



Prepared for the Employees of:



All Employees

Effective Date: April 1st, 2010

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ClaimSecure for:

Public Outreach

How to Use Your Benefit Booklet

Your Benefit Package includes...

This booklet has been prepared so that you may fully understand the benefits you are entitled to.

Public Outreach offers you several benefits that provide financial protection for you and your family. These benefits include:

- **Prescription Drug Coverage**
- **Extended Healthcare Benefit**
 - **Vision Care**
 - **Major Medical**
- **Travel Insurance Benefit**
- **Dental Care Benefit**

Your Benefit Booklet includes...

The Benefit Booklet provides the information you need about your Benefits and has been specifically designed with your needs in mind. It includes:

- **Information you need to update your coverage information**
- **A brief Summary of the Highlights of your Benefit Package, allowing quick access to the most frequently asked questions**
- **Explanation of Common Benefit Terms**
- **Simple instructions on how to submit a claim**
- **A concise explanation of your Benefits**

Important Note

The purpose of this booklet is to outline the benefits for which you are eligible as an employee of **Public Outreach**. This booklet is not a contract of insurance. While every effort has been made to ensure the accuracy of this booklet, your rights and benefits are governed by the terms of the Contract and/or Master Application.

If there are any discrepancies between this booklet and the Contract and/or Master Application, the Contract and/or Master Application will be the governing documents in all cases. Any amendment to the governing documents is effective without notice to you, except as required by law.

Possession of this booklet alone does not mean that you or your dependents are covered under this plan. The Group Plan must be in effect and you must satisfy all the eligibility requirements of the Contract.

In this booklet, words implying the masculine gender include the feminine.

How to Contact Us

All claims must be received by ClaimSecure within 1 year of the date the expense was incurred or within 90 days of benefit coverage termination.

On-Line Real-time Claims:

If you have elected to have on-line real-time prescription drug and dental coverage, you will receive a ClaimSecure identification card(s). This card will allow your Pharmacist or Dentist to submit claims electronically for adjudication.

Reimbursement Claims:

To submit manual reimbursement claims, you can obtain a claim form from ClaimSecure at www.claimsecure.com. You will need to sign all claim forms and attach original receipts prior to submitting to ClaimSecure for reimbursement. All claim forms may be sent to:

ClaimSecure Inc.
P.O. Box 6500
Station A
Sudbury, ON P3A 5N5

TO CONTACT CLAIMSECURE DIRECTLY

To speak directly with a bilingual ClaimSecure Customer Service Agent about your claim, call toll free at 1-888-513-4464 at the hours indicated below.

Prescription Drugs

For Prescription Drug questions you may contact ClaimSecure between the hours of 7:00 a.m. and 11:00 p.m. EST Monday thru Friday and on Saturday between the hours of 11:00 a.m. and 4:00 p.m. EST.

Extended Healthcare and Dental

For Extended Healthcare and Dental questions you may contact ClaimSecure between the hours of 7:00 a.m. and 11:00 p.m. EST Monday thru Friday.

You may obtain claim forms from the ClaimSecure website at www.claimsecure.com

Please visit the “On-Line Services” section located in the left hand corner of our Home Page and click “Member” to access up to date claims information via the Internet. If you are visiting the site for the first time, you will be required to “Register now” prior to obtaining a Username and Password to access your personal claims.

*CLAIMS OR
COVERAGE
QUESTIONS*

OUT OF PROVINCE/COUNTRY EMERGENCY MEDICAL CLAIMS

In the event of an emergency contact ETFS for Medical Assistance 24 hours a day, 7 days a week:

Canada and the United States: 1-877-566-8276
From all other areas call collect: 1-819-566-8276

Complete the claim form according to the instructions on the form; sign and submit the claim form to ETFS at the following address.

ETFS
73 Queen Street
Sherbrooke, QC J1M 1J3

IMPORTANT NOTE: YOU MUST contact ETFS prior to receiving any medical treatment while travelling out of the province or out of the country. In addition, please refer to your detailed travel document for further information.

We suggest you read this Benefit Booklet carefully, and keep it in a safe place for future reference.

Your Coverage Information

Applying for Group Benefits

To apply for Benefits, you must submit a completed eligibility form to your employer. Your employer will then forward the information to ClaimSecure.

Your Identification Number

After you have enrolled in the Benefit Plan, you will receive an identification card with a group plan number and your certificate number. Please record this information in the space provided to have it handy when completing claim forms.

Your Group Number is **32063**

Your Employee ID is _____

Making Changes

To ensure that coverage is kept up-to-date for yourself and your dependents, it is vital that you report any changes to your employer. These changes could include:

- Addition or deletion of Child(ren)
- Addition or deletion of Spouse
- Change of Address
- Change in your Name or change in your Dependents' Name(s)

Summary of Your Benefit Plan

Waiting Period

Employees are eligible 9 months from their date of hire of full-time continuous employment.

Prescription Coverage At a glance

Prescription Drug Benefit

Benefit Effective Date	▶ April 1, 2010
Benefit Period	▶ Calendar Year
Co-Payment	▶ Dispensing Fee + 20% Ingredient
Plan Type	▶ A
Benefit Maximum Age	▶ 70 or retirement
Dependent Maximum Age	▶ 21
Student Maximum Age	▶ 25

Waiting Period

Employees are eligible 9 months from their date of hire of full-time continuous employment.

