



## First Canada ULC

**Plan Document Numbers:** G0122300, G0122302

**Group Policy Number:** G0122301

**Plan 142:** Unionized Regular School Bus Drivers of First Canada ULC located in Burlington

**Note:** The above are the main numbers you should provide as a reference when contacting Manulife. Be sure to record these numbers and your plan member certificate number (from your benefits card) on all correspondence and claim forms.

**Plan Documents Effective Date:** October 1, 2020

**Group Policy Effective Date:** October 1, 2020

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## **Important Information about your Benefits**

### **Important information about your benefits:**

The information provided here is an overview of the coverage and services your plan sponsor has chosen to offer as part of your group benefits program. Every effort has been made to describe the program accurately. However, should there be a question of interpretation, the terms outlined in the official plan documents will prevail.

The CAREPath and HealthCareAssist benefits described in this booklet are provided by Carepath. Your Plan Sponsor has provided this wording for use in this booklet and is responsible for ensuring it is accurate, up to date and consistent with the governing policy. Manulife Financial is not responsible for any claims in connection with the booklet wording relating to this benefit. In the event of a discrepancy between this booklet and the policy, the terms of the group policy will apply. Manulife shall not be responsible for any detrimental reliance that you may place upon this information whatsoever.

All other benefits are insured or administered by Manulife Financial.

Where required by law, you or any claimant under the Group Policy and/or Plan Document has the right to request a copy of any or all of the following items:

- a) the Group Policy and/or Plan Document;
- b) your application for group benefits; and
- c) any Evidence of Insurability you submitted as part of your application for benefits.

In the case of a claimant, access to these documents is limited to that which is relevant to the filing of a claim, or the denial of a claim under the Group Policy and/or Plan Document.

Manulife reserves the right to charge you for such documentation after your first request.

**We suggest you read this Benefit Booklet carefully, then file it in a safe place with your other important documents.**

## **Explanation of Commonly Used Terms**

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*The following is an explanation of the terms used in this Benefit Booklet.*

### ***Adherence***

use drug, service or supply in accordance with the terms for which it was prescribed.

### ***Administrator***

Manulife.

### ***Advisory Body***

Manulife-approved external experts that may provide Manulife with recommendations, applying a pharmacoeconomic or cost effectiveness evaluation.

### ***Benefit Percentage (Co-insurance)***

the percentage of Covered Expenses which is payable by your employer.

### ***Birth***

the complete live delivery of a child from its mother.

### ***Common Accident***

the same accidental injury or separate accidental injuries occurring within a 24-hour period.

### ***Covered Expenses***

expenses that will be considered in the calculation of payment due under your Extended Health Care benefit.

### ***Deductible***

the amount of Covered Expenses that must be incurred and paid by you or your Dependents before benefits are payable by your employer.

### ***Dependent***

your Spouse or Child who resides in the same country as you and who is covered under the Provincial Plan.

#### **- Spouse**

your legal Spouse, or a person continuously living with you in a role like that of a marriage partner for at least one year.

Only one Spouse will be eligible for coverage, and will be as indicated by you on your application for coverage. Where this information is not contained on your application, the person who qualifies last under this Plan's definition of Spouse will be the eligible Spouse.

#### **- Child**

your natural or adopted Child, foster Child or stepchild, who:

- a) is unmarried;
- b) relies on you for support;

## **Explanation of Commonly Used Terms**

- c) is not employed for more than 30 hours per week;
- d) is under age 21, or under age 25 if a full-time student; and
- e) is not eligible for coverage as an employee under this or any other Group Benefit Program.

A newborn Child shall become eligible from the moment of birth.

A stepchild must be living with you to be eligible.

**A Child who is incapacitated on the date he or she reaches the age when coverage would normally terminate will continue to be an eligible Dependent. However, the Child must have been covered under this Benefit Program immediately prior to that date.**

A Child is considered incapacitated if he or she is incapable of engaging in any substantially gainful activity and is dependent on you for support, maintenance and care, due to a mental or physical handicap.

Your employer may require written proof of the Child's condition as often as may reasonably be necessary.

### ***Disease Management Programs***

an approach to healthcare that teaches patients how to manage a chronic disease. A system of coordinated healthcare interventions and communications for patients with conditions in which patient self-care efforts are significant in the management of their condition.

### ***Drug***

a medication that has been approved for use by Health Canada and has a Drug Identification Number.

### ***Due Diligence***

a process employed by Manulife to assess new Drugs, existing Drugs with new indications, services or supplies to determine eligibility under the Plan Document. This process may use Pharmacoeconomics, cost effectiveness analysis reference information from existing Federal or Provincial formularies, recognized clinical practice guidelines, or an Advisory Body.

### ***Exclusive Distribution***

Manulife-approved vendors.

### ***Experimental or Investigational***

not approved as an effective, appropriate and essential treatment of an illness or injury.

### ***Immediate Family Member***

you, your Spouse or Child, your parent or your Spouse's parent, your brother or sister, or your Spouse's brother or sister.

## **Explanation of Commonly Used Terms**

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### ***Interchangeable Drug***

includes but is not limited to:

- a) a generic equivalent to the brand name Drug deemed to be interchangeable by law where the Drug is dispensed; or
- b) a Drug that contains the same active ingredient that has not been deemed interchangeable in the province where the Drug is dispensed; but has been identified as interchangeable by Manulife.

### ***Licensed, Certified, Registered***

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

### ***Life-Sustaining Drugs***

non-prescription Drugs which are necessary to sustain life.

### ***Lower Cost Alternative***

if two or more Drugs, supplies or services result in therapeutically similar results, or prescribing guidelines recommend alternate Drugs, supplies or services be tried first that are lower in cost, the lower cost alternative will be considered.

### ***Medically Necessary***

accepted and recognized by the Canadian medical profession and Manulife as effective, appropriate and essential treatment of an illness or injury. Manulife has the right after Due Diligence has been completed to determine whether the Drug, service or supply is covered under the Plan Document.

