

GENERAL INFORMATION ABOUT YOUR RETIREMENT BENEFITS

All college retirees¹ – Academic, Support and Administrative – may participate in these plans.

These benefits may be changed from time to time by the College Employer Council (Council).

Benefits available are:

For all eligible retirees:

Basic Life Insurance

Extended Health Care Plans (you may choose one of two plans)

Dental Plans (you may choose one of two plans)

For eligible retirees under age 65, additional benefits include:

Additional Life Insurance

You may elect coverage under each benefit separately or elect coverage under a combination of benefits.

This General Information document contains information on the following:

- Enrolment Information Kit
- Retirement Benefits Information Folder
- Who is Eligible
- Monthly Plan Costs (Premiums)
- Group Contract, Sub-Account and Certificate Numbers
- General Coverage Provisions
- Life Event Changes
- Your responsibilities

It is important you read all the information that is provided to you as the benefit choices you make when you first retire will directly affect the benefits available to you at a later date.

ENROLMENT INFORMATION KIT

To assist you in selecting the retirement benefits that will best suit your needs, your enrolment kit will contain the following documents:

- General Administrative Guidelines – Questions and Answers
- Life Insurance Benefits at a Glance
- Extended Health Care Benefits at a Glance
- Dental Benefits at a Glance
- Premium rate summary and premium worksheet
- Enrolment Form

Your College Benefits Administrator will be happy to answer any questions you may have.

¹ Retirees under age 65 who retired prior to September 1, 2005 and have their coverage grandfathered under the active employee group insurance contracts will be eligible to join this plan on the first of the month following the date they turn age 65.

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PLEASE NOTE: Your completed enrolment form MUST BE RECEIVED by your College Benefits Administrator within 31 days of your retirement date from the College or you will lose the opportunity to join the Plan².

RETIREMENT BENEFITS INFORMATION FOLDER

Once you have made your benefit election and submitted your enrolment form to your College Benefits Administrator, you will receive a Retirement Benefits information folder that will contain the following documentation:

- A copy of your completed Enrolment Form
- General Information about your Retirement Benefits
- A detailed description of each of the actual benefits you have elected. (You will not receive descriptions of any benefits you have declined.)
- College Benefits Administrator's contact information

When you receive this folder, you may wish to add the Benefits-at-a-Glance information that you received with your Enrolment Kit and any other retirement documentation you have, so that all your information is retained in one place.

WHO IS ELIGIBLE

You may participate in the retiree life insurance benefits provided:

- you are covered for life insurance under the Colleges' Group Insurance Benefits Plan immediately prior to your retirement date;
- you qualify for and commence receiving a lifetime monthly pension from the Colleges of Applied Arts and Technology Pension Plan immediately upon your retirement; AND
- you elect coverage within 31 days of your retirement date.

You and your eligible dependents may participate in the Extended Health Care and Dental benefits provided:

- you are covered for Extended Health Care and Dental Benefits under the Colleges' Group Insurance Benefits Plan immediately prior to your retirement date;
- you qualify for and commence receiving a lifetime monthly pension from the College of Applied Arts and Technology Pension Plan immediately upon your retirement;
- you elect coverage within 31 days of your retirement date; AND
- you are a Canadian resident and continuously maintain coverage under the Canadian Medicare plan in your province or territory of residence.

Eligible Dependents

Your eligible dependents include

- Your Spouse/Partner;
- Your Child(ren);
- Your Spouse/Partner's child(ren) (other than foster children) who are residents of Canada.

² See "Life Event Changes"

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Spouse is:

- Your Spouse by marriage or under any other formal union recognized by law, or
- Your Partner of either gender who is publicly represented as your spouse with whom you have cohabited for one full year (12 continuous months), or
- If you are the natural or adoptive parents of a child as defined in the Family Law Act 1990 (Ontario).

Note: For group insurance purposes, your Spouse/Partner will cease to meet the definition of a person qualified as your dependent upon the earlier of:

- The date you have entered into a "Separation Agreement" with your Spouse/Partner; or
- Without a "Separation Agreement", having lived separate and apart from your spouse for not less than 12 months.

Only one person at a time can be covered as your spouse/partner.