Extended Healthcare Benefit At a glance

Extended Healthcare Benefit

Benefit Effective Date	▶ April 1 st , 2010
Benefit Period	▶ Calendar Year
Benefit Reimbursement	
Major Medical	▶ 80%
Vision	▶ 100%
Ambulance	▶ Service to the nearest Hospital or other medical facility When certified as medically necessary.
Vision Care	▶ \$50 for eye exams per person Every 24 months for adults 18 and older Every 12 months for children under 18 ▶ \$200 every 24 consecutive months for adults over 18 years of age \$200 every 12 consecutive months for children under 18 years of age
Private Duty Nursing	▶ Up to \$5,000 per benefit period
Hearing Aids	▶ \$500 every 36 months
Accidental Dental	▶ Repair or replacement to sound natural teeth when caused by an external force or blow to the face
Foot Orthotics	▶ \$200 per calendar year - a referral is required
Orthopaedic Shoes	▶ \$400 per calendar year - a referral is required

Services provided by the following licensed, certified or registered professional paramedical practitioners, providing the services are within the scope of their profession. **The criteria may vary by practitioner and by province.**

Note: Eligible expenses are limited to one professional visit per day for each type of practitioner. Payment can be issued on first dollar claims excluding provinces where the Provincial Health Insurance Plan prohibits by law.

Acupuncturist	\$500	Referral Required: No
Chiropractor	\$500	Referral Required: No
Massage Therapist	\$500	Referral Required: Yes
Naturopath	\$500	Referral Required: No
Osteopath	\$500	Referral Required: No
Physiotherapist	\$500	Referral Required: No
Physiatrist/Sport Therapist/Ergotherapist	combined with Physiotherapist	
Physical Rehabilitation Therapist	combined with Physiotherapist	
Podiatrist	\$500	Referral Required: No
Chiropodist	combined with Podiatrist	
Psychologist	\$500	Referral Required: No
Social Worker/Guidance Counsellor	combined with Psychologist	
Speech Therapist	\$500	Referral Required: No
Homeopath	\$500	Referral Required: No
Dietician	\$500	Referral Required: Yes
Audiologist	\$500	Referral Required: No
Hearing Therapist	Combined with Audiologist	

X-ray examinations provided by a licensed chiropractor, osteopath practitioner, chiropodist and podiatrist are eligible to a maximum of \$40 per person, per practitioner, per calendar year.

Benefit Maximum Age	▶	70 or retirement
Dependent Maximum Age	▶	21
Student Maximum Age	▶	25

Waiting Period

Employees are eligible 9 months from their date of hire of full-time continuous employment.

Out of Province and Out of Country (OOC.) ETFS

*Travel Insurance
Benefit
At a glance*

Benefit Effective Date	▶	April 1 st , 2010
Benefit Period	▶	Calendar Year
Benefit Reimbursement	▶	100%
Coverage Period	▶	60 days per trip
Pre-existing Condition/ Maximum	▶	Travel Insurance - \$5 million per Insured per Trip
Benefit Maximum Age	▶	70
Dependent Maximum Age	▶	21
Student Maximum Age	▶	25

Please consult your detailed travel document for more information.

Waiting Period

Employees are eligible 9 months from their date of hire of full-time continuous employment.

*Dental Care
Benefit
At a glance*

Dental Care Benefit

Benefit Effective Date	▶ April 1 st , 2010
Benefit Period	▶ Calendar Year
Annual Deductible	▶ \$50 Single \$100 Family
Benefit Reimbursement	
Level 1	▶ 100% to a combined maximum of \$1000 with Level 2 and 3 each Benefit Period.
Level 2	▶ 100% to a combined maximum of \$1000 with Level 1 and 3 each Benefit Period.
Level 3	▶ 50% to a combined maximum of \$1000 with Level 1 and 2 each Benefit Period .
Level 4	▶ 50% to a lifetime maximum of \$1500 for children under age 18
Dental Fee Guide	▶ Current Year Fee Guide for General Practitioners of your province of residence
Dental Recall Frequency	▶ once every six months
Benefit Maximum Age	▶ 70 or retirement
Dependent Maximum Age	▶ 21
Student Maximum Age	▶ 25

Explanation of Common Terms

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

Accident

An accident is any event due to unintentional, sudden and unforeseeable external causes that inflicts bodily injuries which are certified by a physician, directly and independently of any other cause. It does not mean any form of disease, or degenerative process, an inguinal, femoral, umbilical or incisional hernia, or any infection other than an infection of a visible, external cut or wound accidentally sustained

Administrator

Claimsecure

Claimant

The member and/or eligible dependents

Convalescent Hospital

A facility which provides recuperative care, including a rehabilitation hospital and which is qualified to participate and is eligible to receive payments under and in accordance with the provisions of the Provincial Hospital Act and which:

- Is located in Canada,
- Is operated in accordance with the applicable laws of the jurisdiction in which it is located,
- Has a licensed physician and registered nurses (R.N.) in attendance 24 hours a day,
- Is regularly engaged in providing room and board and skilled nursing care of sick and injured persons during the convalescent stage of sickness or injury,
- Maintains a daily record of each patient under the care of a physician,
- Is authorized to administer medication to patients on the order of a physician, and
- Is not, other than incidentally, a home for the aged, blind, or deaf, a domiciliary care home, a maternity home, or a home for alcoholics, drug addicts, or the mentally ill.

Deductible

The deductible amount, if shown in the Summary of your Group Benefit Plan, is the total amount of eligible expenses you must absorb in any calendar year before you are reimbursed under this plan.