### ***Non-Evidence Limit***

you must submit satisfactory medical evidence to Manulife for Benefit Amounts greater than this amount.

### ***Patient Assistance Program***

a program that provides assistance to you or your Dependents who are prescribed select Drugs, supplies or services. Manufacturers and distributors may provide patient assistance programs that include financial support, along with education and training.

### ***Pharmacoeconomics***

the scientific discipline that evaluates the value of pharmaceutical Drugs, clinical services or supplies. This discipline includes but is not limited to clinical evaluations, risk analysis, economic value and the cost consequences to plans. Pharmacoeconomic studies serve to guide optimal healthcare resource allocation, in a standardized and scientifically grounded manner as determined by Manulife.

### ***Prior Authorization***

a claims management feature applied to a specific list of Drugs, supplies or services to determine eligibility based on predefined clinical criteria and a Pharmacoeconomic or cost effectiveness evaluation.

### ***Provincial Plan***

any plan which provides hospital, medical, or dental benefits established by the government in the province where the covered person lives.

## **Explanation of Commonly Used Terms**

### ***Qualifying Period***

a period of continuous Total Disability, starting with the first day of Total Disability, which you must complete in order to qualify for disability benefits.

### ***Reasonable and Customary***

the lowest of:

- a) the prevailing amount charged for the same or comparable service or supply in the area in which the charge is incurred, as determined by Manulife;
- b) the amount shown in the applicable professional association fee guide; or
- c) the maximum price established by law.

### ***Total Disability or Totally Disabled***

a restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience.

The availability of work will not be considered by Manulife in assessing your disability.

If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.

### ***Waiting Period***

the period of continuous employment with your employer which you must complete before you are eligible for Group Benefits.

### ***Ward***

a hospital room with 3 or more beds which provides standard accommodation for patients.

## **Who Qualifies for Coverage?**

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### ***Eligibility***

You are eligible for Group Benefits as of the first of the month following a Waiting Period of 3 months of continuous service, as long as you:

- a) are younger than the Termination Age; and
- b) are residing in Canada; and
- c) are an active full-time employee of First Canada ULC and work at least 28 hours per week.

Your Dependents are eligible for coverage on the date you become eligible or the date you first acquire a Dependent, whichever is later. You must apply for coverage for yourself in order for your Dependents to be eligible.

### ***Medical Evidence***

Medical evidence is required when you apply for insurance in excess of the Non-Evidence Limit.

Medical evidence is also required for all benefits, when you make a Late Application for coverage on any person.

In all cases, medical evidence can be submitted by completing the Evidence of Insurability form, available from your plan administrator, or at [www.manulife.com/groupbenefits](http://www.manulife.com/groupbenefits). Further medical evidence may be requested by Manulife.

### ***Late Application***

An application is considered late when you:

- a) apply for coverage on any person after having been eligible for more than 31 days; or
- b) re-apply for coverage on any person whose insurance had earlier been cancelled.

If you apply for benefits that were previously waived because you were covered for similar benefits under your Spouse's plan, your application is considered late when you:

- a) apply for coverage more than 31 days after the date benefits terminated under your Spouse's plan; or
- b) apply for benefits, and benefits under your spouse's plan have not terminated.



## **Who Qualifies for Coverage?**

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### ***Effective Date of Coverage***

If medical evidence is not required, your Group Benefits will be effective on the date you are eligible.

If medical evidence is required, your Group Benefits will be effective on the date you become eligible or the date the evidence is approved by Manulife, whichever is later.

You must be actively at work for coverage to become effective. If you are not actively at work on the date your coverage would normally become effective, your coverage will take effect on the next day on which you are again actively at work.

Your Dependent's coverage becomes effective on the date the Dependent becomes eligible, or the date any required medical evidence on the dependent is approved by Manulife, whichever is later.

Your Dependent's coverage will not be effective prior to the date your coverage becomes effective.

For any changes in coverage (Dependent coverage, beneficiary information, name, applying for coverage that was previously waived), complete the Application for Change form, available at [www.manulife.com/groupbenefits](http://www.manulife.com/groupbenefits), or from your plan administrator.

# The Claims Process

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## ***Submitting a Claim***

To submit a claim, you can do one of the following:

### **Submit Online (if applicable)**

Sign up to use Manulife's Plan Member Secure Site at [www.manulife.com/groupbenefits](http://www.manulife.com/groupbenefits).

If your health care service provider cannot send Manulife electronic claim transmissions, you can still submit your claim electronically to us online, right from the Plan Member Secure Site.

For fast, easy and secure claim payments, we encourage you to sign up for direct deposit and electronic claim statements when you set up your access on the Plan Member secure site. Even if you mail us your claims, by providing your banking and email information, your claim payments can be deposited quickly to your bank account and you will receive an email notification, including a link to [manulife.ca](http://manulife.ca), where you can sign in to view your electronic claim statement.

### **By Mail**

You must complete an applicable claim form and mail it to Manulife. Mailing instructions are included on the claim form.

Claim forms are available at [www.manulife.com/groupbenefits](http://www.manulife.com/groupbenefits), or from your employer.

## ***Submission Requirements***

Claims must be submitted within the following timeframes:

- a) 12 months from the date of the loss, for claims for Life and Accidental Death and Dismemberment benefits; and
- b) 12 months from the date of disability, for claims for disability benefits; and
- c) 12 months from the date the expense was incurred, for claims for Extended Health Care benefits, while coverage under the plan is in force. Upon termination of a person's coverage under this plan, proof that Extended Health Care benefits are payable must be submitted within the earlier of:
  - i) 12 months from the date the expense was incurred; or
  - ii) 90 days from the date of termination of coverage.

For Life and AD&D claims, complete the Life Claim form.

For Extended Health Care, complete the Extended Health Care form. Visit the forms section at [www.manulife.com/groupbenefits](http://www.manulife.com/groupbenefits) to determine which claimed expenses can be submitted via the website.

