumstances for more than one (1) of the Losses, the greatest, sustained for multiple injuries to the same limb by any one (1) Insured Person as the result of any one (1) Accident.

Indemnity provided under this section for all Losses sustained by any one (1) Insured Person as the result of any one (1) Accident will not exceed the following:

- (a) with the exception of quadriplegia, paraplegia and hemiplegia, the Principal Sum.
- (b) with respect to quadriplegia, paraplegia and hemiplegia, Two Times the Principal Sum, or the Principal Sum if Loss of Life occurs within ninety (90) days after the date of the Accident.

In no event will indemnity payable for all Losses under this section exceed, in the aggregate, Two Times the Principal Sum as the result of the same Accident.

**YOUR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE ALSO  
INCLUDES THE FOLLOWING BENEFITS:**

**Repatriation\***

If you sustain accidental Loss of Life not less than 50 kilometres from your normal place of residence and indemnity for such Loss becomes payable under this program, we will pay the reasonable and customary expenses actually incurred for the transportation of your body to the first resting place (including but not limited to a funeral home or the place of interment) in proximity to your normal place of residence. The repatriation benefit up to \$15,000 will be paid for expenses incurred for the return home of your body (including charges for the preparation of the body for such transportation).

**Education\***

If you sustain accidental loss of life and indemnity for such loss becomes payable in accordance with the terms of this Program, we will pay the Education Benefit stated below for each of your Dependent Child for education expenses provided the child is:

- (1) already enrolled full-time in a post-secondary institution as defined in the province, territory or country of residence; or
- (2) at a secondary school level but will enroll, as a full-time student in a post-secondary education program within 365 days of your accidental death.

This benefit is equal to the reasonable and necessary expenses actually incurred for each Dependent Child, subject to a maximum of 5% of your Principal Sum or \$5,000, whichever is less, for up to 4 consecutive years.

This benefit will be paid each year immediately upon receipt of satisfactory proof that your child is enrolled as a full-time student in an institution for higher learning, but payment will not be made for expenses incurred prior to your death, nor for room, board or other ordinary living, travelling or clothing expenses.

If your Dependent Child satisfies the above requirements, any benefits payable will be paid to such child.

"Institution for higher learning" includes any university, college, CEGEP or trade school.

"Dependent Children" mean persons that are either legitimate or illegitimate children, adopted children, step-children or children who are in a parent-child relationship with the Insured Person. The children are unmarried, under 25 years of age and dependent upon the Insured Person for maintenance and support.

## **Day Care\***

If you sustain Accidental Loss of Life and indemnity for such Loss becomes payable in accordance with the terms of this Program, we will pay the Day-Care Benefit stated below for each of your Dependent Children who:

- (1) are enrolled in a Day-Care Centre on the date of such Loss; or
- (2) will enroll in a Day-Care Centre within three hundred and sixty-five (365) days after the date of your death.

This benefit is equal to the reasonable and necessary expenses actually incurred, subject to a maximum of 5% of your Principal Sum or \$5,000, whichever is less, for each year your Dependent Child is enrolled in a Day-Care Centre, but not to exceed 4 years, which must run consecutively, with respect to any one Dependent Child.

This benefit will be paid each year immediately upon receipt of satisfactory proof that your child is enrolled in a Day-Care Centre, but payment will not be made for expenses incurred prior to your death, nor for room, board or other ordinary living, travelling or clothing expenses.

In the event that your Dependent Child does satisfy the requirements indicated above, the Day-Care Benefit will be payable to your surviving Spouse if your Spouse has custody of the child. If there is no surviving Spouse or your child does not reside with your Spouse, benefits payable under this provision will then be paid to your child's guardian who has been legally appointed to manage the person of the child.

If none of your Dependent Children satisfy the requirements as shown under either the section entitled "Education Benefit" or this section, we will pay an amount equal to 5% of your Principal Sum or \$2,500, whichever is less, under 1 of the policies issued to your Union by SSQ INSURANCE COMPANY INC. Assurances Inc. to your beneficiary.

The following definitions are applicable only to this benefit:

"Day-Care Centre" means a facility which is operated according to law, including laws and regulations applicable to day-care facilities and which provides care and supervision for children in a group setting on a regular basis. Day-Care Centre will neither include a hospital, the child's home, care provided during normal school hours while a child is attending grades one (1) through twelve (12) nor any other day-care facility which does not charge a fee for services rendered.