Dentist

A person who is licensed to practice dentistry by the appropriate authority of the jurisdiction where the services are provided

Dependent

Spouse will mean:

- the person you are legally married to; or
- the person you publicly introduce as your spouse, with whom you have been living on a regular basis

Dependent Child will mean:

- a natural child, adopted child, or stepchild of you or your spouse, or a child for whom you or your spouse are the legal guardian
- under age 21, or under age 25 if a full-time student
- unmarried
- not employed on a full-time basis

- unable to financially support oneself due to a functional mental or physical disability occurring prior to age 21, or before age 25 if the child is a full-time student, while he or she was insured under your benefit plan

Proof of student status or functional impairment may be required.

Dispensing Fee

The fee charged by a pharmacist for the preparation and dispensing of prescription drugs

Employee

A person who is a resident of Canada, who is actively employed by the employer and who is a member of an eligible classification

Employer

Public Outreach

Generic Drugs and Medicine

The lowest cost drugs and medicines that contain the same amount of the same active ingredients in the same dosage form as that indicated in a physician's prescription.

Hospital, Institution

A hospital means a facility, legally constituted as a hospital, which

- Is licensed as a hospital where such licensing laws exist and, in Canada, is approved by the Province in which it is situated to provide insured hospital services in accordance with the Government Health Insurance Plan of such Province, and
- Is operated primarily to provide medical, diagnostic and surgical facilities for the care and treatment of sick and injured persons on an in-patient basis, and
- Has a staff of one or more physicians available at all times and provides twenty-four hour nursing service by graduate registered nurses, and
- Is not principally a sanatorium, a rest home, a convalescent hospital, a nursing home, a home for the aged, an institution solely for the provision of custodial care or other than incidentally, is not principally a medical facility which provides for the treatment of mental illness, alcoholism or drug addiction

In-patient

A person admitted to and assigned a bed in a hospital in-patient area by the order of a physician

Medical Emergency

Any acute, unexpected condition, illness, disease or injury that requires immediate medical treatment

Participant

An employee whom the employer identifies as being entitled to coverage under this plan and who has submitted all eligibility requirements

Physician

A person who is operating within the scope of his license and either licensed to practice medicine and prescribe and administer drugs or to perform surgery or legally qualified as a medical practitioner and required to be recognized, under the plan for insurance purposes, according to the insurance statutes or the insurance regulations of the governing jurisdiction

*Planholder
/Policyholder*

Public Outreach

*Provincial Health
Plan*

Any plan which provides hospital, medical, or dental benefits established by the government in the province where the participant lives and which is governed by the Canada Health Act

*Reasonable and
Customary Costs*

The costs incurred for eligible, covered medical services or supplies that do not exceed the standard costs of other providers of similar standing in the same geographic area, for the same treatment of a similar illness or injury

Waiting Period

The continuous length of time you must be actively employed by **Public Outreach** in an eligible class to become eligible for benefits

General Provisions of Your Coverage

WHO IS ELIGIBLE FOR COVERAGE?

Employee

You are eligible for Benefits if you:

1. Are a full-time active employee of **Public Outreach** on a permanent basis
2. Are a member of an eligible class/unit,
3. Are younger than the termination age,
4. Are residing in Canada, and are insured under a Provincial Health Insurance Plan, and
5. Have completed the waiting period.

The termination age and waiting period may vary from benefit to benefit. For this information, please refer to each benefit in the Summary of your Benefit Plan.

Dependent(s)

Your dependent(s) are eligible if you are eligible; and

- The dependent meets the age conditions as specified in the Summary of your Benefit Plan;
- For health benefits, the dependent must reside in Canada, and be covered under a Provincial Plan.

WHEN DOES YOUR COVERAGE BEGIN

Commencement of Benefits

If you are an active member, you will be covered:

- The benefit effective date as shown in the Summary of your Benefit Plan;
- The date you have completed the waiting period for each benefit and are eligible for coverage

WHEN DOES YOUR DEPENDENT COVERAGE BEGIN

Commencement of Benefits - Dependents

Your dependent coverage becomes effective:

1. the date you become eligible;
2. the date you first acquire a dependent.

WHEN DOES YOUR COVERAGE END

Termination of Participant Benefits

Your Coverage will terminate:

1. the date you cease to be an eligible member; or
2. the date the Benefit Plan terminates; or
3. the date you reach the benefit maximum age

WHEN DOES YOUR DEPENDENT COVERAGE END

Termination of Dependent Benefits

Your dependent coverage terminates:

1. the date your coverage terminates; or
2. the date that you are no longer eligible for benefits; or
3. the date the dependent ceases to be an eligible dependent; or
4. the date on which dependent benefits under the plan are terminated; or
5. the date the dependent child(ren) reach the dependent/student maximum age., as defined in the plan details.

WHAT WILL HAPPEN TO YOUR BENEFITS IF THERE ARE CHANGES IN LEGISLATION

Conformity with Local Legislation

Any provision of the plan which, on its effective date, is in conflict with the legislation of the locality in which the plan is delivered is hereby amended to conform to the minimum requirements of those legislations.

WHAT IF BOTH YOU AND YOUR SPOUSE EACH HAVE YOUR OWN HEALTH AND DENTAL BENEFIT PLAN

Co-ordination of Medical and Dental Benefits

If you or your dependents are covered for similar benefits under another plan, Coordination of Benefits allows for reimbursement of covered medical and dental expenses from all plans, up to a total of 100% of the actual expense incurred. Plan means any plan providing benefits or services under:

1. other Benefit programs;
2. any other arrangement of coverage for individuals in a group

Order of Benefit Payment

The payment of benefits depends on which plan is the primary carrier. The "primary carrier" is responsible for making the initial payment towards the eligible expense. The "secondary carrier" is responsible for paying the balance up to that plan's maximum.