For Out-of-Province or Out-of-Canada expenses, complete the Out of Province claim form. Expenses must first be submitted to the Provincial Plan for payment. Any outstanding balance should be submitted to Manulife, along with the explanation of payment from the Provincial Plan.

For Disability claims, complete the STD/LTD Member's statement. A corresponding Waiver Physician's statement (for Waiver of Premiums) must be completed by your attending physician.

### **Co-ordination of Extended Health Care Benefits**

Did you know that you can recover up to 100% of your expenses if you coordinate claims with your spouse's group plan? This is called coordination of benefits and (briefly) here's how it works:

**If you have a claim for yourself:** then submit to Manulife first. For any unpaid balances, send a copy of your Manulife claim statement and the other insurance carrier's claim form to the other insurance company for processing.

**If you have a claim for your Spouse:** then submit the claim to your Spouse's insurance company. For any unpaid balance, send a copy of the other insurance company's claim statement with a completed Manulife claim form to us for processing.

**If you have a claim for a dependent Child:** then send the claim to the insurance carrier of the parent whose birthdate falls earliest in the calendar year first. Submit any unpaid balance to the other insurance company.

**For complete details, please go to [www.manulife.com/groupbenefits](http://www.manulife.com/groupbenefits).**

### **Naming a Beneficiary**

**This Plan contains a provision removing or restricting the right of the covered person to designate persons to whom or for whose benefit money is to be payable.**

Manulife does not accept beneficiary designations for any benefits other than Employee Life Insurance, Employee Optional Life Insurance, Accidental Death and Dismemberment and Employee Voluntary Accidental Death and Dismemberment.

### **Time Limit on Legal Action**

If an appealed claim is subsequently denied, then you may not commence legal action against Manulife less than 60 days after proof has been filed as outlined under Submitting a Claim. Every action or proceeding against Manulife for the recovery of insurance money payable under the plan is absolutely barred unless commenced within the time set out in the:

*Insurance Act* (AB, BC, MB, NS, NT, NU, PE and YT)  
*Limitations Act, 2002* (ON)  
*Limitations Act* (NL and SK)  
*Limitation of Actions Act* (NB)  
*Civil Code of Quebec* (QC)

## **Termination of Coverage**

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### ***Termination of Coverage***

Your Group Benefit coverage will terminate on the earliest of:

- a) the date you cease to be an eligible employee;
- b) the date you cease to be actively at work, unless the Group Policy or Plan Document allows for your coverage to be extended beyond this date;
- c) the date your employer terminates coverage;
- d) the date you enter the armed forces of any country on a full-time basis;
- e) the date the Group Policy or Plan Document terminates or coverage on the class to which you belong terminates;
- f) the date you reach the Termination Age;
- g) for Extended Health Care, the date you fail to make payment of a required contribution, or
- h) the date of your death.

Your Dependents' coverage terminates on the date your coverage terminates or the date the Dependent ceases to be an eligible Dependent, whichever is earlier.

## **Life Insurance Benefit**

**(Employee Life, Employee Optional Life, Dependent Life)**

### **Benefit Details**

#### ***Employee Life***

If you die while insured, this benefit provides financial assistance to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

**Benefit Amount** - \$25,000

**Non-Evidence Limit** - \$25,000

**Termination Age** - your benefit amount terminates at retirement.

#### ***Employee Optional Life***

**Benefit Amount** - increments of \$25,000 to a maximum of \$500,000

**Non-Evidence Limit** - All amounts are subject to Evidence of Insurability.

**Termination Age** - your benefit amount terminates at age 65 or retirement, whichever is earlier.

#### ***For Employee Life and Employee Optional Life***

**Qualifying Period for Waiver of Premium** - 6 months

#### ***Optional Life Exclusion***

If death results from suicide any amount of Optional Life Insurance that has been in effect for less than two years will not be payable.

#### ***For Your Dependents:***

If one of your dependents dies while insured, the amount of this benefit is paid to you.

*You may choose one of the following Options:*

#### **Benefit Amount:**

**Option 1:** - \$5,000 Spouse; \$2,500 each dependent Child

**Option 2:** - \$10,000 Spouse; \$5,000 each dependent Child

**Option 3:** - \$25,000 Spouse; \$10,000 each dependent Child

**Termination Age** - employee's retirement

**Waiver of Premium** - not applicable

#### ***Naming a Beneficiary (all Benefits)***

You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your plan administrator.

## **Your Group Benefits**

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### ***Waiver of Premium***

*Not applicable to Dependent Life*

If you become Totally Disabled while insured and prior to age 65 and meet the Entitlement Criteria outlined below, your Life Insurance will continue without payment of premium.

#### ***Entitlement Criteria***

To be entitled to Waiver of Premium, you must meet the following criteria:

- a) you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 3 weeks due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled;
- b) Manulife must receive medical evidence documenting how your illness or injury causes you to be Totally Disabled, as defined under the Explanation of Commonly Used Terms; and
- c) you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife.

At any time, Manulife may require you to submit to a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by Manulife.

#### ***Termination of Waiver of Premium***

Your Waiver of Premium will cease on the earliest of:

- a) the date you cease to be Totally Disabled, as defined under the Explanation of Commonly Used Terms;
- b) the date you do not supply Manulife with appropriate medical evidence documenting how your illness or injury causes you to be Totally Disabled, as defined under the Explanation of Commonly Used Terms;
- c) the date you are no longer receiving from a physician, regular, ongoing care and treatment appropriate for the disabling condition, as determined by Manulife;
- d) the date you do not attend an examination by an examiner selected by Manulife;
- e) the date of your death; or
- f) the date of your 65th birthday.

#### ***Recurrent Disability***

If you become Totally Disabled again from the same or related causes as those for which premiums were previously waived, and such disability recurs within 6 months of cessation of the Waiver of Premium benefit, Manulife will waive the Qualifying Period.

Your amount of insurance on which premiums were previously waived will be reinstated.