Child is:

- Your unmarried Child(ren);
- Your Spouse/Partner's Child(ren) (other than foster children) under age 21, who live with you and who are not married or in any other formal union recognized by law;
- A child who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependent until age 25, as long as the child is entirely dependent on you for financial support.

If a child becomes disabled before the limiting age of 21 (or age 25, if a full-time student), coverage will continue, provided:

- The Child is incapable of financial self-support because of a physical or mental disability,
- The Child depends on you for financial support,
- The Child is not married, living common-law, or is not in any other formal union recognized by law.

To ensure that there is no disruption of benefit coverage, you must provide proof to your College Benefits Administrator within 31 days of the date the child attains the limiting age. A completed "**Disabled Child Coverage**" form must be approved by Sun Life to ensure that coverage continues.

MONTHLY PLAN COSTS (PREMIUMS)

Applicable to all benefits

You pay 100% of the required premium for any benefits you elect. The monthly premiums are effective for a twelve-month period running from February 1 of one year to January 31 of the following year.

Your College Benefits Administrator will provide advance annual written notice confirming the monthly premiums for the coming year inclusive of any required rate changes.

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Provincial Retail Sales Tax

If you are a resident of Ontario, Quebec or Manitoba, in addition to the regular monthly premiums for your retirement benefits, you are also required to pay provincial retail sales tax as follows:

Ontario Residents – 8%

Quebec Residents – 9%

Manitoba Residents – 8% (for Life Insurance only)

There is currently no retail sales tax payable on group insurance premiums in any other Canadian province or territory.

GROUP CONTRACT, SUB-ACCOUNT AND CERTIFICATE NUMBER

When you enroll in the Retiree Benefits Plan, your group contract number and sub-account number will change but your certificate number will not change.

Your new Group Contract Number is: **22182.**

Your new Sub-Account Number is a 3-digit number starting with "2" and ending with your college identifier - i.e. " 2 _ _ ". This sub-account number will appear on your copy of your enrolment form in the top right-hand corner.

GENERAL COVERAGE PROVISIONS

Applicable to all available benefits:

- Participation is voluntary.
- You pay 100% of the required premiums plus any applicable retail sales tax.
- Coverage must be elected within 31 days of your retirement date.
- Coverage must be continuous from your date of retirement – i.e. there is no opting in and out of the benefit coverage whenever you want.
- Once coverage is cancelled, it is no longer available to you.
- You may cancel this coverage on the first of any month with ADVANCE written notice to your College Benefits Administrator.
- ***Coverage is automatically cancelled if you cease paying the required premium.***

Applicable to Basic Life Insurance:

- Once Basic Life Insurance is elected, it is available for your lifetime if you are an Administrative or Support Staff Retiree and up to the day you reach age 75 if you are an Academic Retiree, provided you pay the required premium.

Applicable to Additional Life Insurance:

- You must be between age 50 and 65.
- The maximum Additional Life Insurance coverage you may elect combined with your Basic Retiree Life Insurance is the lesser of \$500,000 or an amount equal to your combined

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Basic Life, Supplemental Life and Employee Optional Life Insurance in effect immediately prior to your retirement.

- You may not increase your Additional Life Insurance at any future date.
- Coverage terminates the end of the month in which you turn age 65.

Applicable to the Extended Health Care Plans (EHC)

- **Extended Health Care coverage must be in effect under the College's Group Insurance Benefits Plan immediately prior to your retirement date.**
- If you elect coverage under EHC Plan 1 when you first retire, you may change your coverage to EHC Plan 2 on February 1 of any future year.
- If you elect coverage under EHC Plan 2 when you first retire, EHC Plan 1 is no longer available to you.
- If you do not elect Extended Health Care coverage when you first retire, it is not available to you at any future date.
- You may cancel this coverage on the first of any month with advance written notice to your College Benefits Administrator.
- Coverage is cancelled coincident with the date you cease paying the required premium.
- Extended health care benefits are cancelled coincident with the date you no longer are eligible for coverage under a Canadian provincial or territory Medicare plan.