Example:

If John Smith purchases a prescription drug for \$30 for himself, and his employer's plan covers 80% of prescription drug expenses and his wife's insurance plan covers 90% of prescription drug expenses, then, John's employee plan would pay 80% of \$30, or \$24. John would send a second claim to his wife's plan with the explanation of benefits from his plan and his wife's plan would pay 90% of the \$30 to a maximum of \$6.00.

Dependent Child

For claims incurred by your dependent child, priority will be attributed as follows:

1. the plan of the parent with the earlier day and month of birth in the calendar year, or if both parents are born on the same day, the plan of the parent whose first name begins with the earlier letter in the alphabet.

Prescription Drug Benefit

If you or your dependents incur charges for any of the covered expenses listed below, your prescription drug benefit can provide financial assistance as specified in the Summary of your Benefit Plan.

All eligible expenses may be subject to a deductible amount, a co-payment and plan maximums

WHAT IS THE DEDUCTIBLE AND CO-PAYMENT

Deductible Amount

The annual deductible (if any) as shown in the Summary of your Benefit Plan, is the amount that you are responsible for, in each benefit period, before drug benefits are payable under this plan.

Co-payment

The co-payment (if any) as shown in the Summary of your Benefit Plan is the amount for which you are responsible to pay.

WHAT IS THE LIFETIME MAXIMUM

The lifetime maximum (if any) as shown in the Summary of your Benefit Plan.

Prescription Drugs - Reimbursement

This plan covers the cost:

1. Most drugs which by law or convention require a physician's or dentist's prescription,
2. Insulin supplies (i.e. needles, syringes and diagnostic tests), but excludes swabs, rubbing alcohol, lancets, control solution, etc.,
3. Most injectible drugs, serums, and injectible vitamins,
4. Extemporaneous compounds prepared by a pharmacist which meet with ClaimSecure's coverage criteria.
5. Oral contraceptives when prescribed by a physician
6. Preventative Vaccines with a maximum amount of \$100 per person per calendar year
7. Sclerosing Injections used in the treatment of Varicosities primarily for Therapeutic purposes, not cosmetic purposes to a maximum of \$200 per person per calendar year
8. Reagent Strips and Syringes for the treatment of Diabetes.

Charges will be payable for up to a 100-day supply per prescription.

WHEN IS A PRESCRIPTION DRUG NOT COVERED

Prescription Drugs - Exclusions

Charges for the following are not covered:

1. drugs of experimental nature or obtained under a federal emergency drug program,
2. any drug medication which may be purchased without a prescription according to the Food and Drugs Act, Canada or provincial legislation in effect where the drug is dispensed. This further excludes over-the-counter (OTC) products whether prescribed or not,

3. drugs used to treat erectile dysfunction and fertility
4. anabolic steroids
5. anti-obesity drugs
6. anti-smoking agents
7. first aid and surgical supplies,
8. atomizers and vaporizers,
9. oral vitamins, minerals, dietary supplements, infant formulas,
10. any proprietary or patent medicines or GP products registered under the Food and Drugs, Act Canada,
11. drugs dispensed during treatment as an in-patient or out-patient in a hospital,
12. charges for the administration of drugs, serums or vaccines,
13. salt and sugar substitutes,
14. contact lens care products,
15. contraceptives other than oral,
16. lozenges, mouthwash, toothpastes and cosmetics,
17. non-medicated shampoos, skin cleansers, skin protectors, emollients and soaps, and products used for aesthetic, cosmetic or bodily hygienic purposes, even if a prescription is legally required,
18. any benefit provided by a government plan.

**IMPORTANT
NOTE:**

In the case of a generic plan, the pharmacist will only be reimbursed for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

Extended Healthcare Benefit

If you or your dependents incur charges for any of the covered expenses listed below, your extended healthcare benefit can provide financial assistance as specified in the Summary of your Benefit Plan.

ClaimSecure shall pay reasonable and customary charges in the geographic area where the claim occurs, for the services, supplies and equipment set out below when the services, supplies and equipment are:

- Ordered by a physician or other healthcare provider. A physician means a doctor of medicine who is legally qualified to practice medicine or surgery and is licensed by the appropriate board in the jurisdiction where his or her services are rendered. A healthcare provider is defined as a licensed, certified, registered or chartered practitioner licensed to practice in the jurisdiction where the services are provided.
- Medically necessary services defined as services, equipment or supplies consistent with the diagnosis and treatment of the condition and in accordance with the standards of good medical practice. The order, recommendation or approval of a physician does not make the service medically necessary.
- Not covered or eligible for coverage by any government program or plan.
- Subject to all applicable limitations, exclusions and maximum benefit limits and any deductible or co-insurance specified in the Master Application.
- Must be incurred while you are eligible under this benefit.

All eligible expenses may be subject to a deductible amount, a co-payment and plan maximums.

WHAT IS THE DEDUCTIBLE AND CO-PAYMENT

Deductible Amount

The deductible amount (if any) as shown in the Summary of your Benefit Plan, is the amount that you are responsible for, in each benefit period, before health benefits are payable under this plan.

Co-Payment

The co-payment amount (if any) as shown in the Summary of your Benefit Plan, is the percentage of eligible expenses paid by your plan less the deductible amount, if any. The amount reimbursed for any covered expense is subject to any plan limitations.

WHAT IS THE LIFETIME MAXIMUM

Lifetime Maximum

The lifetime maximum (if any) as shown in the Summary of your Benefit Plan.

WHICH MEDICAL EXPENSES ARE COVERED BY THE PLAN

Covered Expenses

Coverage is integrated with coverage provided by your Provincial Health Plan and you must be covered by your Provincial Health Plan to be eligible for this benefit. The expenses specified are covered to the extent that they are reasonable and customary, as determined by ClaimSecure.