If the same disability recurs more than 6 months after cessation of your Waiver of Premium benefit, such disability will be considered a separate disability.

Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.

### ***Compassionate Assistance Benefit***

You may apply for an early payment of a portion of the life insurance benefit to a maximum of 50%, provided:

- a) a physician appointed by Manulife Financial determines you are certain to die within 24 months of the determination;
- b) you are competent to act;
- c) you are approved for Waiver of Premium benefits;
- d) you request the benefit in writing, and
- e) a consent is provided by any beneficiary designated as irrevocable by you.

Upon your death, the amount of the Compassionate Assistance benefit paid will be deducted from the Life Insurance benefit amount in effect at the time of death.

### ***Conversion Privilege***

If your or your Spouse's Group Benefits terminate or reduce, you and your Spouse may be eligible to convert your Life Insurance to an individual policy, without medical evidence. Your application for the individual policy along with the first monthly premium must be received by Manulife within 31 days of the termination or reduction of your Life Insurance. If you or your Spouse die during this 31-day period, the amount of Life Insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion.

However, if you have received a Compassionate Assistance benefit, the conversion amount shall not exceed the benefit amount for which you were eligible on the date of termination, less any amount paid to you as Compassionate Assistance, unless you have reimbursed such amount.

For more information on the conversion privilege, please see your plan administrator. Provincial differences may exist.

## **Accidental Death and Dismemberment Benefit (Accidental Death and Dismemberment, Employee Voluntary Accidental Death and Dismemberment, Dependent Voluntary Accidental Death and Dismemberment)**

### **Benefit Details**

#### ***For You:***

If you sustain an accidental injury while insured and suffer a loss specified in the Schedule of Losses below, this benefit provides financial assistance to you or your beneficiary. In the event of your death, the benefit is payable to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate. For losses other than Loss of Life, the benefit is payable to you.

### ***Accidental Death and Dismemberment***

**Benefit Amount** - \$25,000

**Termination Age** - your benefit amount terminates at retirement.

## Your Group Benefits

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### ***Employee Voluntary Accidental Death and Dismemberment***

**Benefit Amount** - increments of \$25,000 to a maximum of \$500,000

**Termination Age** - your benefit amount terminates at age 70 or retirement, whichever is earlier.

### ***For Accidental Death and Dismemberment and Employee Voluntary Accidental Death and Dismemberment***

**Qualifying Period for Waiver of Premium** - 6 months

### ***For Your Dependents:***

If one of your dependents sustains an accidental injury while insured and suffers a loss specified in the Schedule of Losses below, this benefit provides financial assistance.

#### **Benefit Amount**

- **Spouse** - 0.5 of the amount of the employee's Optional Accidental Death and Dismemberment Benefit to a maximum benefit of \$250,000 if there are no children; 0.4 of the amount of the employee's Optional Accidental Death and Dismemberment Benefit to a maximum benefit of \$200,000 if there are children.

- **Child** - 0.15 of the amount of the employee's Optional Accidental Death and Dismemberment Benefit to a maximum benefit of \$75,000 if there is no Spouse; 0.1 of the amount of the employee's Optional Accidental Death and Dismemberment Benefit to a maximum benefit of \$50,000 if there is a Spouse.

**Qualifying Period for Waiver of Premium** - 6 months

**Termination Age** - employee's age 70 or retirement, whichever is earlier

### ***Schedule of Losses (for all Benefits)***

A loss shown in this schedule is covered provided it:

- a) is a direct result of the accidental injury;
- b) occurs within 365 days from the date of the accidental injury; and
- c) is total and irreversible or irrecoverable.

In the case of loss of speech or hearing, or loss of use of an arm, hand or leg, the loss must be continuous for 12 months and determined to be permanent, after which time the benefit is payable.

The amount payable for each loss is a percentage of the Accidental Death and Dismemberment benefit amount which was in effect as of the date of the injury.

- Loss of Life - 100%
- Loss of or Loss of Use of Both Hands or Both Feet - 100%
- Loss of Sight of Both Eyes - 100%
- Loss of One Hand and One Foot - 100%
- Loss of One Hand and Sight of One Eye - 100%
- Loss of One Foot and Sight of One Eye - 100%



- Loss of Hearing in Both Ears and Speech - 100%
- Loss of or Loss of Use of One Arm or One Leg - 75%
- Loss of or Loss of Use of One Hand or One Foot - 66.67%
- Loss of Sight of One Eye - 66.67%
- Loss of Speech or Hearing in Both Ears - 66.67%
- Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33.33%
- Loss of All Toes of One Foot - 16.67%
- Loss of Hearing in One Ear - 16.67%
- Hemiplegia, Paraplegia or Quadriplegia - 100%

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

No more than 100% will be paid for all losses due to any one accidental injury.

### ***Exposure and Disappearance***

If a loss occurs due to unavoidable exposure to the elements, after a conveyance in which the insured person was travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit will be payable for that loss. The amount payable will be determined in accordance with the Schedule of Losses.

If the insured person disappears after a conveyance in which he was travelling made a forced landing, or was lost, wrecked, stranded or sank, a benefit for loss of life will be payable if the insured person's body is not found within 365 days after the incident occurred.

### ***Rehabilitation Expenses (Employee only benefit)***

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and require participation in a formal rehabilitation program in order to return to gainful employment, Manulife will pay incurred expenses, provided the expenses are:

- a) reasonable and necessary, as determined by Manulife; and
- b) incurred within a period of 3 years from the date of the accidental injury.

The amount payable is subject to a maximum of \$10,000 for the Accidental Death and Dismemberment benefit and \$5,000 for the Employee Voluntary Accidental Death and Dismemberment Benefit.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

### ***Repatriation Expenses***

If the insured person dies as a direct result of an accidental injury which occurs while travelling 150 kilometres or more from his place of residence, Manulife will pay for expenses incurred for the preparation and transportation of the insured person's body to his place of residence.