"Dependent Children" mean persons that are either legitimate or illegitimate children, adopted children, step-children or children who are in a parent-child relationship with you. The children are under 13 years of age and dependent upon you for maintenance and support.

## **Rehabilitation\***

If you sustain an injury which results in a Loss payable under the section entitled “Specific Loss Accident Indemnity” under this program and such injury requires that you participate in a rehabilitation program in order to be qualified to engage in an occupation in which you would not have engaged except for such injury, the Insurer will pay the reasonable and necessary expenses actually incurred within 3 years from the date of loss to a maximum of \$15,000. No payment will be made for room, board or other ordinary living, travelling or clothing expenses.

## **Occupational Training\***

If you sustain accidental loss of Life and indemnity for such loss becomes payable in accordance with the terms of this program, we will pay the reasonable and necessary expenses actually incurred, within 3 years from the date of your accidental death, by your spouse who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which your spouse, would not otherwise have sufficient qualifications, up to a maximum of \$15,000 for all such expenses. No payment will be made for room, board or other ordinary living, travelling or clothing expenses. If your spouse satisfies the requirements stated above, it is presumed that your spouse is the beneficiary.

## **Workplace Modification and Accommodation Benefit**

In the event an Insured Person sustains an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy and such Insured Person requires special adaptive equipment and/or workplace modification in order to reasonably accommodate his return to active full-time work with the Policyholder, the Insurer will pay the reasonable and necessary expenses actually incurred by the Policyholder provided:

1. The Policyholder agrees in writing to provide the special adaptive equipment and/or make modifications to the workplace for the purpose of making it accessible and adaptable to the needs of such Insured Person.
2. The Policyholder acknowledges in writing that the performance of the essential duties of such Insured Person’s job may be altered.
3. The proposed special adaptive equipment and/or workplace modification must have prior written approval by the Insurer.
4. The Insurer has the right to examine the Insured Person to evaluate the appropriateness of the proposed modifications.

The benefit will be paid to the Policyholder upon the Insured Person’s return to active full-time work with the Policyholder and the Insurer has been provided with written proof of the expenses incurred. The benefit is not payable if the Policyholder does not incur any cost in providing the special adaptive equipment and/or the workplace modification.

Payment by the Insurer for the total of all expenses incurred by the Policyholder will not exceed five thousand dollars (\$ 5,000) as a result of any one (1) Accident.

The above benefit will only be payable under one (1) of the policies issued to the Policyholder by the Insurer.

## **Family Transportation\***

If any Specific Loss covered under the “Specific Loss Accident Indemnity” confines you as an inpatient in a hospital or if any other Injury confines you to a hospital for 4 days and such hospital is located at least 150 kilometres from your residence, this benefit will refund expenses incurred by any Member(s) of your Immediate Family for hotel accommodation and transportation (via the most direct route) to your bedside, to a maximum of \$5,000. Private transportation expenses are limited to \$0.35 per kilometre travelled.

Payment is not made for board or other ordinary living, travelling or clothing expenses.

## **Identification\***

If you sustain accidental Loss of Life, and the police require the identification of the body by a Member of the Immediate Family, and indemnity for Loss of Life subsequently becomes payable under the Policy, we will refund expenses incurred by such family member for:

1. lodging and board (up to a maximum of 3 consecutive nights) while en route and/or during the stay in the city or town where the body is located, and
2. transportation via the most direct route to this location,

Provided this location is not less than 150 km from the family member's usual residence.

Private transportation expenses are limited to \$0.35 per km travelled and the total maximum refundable for all expenses is limited to \$10,000. Payment will not be made for ordinary living, travelling or clothing expenses other than stated above.

## **Seat belt\*\***

If, at the time of the accident, you are wearing a properly fastened seat belt and driving or riding in a “vehicle” driven by a driver who has a valid driver’s license and who was neither “intoxicated” nor under the “influence of drugs” (unless taken as prescribed by a physician), and a loss becomes payable under the “Specific Loss accident indemnity”, the applicable amount of principal sum will be increased by 10% for those wearing a seat belt, subject to a maximum of \$25,000, which maximum is in combination with the Seat Belt Benefit maximum provided under any other policy issued to the Policyholder by the Insurer.

Due proof of Seat Belt use must be provided as part of the written proof of loss.

"Intoxicated" and "being under the influence of drugs" is as defined by the jurisdiction in which the accident occurs.