In order to be covered, an expense:

- Must be incurred while you are covered under the plan
- Must be reasonable and customary and medically necessary in the treatment of sickness or injury

- Must be recommended by a physician
- Legally insurable
- Must be incurred in Canada

Nursing Care

Services which are deemed to be within the practice of nursing and which are provided in the patient's home by a:

- registered graduate nurse (R.N.); or
- licensed practical nurse (L.P.N.); or
- registered nursing assistant.

who is duly qualified and registered with the appropriate provincial registry or the out of province equivalent.

The services must be made on the recommendation of a physician and must require the specific skills of a trained nurse and be commensurate with the nature and gravity of the sickness or injury being treated. The services must be approved by ClaimSecure with such approval being subject to periodic reassessment. Covered expenses are subject to the maximum specified in the Summary of your Benefit Plan. Among others, nursing care includes:

- instructions for care following surgery;
- checking blood pressure and vital signs;
- change bandages and dressing wounds;
- administration of medication and monitoring solutions;
- sutures and clips;
- taking samples (blood and other).

Charges for the following services are not covered:

- services performed by a nursing practitioner who is related to or lives with either you or any of your dependents,
- homemaking or companion duties, and
- services which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household.

Pre-determination of Benefits

Services must be pre-approved by ClaimSecure with such approval being subject to periodic reassessment.

Ambulance

Reasonable and customary charges for emergency transportation to the nearest hospital by a licensed ground ambulance service. In addition, when the circumstances dictate (as pre-approved by ClaimSecure), coverage may be considered for transportation by air or rail or water. Service eligible from Hospital to place of residence of the insured person once the medical condition warrants it. Medical Emergency transportation by a licensed Air Ambulance to the nearest Hospital where adequate treatment is available or to another Hospital when certified as medically necessary by the attending physician.

Diagnostic Laboratory

Diagnostic laboratory and x-ray procedures which are defined as diagnostic testing of blood, urine or other bodily fluids and tissues and radiographic examinations performed in the covered person's province of residence are covered when coverage is not available under the Provincial Government Plan. Maximum amount of \$500 per person per calendar year. Excludes services received in a Hospital.

Eye Exams

In provinces where routine eye exams are covered under the applicable Provincial Health Plan in any consecutive 24 month benefit period, no payment will be made for routine eye exams under this plan.

In all other provinces, claim payment will be made for one routine eye exam, performed by an optometrist or ophthalmologist, in any consecutive 24 month benefit period. Covered expenses are subject to the maximum specified in the Summary of your Benefit Plan.

Vision Care

Frames and prescription lenses, or prescription contact lenses when dispensed by a licensed Optometrist, Optician or Ophthalmologist, as specified in the Summary of your Benefit Plan.

Exclusions:

- Safety glasses or safety goggles.
- Replacement of lost, stolen or broken lenses or frames.
- Duplicate or spare eye glasses.
- Intra-ocular lens implants.
- Prescription and Non-prescription sunglasses.
- Laser Eye Surgery
- Refractions required by a client, government body or other third party

Paramedical Practitioners

Services provided by Paramedical Practitioners as specified in the Summary of your Benefit Plan. The only expenses covered are those incurred for consultations or treatments rendered by a health professional. The latter must be a member in good standing of the professional association governing the exercise of the professional's activities and/or use of the title. Failing the existence of such an association, expenses incurred for consultations or treatments rendered by a health professional member of a professional association recognized by the Insurer are covered.

Only one treatment per day per insured by the same professional is covered.

The professional must not reside with the insured nor be a relative.

Services of a physiotherapist will be considered eligible only if the claimant is not confined to a hospital.

Medical Equipment

For all medical equipment and supplies covered under this provision, covered expenses will be limited to the cost of the device or item that adequately meets the patient's fundamental medical needs, provided the expense is incurred in your province of residence.

Mobility Equipment

Rental for temporary use of:

- crutches, canes, walkers
- wheelchair, standard, or where medically required electric – Lifetime Maximum of \$1500.00. Note: Pre-approval is required from ClaimSecure.

Durable Medical Equipment

Rental or, when approved by the administrator and prescribed by a physician, purchase of but not the repair, maintenance or replacement of:

- mist tents and nebulizers
- oxygen and the equipment needed for its administration
- continuous positive airway pressure machine (CPAP) – Maximum amount is \$1500 per person per calendar year, combined with Non-Union Bone Stimulators, Insulin Pumps, Aerosol Therapy Equipment and IPPB Machine once medically required and intended to treat the affliction. Supplies are excluded.
- intermittent positive pressure breathing machine (IPPB) – Maximum amount is \$1500 per person per calendar year combined with Non-Union Bone Stimulators, Insulin Pumps, Aerosol Therapy Equipment and CPAP Machine once medically required and intended to cure or treat the affliction. Supplies are excluded.
- apnea monitors for respiratory dysrhythmias
- tracheostoma tubes

Transcutaneous Nerve Stimulator (TENS machine)

Purchase of a TENS machine for the control of chronic pain to a maximum of \$700.00 in a person's lifetime.

Purchase of:

Non-Dental Prostheses and Supports

- external prosthesis and standard artificial limb(s) for each limb if the disability causing the loss of the natural limb was suffered while the patient was covered by this benefit. Includes the cost of repair or replacement when required due to a physiological change.
- artificial eyes including repair and replacement. Includes one polishing or one remaking of the artificial eye per person per calendar year.
- external breast prosthesis up to a maximum of one (1) per benefit period required because of a total or radical mastectomy,
- shoulder harnesses,
- stump socks,
- wigs required as a result of chemotherapy or radiation treatment for cancer up to a lifetime maximum of \$200 per Claimant, and

Under no circumstances will maintenance of any durable equipment be an eligible expense.