The amount payable is subject to a maximum of \$10,000 for the Accidental Death and Dismemberment benefit and \$5,000 for the Voluntary Accidental Death and Dismemberment Benefit.

## **Your Group Benefits**

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### ***Family Transportation Expenses***

If, as a direct result of an accidental injury, the insured person suffers a loss specified in the Schedule of Losses and is confined to a hospital located 150 kilometres or more from the insured person's place of residence, Manulife will pay the hotel and travel expenses incurred by an Immediate Family Member, provided the expenses are:

- a) reasonable and necessary, as determined by Manulife;
- b) for hotel accommodations in the vicinity of the hospital; and
- c) for transportation by the most direct route to the hospital, including return fare.

If transportation is by means other than a conveyance which is licensed to transport fare-paying passengers, expenses incurred will be reimbursed at a rate of \$0.30 per kilometre travelled.

The amount payable is subject to a maximum of \$10,000 for the Accidental Death and Dismemberment benefit and \$5,000 for the Voluntary Accidental Death and Dismemberment Benefit.

### ***Dependent Education Expenses (Employee only benefit)***

If you die as a direct result of an accidental injury, Manulife will pay the tuition for each Child who is under age 21 and enrolled as a full-time student:

- a) in a school for higher learning above the secondary school level; or
- b) at the secondary school level, but who enrolls as a full-time student in a school for higher learning within 365 days after your death.

A school for higher learning means any accredited university, private college, collèges d'enseignement général et professionnel (CEGEP), community college or trade school.

The maximum payable each year for each Child is the lesser of:

- a) 5% of your Accidental Death and Dismemberment benefit amount; or
- b) \$5,000.

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

- a) tuition expenses incurred prior to your death; or
- b) room and board expenses, or other living, travelling or clothing expenses.

### ***Spousal Occupational Training Expenses (Employee only benefit)***

If you die as a direct result of an accidental injury and your Spouse must participate in a formal occupational training program to become qualified for employment for which he or she would not otherwise have sufficient qualifications, Manulife will pay for expenses incurred by your Spouse, provided the expenses are:

- a) reasonable and necessary, as determined by Manulife; and
- b) incurred within a period of 2 years from the date of the accidental injury.

The amount payable is subject to a maximum of \$10,000 for the Accidental Death and Dismemberment benefit and \$5,000 for the Voluntary Accidental Death and Dismemberment Benefit.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

### **Seat Belt Benefit**

*For Accidental Death and Dismemberment only*

If the insured person dies as a direct result of an accidental injury sustained while driving or riding in an automobile, Manulife will pay an additional amount equal to 10% of your Accidental Death and Dismemberment benefit, provided the insured person was wearing his seat belt and it was properly fastened at the time of the accidental injury.

### **Common Accident**

If you and your Spouse die within 365 days of and as a direct result of a common accident, the amount of benefit payable for loss of your Spouse's life will increase to equal the amount payable for loss of your life.

The total amount paid for both lives is subject to a combined maximum of \$500,000.

### **Home Alteration and Vehicle Modification Expenses**

*For Accidental Death and Dismemberment only*

If, as a direct result of an accidental injury, the insured person:

- a) suffers a loss of, or loss of use of, both feet or both legs; or
- b) becomes a hemiplegic, paraplegic, or quadriplegic;

and requires the use of a wheelchair to be ambulatory, Manulife will pay for incurred expenses, provided the expenses are:

- a) reasonable and necessary, as determined by Manulife;
- b) incurred within 2 years from the date of the accidental injury;
- c) for alterations to the insured person's home for the purpose of making it wheelchair accessible; and
- d) for modifications to one motor vehicle for the purpose of making it wheelchair accessible.

The amount payable is subject to a maximum of \$10,000.

### **Hospitalization Allowance**

*For Accidental Death and Dismemberment only*

If, as a direct result of an accidental injury, the insured person suffers a loss specified in the Schedule of Losses and is confined to a hospital, Manulife will pay a monthly benefit, provided:

- a) the hospital confinement begins while the person is covered under this benefit; and
- b) the insured person has been confined to the hospital for longer than the qualifying period of 7 consecutive days, and continues to be confined at the end of such period.

## **Your Group Benefits**

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The amount of benefit payable is equal to 1% of your Accidental Death and Dismemberment benefit amount, up to a maximum of \$2,500 per month.

Benefits are payable while the insured person is hospital confined, up to a maximum benefit period of 12 months.

### **- Recurrent Hospitalization**

If the insured person becomes hospitalized again due to the same accidental injury within 183 days following a period for which benefits were payable under this provision, this subsequent period of confinement will be considered a continuation of the previous period of hospital confinement.

In such case, the qualifying period of 7 days will be waived and the benefit which was payable during the previous period of hospitalization will be re-instated. Benefits for all such recurrences will not be paid for a combined period longer than the maximum benefit period of 12 months.

### ***Permanent and Total Disability (Employee only benefit)***

If, as a direct result of an accidental injury, you become permanently and totally disabled while insured for this benefit, Manulife will pay a lump sum benefit, provided:

- a) you become permanently and totally disabled within 365 days after the date of the accidental injury; and
- b) you have been permanently and totally disabled for a continuous period of 12 months and remain so disabled at the end of this period.

The amount of benefit payable is equal to your Accidental Death and Dismemberment benefit amount.

### **- Definition of Permanent and Total Disability**

You are considered permanently and totally disabled if you are wholly and continuously disabled due to an accidental injury which is severe enough, in Manulife's opinion, to permanently prevent you from working for remuneration or profit.

### ***Non-Duplication of Expenses***

Expenses which are eligible under this benefit and for which you are also eligible under any other benefit, policy, or plan providing similar coverage will be paid first under such other benefit, policy or plan. Any expenses not paid will then be considered under this benefit, subject to any stated maximum.

The total amount of payments from all coverages combined will not exceed 100% of the eligible expenses incurred.

### ***Naming a Beneficiary***

You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your plan administrator.