"Seat Belt" means those belts that form a restraint system and includes infant and child restraint systems when properly used with a Seat Belt, and the restraining belts, which are part of a stretcher, used in the transportation of sick or injured persons by ambulance.

"Vehicle" means a passenger car, station wagon, van, jeep-type automobile, truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces.

## **Home Alteration and/or Vehicle Modification\***

If you sustain the Loss of or Loss of Use of Both Feet or Legs or becomes Quadriplegic, Paraplegic or Hemiplegic, for which indemnity becomes payable under the Policy, and you subsequently require the use of a wheelchair to be ambulatory, We will refund the reasonable and necessary expenses actually incurred within 3 years of the date of loss, to a maximum of \$15,000 per accident;

- (a) for the cost of alterations to your principal residence for the purpose of making it accessible and/or;
- (b) the cost of modifications to 1 motor vehicle utilized by yourself, when such modifications are approved by licensing authorities where required, for the purpose of adapting it to your needs.

The amount payable under this section will be coordinated with any amount paid or payable under any other insurance plan providing the same or similar benefit.

**NOTE:** Benefits marked with an asterisk (\*) are only payable under one of the policies issued to the IUPAT by SSQ Insurance company Inc.

Benefits marked with 2 asterisks (\*\*) are payable under all other policies with similar benefits issued to the IUPAT by SSQ Insurance Company Inc. subject to the maximum amount stated in the policies.

## **Aircraft Coverage**

You are covered while riding as a passenger, but not as a pilot, operator or member of the crew, in any aircraft provided the aircraft has a current and valid certificate of airworthiness and is flown by a licensed pilot, except any aircraft that is owned, operated or leased by or on behalf of the Policyholder. You are also covered while flying as a passenger in any military aircraft and when boarding or alighting from or struck by any aircraft.

## **Exposure and Disappearance**

If, by reason of an accident covered by this program, you are unavoidably exposed to the elements and such exposure results in a covered Loss, such Loss will be covered.

If you are not found within one year of the disappearance, sinking or wrecking of a conveyance in which you were riding at the time of the accident, it will be presumed you have suffered Loss of Life resulting from bodily Injury caused by an accident.

## **Aggregate Limit**

The Policy contains a \$25,000,000 aggregate limit of indemnity for all losses arising out of any one accident. If this amount is insufficient to pay the full amount of indemnity for each Insured Person, then the amount payable for each Insured Person is proportionately reduced so that the total amount of indemnity payable equals \$25,000,000.

The aggregate limit of indemnity only applies to losses payable under the Specific Loss Accident Indemnity Benefit Schedule above.

## **Waiver of Premium**

Provided you have been approved for Waiver of Premium and remain eligible for such under the terms and conditions of your Union's Basic Group Life Insurance policy, you need not pay any further premiums under this program, while you remain disabled, until the earliest of the following dates:

1. the Policy terminates;
2. you reach age 65; or
3. you cease to be totally disabled.

All terms and provisions of the Policy apply during the period premiums are waived, including provisions relating to reductions in amounts of insurance.

Notwithstanding anything contained to the contrary in the Policy, benefits payable for any Loss which occurs while this clause is in effect cannot exceed the amount of insurance payable on the commencement date of your disability.

## **Exclusions**

The program does not cover any Loss, fatal or non-fatal, caused or contributed to by:

1. suicide or intentionally self-inflicted Injury;
2. war, whether declared or not;
3. participation in a riot, insurrection, civil commotion or disturbance;
4. active full-time, part-time or temporary service in the armed forces of any country;
5. riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the section entitled "Aircraft Coverage";
6. medical treatment or surgery, except if the medical treatment or surgery was needed because of an Accident.

## **In the event of claim**

You or your beneficiary must notify the Union Office who will supply you with the proper forms with instructions for completion.

In the case of claim, written notice of Injury must be given to SSQ INSURANCE COMPANY INC. Assurances Inc. within 30 days after the date of the accident and written proof of Loss must be furnished to them within 90 days after the date of such Loss. Failure to furnish such notice or proof within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as was reasonably possible, but in no event later than one year after the date of the accident.

This booklet is your outline of the coverage held under the Basic program of Accidental Death and Dismemberment Insurance and should be retained for reference. The group master Policy #1FZ75 sets forth in detail the terms and conditions of the program and all rights and obligations are determined in accordance with the Master Policy, not this booklet. For exact provisions of coverage, please contact your Union Office.