Other Medical Equipment

Rental or, when approved by the administrator, purchase of but not the repair, maintenance or replacement of therapeutic devices to the maximum specified in the Summary of your Benefit Plan. Devices include:

- insulin infusion sets/reservoirs excluding insulin infusion pump,
- glucometer to a maximum of one per person every 36 consecutive months up to \$200. Physician referral required.
- intra-uterine contraceptive devices to a maximum of \$50 per person per calendar year, Note: Must be inserted by a doctor.
- custom made burn garments
- standard hospital beds excluding electric hospital beds,
- support hose and compression stockings, the purchase of medium or firm (over 20mm/Hg) when dispensed in a pharmacy or medical facility up to \$500 per person per calendar year.

- surgical brassieres to a maximum of two (2) per benefit period, to a maximum dollar amount of \$200 every 24 consecutive months.
- bed rails,
- colostomy and ileostomy supplies,
- custom-made pressure supports for lymphedema,
- head halters,
- traction apparatus,
- trapeze bars, and
- urethral catheters

Hearing Aids

Purchase of hearing aids up to the maximum specified in the Summary of your Benefit Plan. A physician or audiologist referral is required for the purchase of a hearing aid. Provincial assistive device program maximums will be taken into consideration where applicable. Note: Hearing tests, repairs, batteries and ear moulds are not covered.

Orthopaedic Equipment

Purchase, adjustment, replacement or repair of the following types of orthopaedic equipment:

- splints, including splints attached to a brace but excluding dental splints – Note: intra-oral splints are not covered.
- casts
- braces – Note: braces are wearable, orthopaedic appliances and must be made of rigid or semi-rigid material such as metal or hard plastic to hold parts of the body of the correct position.
- cervical collars

Foot Orthotics

Foot orthotics must be individually designed and constructed to medical specifications from an officially licensed laboratory specializing in foot orthotics to the maximum listed in the Summary of your Benefit Plan. A written referral from a physician or chiropodist/podiatrist's will be required.

Orthopaedic Shoes

Purchase, adjustment, replacement or repair of shoes custom designed and made to measure for the insured from a cast when such shoes are needed to correct a defect in the foot and are obtained from a specialized orthopaedic laboratory holding a license issued by legal authorities. Maximum amount of \$400 per person per calendar year.

Accidental Dental

Reasonable and customary charges for the services of a licensed dental provider to repair or replace sound natural teeth damaged as a result of a direct accidental blow to the mouth while covered under this benefit. Payment will be made provided the services are rendered within twelve (12) consecutive months of the date of the accident and while you are covered for this benefit under this plan.

Note: Pre-approval by ClaimSecure is required.

Anaesthetic

Anaesthetic administered during surgery not performed in a Hospital are eligible with a maximum amount of \$200 per person per calendar year.

WHICH HEALTH EXPENSES ARE NOT COVERED UNDER THE PLAN

No reimbursement will be made under this benefit for the following charges:

1. patient lifters,
2. control devices such as reflectometers, dextrometers, stethoscopes, sphygmomanometers or other similar devices,
3. homeopathic services and homeopathic supplements and remedies,
4. home accessories such as a whirlpool, air purifiers, humidifiers, air conditioners or other similar devices. "Home accessories" include: toilet seats, support rails, humidifiers, air conditioners, "air filters", Doctor Gibaud articles (articles supplying heat), electric cushions, heating pads for cars, solar lamps, thermometers, sitbaths, pressure devices, sphygmomanometers or similar devices, ("water pik") electric toothbrushes, hydrotherapeutic apparatus, sheep skins (for bed sores), alarms for children suffering enuresis (nighttime incontinence), etc,
5. any portion of the charge for services in excess of the reasonable and customary charge normally incurred for an illness of the same nature and severity in the locality where the service is provided,
6. any covered expense incurred during a period of hospital confinement which began before the covered person became covered under the plan. This limitation will not apply to a child who became covered at birth,
7. for dental services except covered expenses under the accidental dental benefit,
8. expenses resulting from any attempted suicide or self-inflicted injuries or illness while sane or insane,
9. medical care for which benefits are payable under any other benefit provision of this plan,
10. medical care resulting from riot, insurrection, war or hostilities of any kind, or any act incident thereto whether war be declared or not and whether or not the claimant was participating therein,
11. medical care for which the claimant is entitled to indemnity or compensation under any Workplace Safety and Insurance Board (WSIB) or similar legislation,
12. medical care payable in whole or in part by a government under any Government Health Insurance Plan or which would have been payable had the claimant been covered there under or had proper application been made,
13. medical care to the extent that the applicable government jurisdiction prohibits the payment of any benefits,
14. expenses resulting from the committing of, attempt to commit a criminal offence including, without restriction, an assault,
15. medical screening or examinations required for the use of a third party,
16. medical care provided by a medical or dental department maintained by an employer, an association, labour union, trustee or similar type of group,
17. broken appointments, transportation costs (including travelling time) of the practitioner, advice received by telephone or other means of telecommunication, or the completion of claim forms required by this provision,
18. medical care, the charge for which the claimant is not legally required to pay, or for which there is no charge, or for which there would have been no charge but for the existence of a group health benefit plan,
19. medical care which is experimental or not necessary according to generally accepted standards of medical practice in Canada,