### ***Waiver of Premium***

If, while the Group Policy is in force, your Insurance premium is waived because you are Totally Disabled, the premium for this benefit will also be waived. (See Life Insurance...Waiver of Premium). Waiver of Premium for this benefit ceases if the Group Policy terminates.

### **Exclusions**

*No Accidental Death and Dismemberment benefits are payable if the loss results from:*

- a) suicide or self-inflicted injuries;
- b) war or insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion;
- c) an infection (except pyogenic infections from an accidental cut or wound), illness or disease, or the medical treatment of any illness or disease, or bodily or mental infirmity;
- d) riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew;
- e) riding in, boarding or leaving, or descending from, any aircraft which is owned, operated or leased by or on behalf of your employer;
- f) riding in any aircraft which is: being used for or in connection with acrobatic or stunt flying, racing or endurance tests; rocket-propelled; being used for or in connection with crop dusting or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting, fowl or animal herding, aerial photography, banner towing or a test or experimental purpose; or engaged in any flight which requires a special permit or waiver from the civil aviation authority, even though granted, unless prior consent is given in writing by Manulife Financial;
- g) committing or attempting to commit an assault or criminal offence; or
- h) injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol.

### **Extended Health Care**

**Your Extended Health Care Benefit is provided directly by First Canada ULC. Manulife has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.**

If you or your Dependents incur charges for any of the Covered Expenses specified, your Extended Health Care benefit can provide financial assistance.

Payment of Covered Expenses is subject to any maximum amounts shown below under The Benefit and in the expenses listed under Covered Expenses.

Claim amounts that will be applied to the maximum are the amounts paid after applying the Deductible, Benefit Percentage, and any other applicable provisions.

#### ***The Benefit***

**Overall Benefit Maximum** - Unlimited

**Deductible** - Nil

**Drug Dispensing Fee Maximum** - \$9.00 per prescription

## Your Group Benefits

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### Benefit Percentage (Co-insurance)

100% for  
Vision

90% for  
Drugs purchased through Costco

80% for  
Drugs not purchased through Costco

**Termination Age** - employee's retirement

### **Covered Expenses**

The expenses specified are covered to the extent that they are Reasonable and Customary, as determined by Manulife or your employer, provided they are:

- a) Medically Necessary for the treatment of an illness or injury and recommended by a physician;
- b) incurred for the care of a person while covered under this Group Benefit Program;
- c) reasonable taking all factors into account;
- d) not covered under the Provincial Plan or any other government-sponsored program;
- e) legally insurable;
- f) used as prescribed or recommended by a physician; and
- g) associated with any Drug, supply or service that was subject to the Due Diligence process, the process has been completed with the result that expenses for that drug, supply or service are eligible under the policy as of the date of approval as determined by the Administrator and shared with your employer as required.

In the event that a provincial plan or government-sponsored program or plan or legally mandated program excludes, discontinues or reduces payment for any services, treatments or supplies formerly covered in full or in part by such plan or program, this plan will not automatically assume coverage of the charges for such treatments, services or supplies, but will reserve the right to determine, at the time of change, whether the expenses will be considered eligible or not.

This plan will not automatically assume eligibility for all Drugs, services and supplies. New Drugs, existing Drugs with new indications, services and supplies are reviewed by Manulife using the Due Diligence process. Once this process has been completed, the decision will be made by Manulife to include as a covered expense, include with Prior Authorization criteria, exclude or apply maximum limits.

Manulife maintains a list of Drugs, services and supplies that require Prior Authorization. Prior Authorization is applied to ensure that the therapy prescribed is Medically Necessary. Where there are Lower Cost Alternative treatments or prescribing guidelines recommend alternative Drugs be tried first that are lower in cost, you or your eligible dependents will be required to have tried an alternative treatment unless medical contraindications to alternative treatments exist.

At Manulife's discretion, medical information, test results or other documentation will be required from your physician to determine the eligibility of the Drug, service or supply.

Manulife has the right to ensure you or your dependents access Manulife's Exclusive Distribution channels where applicable when purchasing a Drug, service or supply. Manulife may decline a Drug, service or supply purchased from a provider outside the Exclusive Distribution channel.

### **Adherence**

Non-compliance may result in the drug, service or supply no longer being eligible for reimbursement.

### **Patient Assistance Programs**

Manulife may require you or your Dependents to apply to and participate in any Patient Assistance Program to which you or your Dependents are entitled. Manulife reserves the right to reduce the amount of a Covered Expense by the amount of financial assistance you or your Dependents are entitled to receive under a Patient Assistance Program.

### **Disease Management Programs**

Participation in a Disease Management Program may be required. Participation will be at the discretion of Manulife.

### ***Manulife Vitality***

If you're eligible for Extended Health Care coverage with Manulife Financial, you can choose to participate in Manulife *Vitality* – a digital wellness program that rewards you for making positive health choices.

#### **How does it work?**

Earn Vitality Points™ by doing the little things in life – getting a flu shot, going to the gym or getting your teeth cleaned. The more you move and do to improve your lifestyle, the more points you earn, and higher Vitality Status™ you'll reach.

a) **Know your health**

Your Vitality Age™ gives you an idea of your overall health. And depending on your day-to-day choices, it could be higher or lower than your actual age. Complete your Vitality Health Review™ (VHR) to find out your Vitality Age and other insights into your health.

b) **Improve your health**

Record your exercise and healthy activity. A customized weekly goal-setting process helps you make healthy choices to improve or maintain your lifestyle – and you earn points for doing so.

c) **Enjoy the rewards**

Reach your weekly goals, collect your points, and earn rewards from companies like Tim Horton's, Cineplex and Indigo.

#### **How do you get started?**

You need to sign up before you can start using this program.

- a) Sign in to your Group Benefits site using your plan contract number and member certificate number.
- b) Click "Sign up for Manulife *Vitality*"
- c) Read the information. Then select "Sign up now!"

Don't forget to download the Manulife *Vitality* for Group Benefits app. That's how you'll become eligible to earn rewards.