20. medical care rendered principally for cosmetic purposes (as determined by the administrator), except when such medical care is necessitated by accidental injury,
21. medical care for the replacement of an appliance which has been lost, mislaid or stolen or to provide any duplicate appliance,
22. supplies ordered or services rendered prior to the date the claimant became eligible for this benefit,
23. infant formulas, caloric supplements with or without vitamins or minerals,
24. services or supplies associated with recreation or sports rather than with other daily living activities,
25. services or supplies not listed as covered expenses,
26. services or supplies received outside Canada except as provided under the out-of-country emergency care,
27. shipping and handling charges,
28. expenses that private insurers are not permitted to cover by law,
29. services and supplies not shown in the included list of benefits,
30. the diagnosis or treatment of infertility,
31. any claim expense or service provided by an immediate family member,
32. healthcare services or supplies due to intentional self-inflicted injury, and
33. expenses paid under any Welfare Act, any Act respecting Workmen's Compensation, care and services provided in municipal, provincial or federal clinics as well as charges incurred for cosmetic purposes or for treatment of mental illnesses which would normally be paid by public organizations.

Dental Care Benefit

WHAT IS THE DEDUCTIBLE AND CO-PAYMENT

Deductible Amount

The deductible amount (if any) as shown in the Summary of your Benefit Plan, is the amount that you are responsible for, in each benefit period, before dental benefits are payable under this plan.

Co-Payment

The co-payment amount, as shown in the Summary of your Benefit Plan, is the percentage of eligible expenses paid by your plan less the deductible amount, if any. The amount reimbursed for any covered expense is subject to any plan limitations.

WHEN SHOULD YOU GET AN EXPENSE PRE-APPROVED

Pre-Determination of Benefit

If the total cost of any proposed treatment is expected to exceed \$1,500, it is highly recommended that ClaimSecure receive a predetermination of benefits from the attending dental provider. This predetermination will include a description of the proposed treatment, an estimate of the charges for services and dental radiographs where applicable. ClaimSecure will determine and confirm the amount of approved benefits.

WHICH DENTAL EXPENSES ARE COVERED BY THE PLAN

Covered Expenses

The following expenses are covered under the Group Plan if they are:

- Necessary dental services defined as dental services that are consistent with the diagnosis and treatment of the condition and in accordance with standards of good dental practice.
- Not covered or eligible for coverage by a government program or plan.
- Subject to all applicable limitations, exclusions and maximum benefit limits and any deductible or co-insurance specified in the Master Contract.
- Incurred while you are eligible under this benefit.
- Provided by a dental provider licensed to practice in the province where the services are performed. A dental provider may be a licensed dentist, dental specialist or denturist.

LEVEL 1

DIAGNOSTIC, PREVENTIVE AND MINOR RESTORATIVE, CROWN/BRIDGE/DENTURE MAINTENANCE, MINOR ORAL SURGICAL AND ADJUNCTIVE SERVICES

Clinical Oral Examination

- Recall oral examination: (1) examination every (6) consecutive months;
- Complete oral examination: (1) examination every (36) consecutive months;
- Emergency examination: (2) examinations every (12) consecutive months;
- Specific oral examination: (1) examinations per every ((6)) consecutive months.

Radiographs

- Intra oral films:
 - Periapical films;
 - Occlusal films;
 - Bitewing films; (1) every (12) consecutive months;

	<ul style="list-style-type: none"> • Extra oral films: <ul style="list-style-type: none"> - One Complete Series or Panoramic film per period of (36) consecutive months.
<i>Laboratory Tests</i>	<ul style="list-style-type: none"> • Bacteriological tests/analyses; • Histopathological tests/analyses; • Microbiological tests/analyses.
<i>Preventive Services</i>	<ul style="list-style-type: none"> • Polishing: (1) units per period of (6) consecutive months; • Scaling/Root Planing: (12) units every calendar year ; • Topical application of fluoride: (1) per period of (6) consecutive months; • Oral hygiene instruction: once per lifetime; • Finishing restorations; • Pit and fissure sealants under 16 years of age • Interproximal diskings.
<i>Space Maintainers</i>	<ul style="list-style-type: none"> • Space maintainers & maintenance of space maintainers under 16 years of age.
<i>Minor Restorative Services</i>	<ul style="list-style-type: none"> • Amalgam restorations non-bonded. Bonded amalgam restorations are paid up to the cost of non-bonded amalgam restorations; • Prefabricated restorations (prefabricated crowns) for primary teeth only; • Tooth coloured restorations. Tooth coloured restorations performed on molar teeth are reduced to the cost of non-bonded amalgam restorations; • Retentive pins; • Caries/trauma/pain control; • Prefabricated posts.
<i>Repairs of Fixed Bridges and Crowns</i>	<ul style="list-style-type: none"> • Repairs of crowns/bridgework; • Recementation of crowns/bridgework.
<i>Rebase, Reline and Removable Denture Repairs</i>	<ul style="list-style-type: none"> • Denture repairs; • Denture rebase one per arch every (36) consecutive months; • Denture reline one per arch every (36) consecutive months.
<i>Oral Surgical Services</i>	<ul style="list-style-type: none"> • Antral surgery; • Alveoloplasty – simple; • Extractions & residual root removal; • Fractures; • Surgical exposure; • Surgical excision (cysts and tumors) and surgical incision;

Adjunctive General Services

- Frenectomy;
 - Vestibuloplasty;
 - Hemorrhage control;
 - Treatment of salivary glands.
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- Deep sedation;
 - General anaesthesia;
 - Nitrous oxide;
 - Nitrous oxide with oral sedation;
 - Parenteral conscious sedation;
 - Therapeutic injections.

LEVEL 2 – ENDODONTIC AND PERIODONTIC SERVICES

Endodontic Services

- Root canal therapy. Routine initial root canal therapy. Complicated root canal therapy reduced to cost of routine root canal therapy. Retreatment of root canal is covered only if at least (36) consecutive months have elapsed from the date of the initial root canal therapy. No coverage for primary teeth.
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- Pulpotomy;
 - Pulpectomy;
 - Apexification;
 - Apicoectomy;
 - Hemisection;
 - Intentional removal and implantation;
 - Bleaching of endodontically treated teeth;
 - Isolation of endodontic tooth;
 - Open & drain;
 - Retrofilling;
 - Root amputation.

Periodontic Services

- Management of oral disease;
- Periodontal surgery – flap approach – osteoplasty;
- Periodontal surgery – flap approach – osseous defect;
- Periodontal surgery – gingival curettage;
- Periodontal surgery – gingivoplasty;
- Periodontal surgery – gingivectomy;
- Periodontal surgery – grafts – soft tissue;
- Periodontal abscess or periocoronitis;
- Occlusal equilibration;
- Periodontal appliances and maintenance: one (1) appliance per arch every (36) consecutive months;

- Proximal wedge.

LEVEL 3 – MAJOR RESTORATIVE AND MAJOR ORAL SURGICAL SERVICES

Some restrictions may apply. Prior approval is recommended.

- Prosthodontic examinations

*Inlays/Onlays/
Crowns*

Crown replacement frequency is every 60 months

- Metal, Composite & Porcelain Inlays and Onlays;
- Acrylic crowns;
- Porcelain/ceramic crowns;
- ¾ Porcelain/ceramic crowns;
- Cast metal crowns;
- ¾ Cast metal crowns;
- Gold foil restorations;
- Cores – amalgam and tooth coloured;
- Equilibration casts;
- Posts, cores and posts & cores;
- Retentive pins for inlays, onlays & crowns.

Dentures

Denture replacement frequency is every 60 months.

- Standard complete dentures;
- Cast partial dentures including partial dentures with clasps and/or rests;
- Partial acrylic dentures including partial dentures with clasps and/or rests;
- Overdentures and complicated dentures are reduced to the cost of standard dentures.

Bridgework

Bridge replacement frequency is every 60 months

- Cast metal pontics;
- Porcelain/ceramic pontics;
- Acrylic retainers;
- Porcelain/ceramic retainers;
- Cast metal retainers;
- ¾ Cast metal retainers;
- Metal, composite and porcelain, inlay retainers;
- Metal, composite and porcelain, onlay retainers;
- Retentive pins for inlay/onlay retainers.

Important Note: The initial placement of dentures and bridgework is not covered if at least one tooth to be replaced is not extracted while the employee is covered by the dental plan.

*Major Oral
Surgery*

- Alveoloplasty – (not performed in conjunction with extractions);

- Crown lengthening;
- Mandibulectomy;
- Maxillectomy;
- Reconstruction;
- Remodeling floor of mouth;
- Sequestrectomy;
- Surgical movement of teeth.

HOW DOES THE PLAN DETERMINE THE DATE OF SERVICE

Date of Service

An eligible expense will be deemed to be incurred on the date the service was rendered except that:

1. where an appliance or prosthetic device is inserted, the date of service will be the date such appliance or prosthetic device was inserted; or
2. in respect of a crown, on the date such crown was placed; or
3. in respect of root canal treatment, on the date the canal was closed.

HOW DOES THE PLAN PROTECT YOUR FAMILY IF YOU DIE

Survivor Benefit

In the event of your death while you are covered for dental benefits under this plan, the coverage for your surviving covered dependents at your death will continue in force but not beyond the earliest of:

1. the date of remarriage of the surviving spouse
2. 24 months from your death
3. the date of death of the survivor
4. the date that the survivor no longer qualifies as a dependent, if a child
5. the date the plan terminates.

WHICH DENTAL SERVICES ARE COVERED AFTER EMPLOYMENT HAS TERMINATED

Benefits After Termination

No benefits are payable for dental expenses incurred after the date your coverage under this benefit terminates. This would apply even if you had submitted a detailed treatment plan and ClaimSecure had advised you of the amount of eligible reimbursement.

WHICH DENTAL SERVICES ARE NOT COVERED BY THE PLAN

Exclusions

In addition to the limitations and exclusions of this Benefit Plan, and those limitations and exclusions contained in the description of the benefits, the dental benefits do not cover the following:

1. charges for services provided for cosmetic reasons only, except for orthodontic services when such services are included in the orthodontic services benefit in the schedule of dental benefits and orthodontic services are included under this benefit plan;
2. charges for missed or cancelled appointments, completion of forms, communications, or any other non-treatment services;
3. charges for services or supplies that are not necessary dental services or do not meet accepted standards of dental practice;
4. under this benefit charges which are covered under any other benefit in this benefit plan;
5. professional fees for an anaesthetist;
6. replacement of lost or stolen prostheses or appliances;
7. protective appliances for athletic purposes;
8. implants and any dental service associated with implants;
9. services covered by any Workplace Safety and Insurance Board unless prohibited by any Government legislation;
10. services and supplies not shown in the included list of benefits;
11. any claim expense or service provided by an immediate family member are not eligible for coverage/payment;
12. dental services or supplies required as a result of war, terrorism, rebellion or hostilities of any kind, whether or not the covered person is a participant;
13. dental services or supplies required as a result of participation in a riot or civil disturbance;
14. expenses incurred as a result of self-inflicted injurie

Notes