## **Your Group Benefits**

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### ***Advance Supply Limitation***

Payment of any Covered Expenses under this benefit which may be purchased in large quantities will be limited to the purchase of up to a 3 months' supply at any one time.

### ***- Drug Expenses***

The maximum quantity of Drugs that will be payable for each prescription will be limited to the lesser of:

- a) the quantity prescribed by your physician or dentist, or
- b) a 34-day supply.

A quantity of up to a 100-day supply may be payable in long term therapy cases, where the larger quantity is recommended as appropriate by your physician and pharmacist.

### ***Drug Benefit and Pharmacy Services for Quebec Residents***

Group benefit plans that provide prescription drug coverage to Quebec residents must meet certain requirements under Quebec's prescription drug insurance and pharmacy services insurance legislation (An Act Respecting Prescription Drug Insurance and the Health Insurance Act). If you and your dependents reside in Quebec, the provisions specified under Drug Benefit and Pharmacy Services For Persons Who Reside In Quebec, will apply to your Drug benefit.

### ***ManuScript Generic Drug Plan 2 - Prescription Drugs***

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist:

- a) Drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist;
- b) oral contraceptives;
- c) injectable medications including non-prescription injectable vitamins;
- d) Life-Sustaining Drugs;
- e) ileostomy and colostomy supplies;
- f) preventive vaccines and medicines (oral or injected); and
- g) standard syringes, needles and diagnostic aids, required for the treatment of diabetes.

Charges for the following expenses are **not** covered:

- a) charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment;
- b) charges made by a practitioner or physician to administer injectable medications;
- c) Drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis;
- d) Drugs determined to be ineligible as a result of Due Diligence; and
- e) intrauterine devices and diaphragms.



### **- Drug Maximums**

Fertility Drugs - \$15,000 per lifetime

Anti-smoking Drugs - \$300 per lifetime

All covered Drug expenses - \$5,000 per calendar year

### **- Payment of Covered Expenses**

Payment of your covered Drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for Drugs and any maximum.

Covered Expenses for any prescribed Drug will not exceed the price of the Lower Cost Alternative Drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a Lower Cost Alternative that provides therapeutically similar results as identified by Manulife.

Manulife can limit the covered expense for any Drug to that of a lower cost Interchangeable Drug at the time the Drug is purchased.

If there is no Lower Cost Alternative Drug for the prescribed Drug, the amount payable is based on the cost of the prescribed Drug.

### **- No Substitution Prescriptions**

If your prescription contains a written direction from your physician or dentist that the prescribed Drug is not to be substituted with another product, the maximum amount covered is the price of the Lower Cost Alternative Drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a Lower Cost Alternative that provides therapeutically similar results as identified by Manulife.

If there is no Lower Cost Alternative Drug for the prescribed Drug, the amount payable is based on the cost of the prescribed Drug.

Reimbursement at the cost of a prescribed Drug, where a Lower Cost Alternative Drug is available, will only be considered if medical evidence is provided by the treating physician to support why the Lower Cost Alternative Drug cannot be tolerated or is ineffective.

Payment of your covered Drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for Drugs and any maximum.

### **- Payment of Drug Claims**

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered Drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible Dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered Drug expenses:

- a) present your Pay Direct Drug Card to the pharmacist at the time of purchase; and
- b) pay any amounts that are not covered under this benefit.

## **Your Group Benefits**

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You will be required to pay the full cost of the prescription at time of purchase if:

- a) you cannot locate a participating Pay Direct Drug pharmacy;
- b) you do not have your Pay Direct Drug Card with you at that time; or
- c) the prescription is not payable through the Pay Direct Drug Card system.

For details on how to receive reimbursement after paying the full cost of the prescription, please see your plan administrator.

### **Vision Care**

- a) eye exams, once per 24 consecutive months, up to a maximum of \$75

### **Subrogation (Third Party Liability)**

If your medical expenses result from an injury caused by another person and you have the legal right to recover damages, your employer may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgement of your legal action, you will be required to reimburse your employer those amounts you recover which, when added to the payments you received from your employer, exceed 100% of your incurred expenses.

### **Exclusions**

*No Extended Health Care benefits are payable for expenses related to:*

- a) war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion;
- b) committing or attempting to commit an assault or criminal offence;
- c) injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol;
- d) an illness or injury for which benefits are payable under any government plan or workers' compensation;
- e) charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms;
- f) services or supplies provided by an employer's medical or dental department;
- g) services or supplies for which no charge would normally be made in the absence of group benefit coverage;
- h) services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of coverage;
- i) services or supplies which are not permitted by law to be paid;
- j) services or supplies which are required for recreation or sports;
- k) services or supplies which would have been payable by the Provincial Plan if proper application had been made;
- l) medical treatment which is not usual or customary, or is Experimental or Investigational in nature;

- m) medical or surgical care which is cosmetic;
- n) services or supplies which are performed or provided by the covered person, an Immediate Family Member or a person who lives with the covered person;
- o) services or supplies which are provided while confined in a hospital on an in-patient basis; or
- p) services or supplies which are not specified as a covered expense under this benefit.

### ***Drug Benefit and Pharmacy Services For Persons Who Reside In Quebec***

If you and your Dependents reside in Quebec, the following provisions apply to your Drug benefit coverage.

#### ***Covered Expenses***

The following expenses are covered:

- a) Drugs that are on the Quebec Basic Prescription Drug Insurance Plan List, provided such Drugs are on the list at the time the expense is incurred; and
- b) covered pharmacy services that are to be paid when the Drug is on the Quebec Basic Prescription Drug Insurance Plan List; and
- c) Drugs that are listed as a Covered Expense in this Benefit Booklet, but are not on the Quebec Basic Prescription Drug Insurance Plan List.

#### ***Coverage for Drugs on the Quebec Basic Prescription Drug Insurance Plan List and pharmacy services published for private plans***

The following provisions apply to the coverage of Drugs that are on the Quebec Basic Prescription Drug Insurance Plan List and pharmacy services for private plans, as legislated by An Act Respecting Prescription Drug Insurance and the Health Insurance Act. Coverage for all other Drugs will be subject to the regular provisions included in this Benefit Booklet:

##### **a) Benefit Percentage**

Prior to the annual out-of-pocket maximum being reached, the percentage of covered Drug expenses payable will be:

- i) for any Drugs on the Quebec Basic Prescription Drug Insurance Plan List which are not otherwise covered under the terms of the plan, the percentage as set out by the then applicable Legislation.
- ii) for any Legislated pharmacy services, which are not otherwise covered under the terms of the plan, the percentage payable is as set out by the then applicable Legislation.
- iii) for any Drug on the Quebec Basic Prescription Drug Insurance Plan List which is covered under the terms of the plan, the greater of:
  - the Benefit Percentage stated under The Benefit, or
  - the percentage as set out by the then applicable Legislation.

After the annual out-of-pocket maximum has been reached, the percentage of covered Drug expenses payable under this benefit will be 100%.

## Your Group Benefits

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### b) Annual Out-of-Pocket Maximum

The annual out-of-pocket maximum is a portion of covered Drug expenses or covered pharmacy services which must be paid by you and your Spouse in a calendar year, before the percentage payable under this benefit will be 100%. Amounts that will be applied to the annual out-of-pocket maximum are

- i) Deductible amounts, and
- ii) the portion of covered Drug expenses that is paid by a covered person, when the percentage of Covered Expenses payable under this benefit is less than 100%, and
- iii) covered pharmacy services that are performed by pharmacists for Drugs on the Quebec Basic Prescription Drug Insurance Plan List.

The annual out-of-pocket maximum for you and your Spouse is as stipulated in the Legislation and includes those portions of covered Drug expenses and covered pharmacy services relating to a Drug on the Quebec Basic Prescription Drug Insurance Plan List paid for your dependent children.

For the purposes of calculating the out-of-pocket maximum for you and your Spouse, those portions of covered Drug expenses and covered pharmacy services paid for your dependent children will be applied to the person who is closest to reaching the annual out-of-pocket maximum.

### c) Deductible

Deductible amounts (if any) for the Drug benefit will apply, until the annual out-of-pocket maximum is reached. Thereafter, the Deductible will not apply.

### d) Lifetime Maximums

Lifetime maximums (if any) will not apply to Drugs on the Quebec Basic Prescription Drug Insurance Plan List or covered pharmacy services. Drug and covered pharmacy service coverage provided after the lifetime maximum amount stated under the benefit is reached is subject to the following conditions:

- i) only Drugs that are on the Quebec Basic Prescription Drug Insurance Plan List are covered, and
- ii) only covered pharmacy services that are performed for Drugs on the Quebec Basic Prescription Drug Insurance Plan List are covered, and
- iii) the percentage payable by the Administrator for Covered Expenses is the percentage as set out by the then applicable Legislation.

### e) Eligible Dependent Children

Your eligible dependent children who are in full-time attendance at an accredited educational institution will be covered until the later of:

- i) the age specified in this Benefit Booklet (please refer to definition of Child under Explanation of Commonly Used Terms), and
- ii) age 26.

Drug coverage and covered pharmacy services provided for dependent children after the age stated in this Benefit Booklet is subject to the following conditions:

- i) only Drugs that are on the Quebec Basic Prescription Drug Insurance Plan List are covered, and
  - ii) only covered pharmacy services performed for a Drug on the Quebec Basic Prescription Drug Insurance Plan List are covered, and
  - iii) the percentage payable by the Administrator for Covered Expenses is the percentage as set out by the then applicable Legislation.
- f) **Termination Age for Covered Drug and Pharmacy Service Expenses**

Provided you are otherwise eligible for the drug benefit, the Termination Age (if any) for the drug benefit will not apply. Drug coverage provided after the Termination Age as specified under the benefit is subject to the following conditions:

- i) only Drugs that are on the Quebec Basic Prescription Drug Insurance Plan List are covered,
- ii) only covered pharmacy services related to a Drug on the Quebec Basic Prescription Drug Insurance Plan List are covered,
- iii) the percentage payable by the Administrator for Covered Expenses is the percentage as set out by the then applicable Legislation,
- iv) the Annual Out-of-Pocket Maximum is as stipulated in the then applicable Legislation, and
- v) the premium required for the Drug coverage is the premium for the Extended Health Care benefit.

***Coverage for Drugs that are listed as a Covered Expense in this Benefit Booklet but are not on the Quebec Basic Prescription Drug Insurance Plan List***

Coverage for Drugs that are listed as a Covered Expense under this Benefit but not on the Quebec Basic Prescription Drug Insurance Plan List will be subject to all the standard provisions included in this Benefit Booklet.

## Health Care Spending Account

Your benefit program includes a health care spending account, which provides you and your dependents with financial assistance for medical and dental expenses. Please refer to your **Health Care Spending Account - Plan Member Guide** for complete details on this benefit.

### CarePath and Health Care Assist

**CAREPath** is a health care navigation System.

CAREpath offers a comprehensive program that provides those recently diagnosed with cancer or facing cancer recurrence with ongoing one-on-one, telephonic counseling, guidance, and support by a Nurse Care Manager, backed by oncology physicians.

CAREpath provides a very individualized and personal service so you will get the support based on your situation.

**HealthCareAssist** is powered by CAREpath, this comprehensive navigation service provides patient and their families guidance before, during and after treatment.

HealthCareAssist provides individualized case management for all types of medical conditions. A nurse Case Manager provides a single point of contact, creates continuity of care and ensures patients receive the right treatment, at the right time, in the right place. Leveraging online, phone and in person visits, also allows timely and efficient care for patients and their families.

For more information please call 1-866-883-5956 or email at [info@carepath.ca](mailto:info@carepath.ca).