Applicable to the Dental Plans

- **Dental coverage must be in effect under the College's Group Insurance Benefits Plan immediately prior to your retirement date.**
- You may elect coverage under Dental Plan 1 or Dental Plan 2 in combination with any one of the two Extended Health Care Plans when you first retire.
- If you elect coverage under Dental Plan 1 when you first retire, you may change to Dental Plan 2 on February 1 of any future year.
- If you elect coverage under Dental Plan 2 when you first retire, Dental Plan 1 is no longer available to you.
- If you do not elect Dental coverage when you first retire, this coverage is not available to you at any future date.
- Dental benefits are cancelled coincident with the date you no longer are eligible for coverage under a Canadian provincial or territory Medicare plan.
- There is no coverage for BASIC Dental services under Dental Plan 2.
- The Dental Plans do not cover the cost of consultation when there is no dental treatment associated with or immediately following the consultation.

LIFE EVENT CHANGES

Marital Status Changes

If your marital status changes and you acquire dependents for the first time after you have retired, you may:

- change your single Extended Health Care coverage to family coverage within 31 days of acquiring an eligible dependent,

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- change your single Dental Plan coverage to family coverage within 31 days of acquiring an eligible dependent.

Please note you will not be able to add Extended Health Care or the Dental plan coverage if you do not already have coverage on a single basis.

If you have a spouse when you retire but you elect SINGLE coverage, you will not be able to add that spouse at a future date.

If your marital status changes and you no longer have any eligible dependents, you may change your Extended Health Care and/or Dental plan coverage to single on the first of the month immediately following notice to your College Benefits Administrator.

Loss of Coverage through the Employer's Group Extended Health Care and/or Dental Plan your Spouse/Partner

If you have waived the dental or extended health plan coverage because you are covered under the employer's group plan of your Spouse/Partner, you may join the College's retirees benefit plan within 31 days of completely losing access to the coverage under your Spouse's/Partner's plan. If there is access to retiree benefits through your Spouse/Partner's plan, this would not constitute a loss of access to coverage. Proof of the loss of coverage will be required by your College Benefits Administrator.

Survivor Benefits under the Extended Health Care and/or Dental Plans

Provided your dependents were covered under this plan at the time of your death, they may continue their coverage under the plan by paying 100% of the required premium until the earliest of the following:

- The date they would no longer be considered your dependent if you were still alive (i.e. remarries),
- The end of the period for which premiums have been paid,
- The date the survivor cancels the coverage, or
- The date the survivor dies.

YOUR RESPONSIBILITIES

As a retiree participating in these benefits, you are responsible for:

- Making sure your Enrolment Forms and any requests for changes arrive in your College Benefits Administrator's hands on time;
- Making sure your premiums are paid on time;
- Notifying your College Benefits Administrator immediately of any address change;
- Notifying your College Benefits Administrator immediately of any banking information change for payment of your monthly costs;
- Notifying your College Benefits Administrator immediately of a change in your marital status
- Submitting your claims within the filing deadlines. (Please refer to the specific benefit descriptions for claims filing information and related deadlines.)

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CONTACTING THE PLAN INSURER - SUN LIFE

You may contact Sun Life directly using one of the following methods:

- web address is www.sunlife.ca
- email address is askus@sunlife.com
- Toll-free telephone number is 1-800-361-6212

Should you require assistance, please contact your College Benefits Administrator.

You may view a copy of this benefit information on the web at www.thecouncil.ca under the "Benefits" section.

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**RETIREE EXTENDED HEALTH CARE
 PLAN 1 (EHC Plan 1)**

You have elected coverage under Extended Health Care Plan 1. The following provides a description of reimbursement and covered expenses.

This Extended Health Care Plan (EHC Plan 1) may be amended from time to time by the College Employer Council (CEC).

WHAT IS COVERED

EXPENSES COVERED - 100% REIMBURSEMENT	
Semi-Private Hospital	100% reimbursement unlimited in Canada.
Vision Care	100% of expenses up to \$300 every 2 benefit years* for adults and each benefit year for dependent children under 18. Covered expenses include lens, frames, contacts, tinting of lens, sunglasses, safety glasses and refractive surgery provided they are prescribed in writing by an ophthalmologist or a licensed optometrist. * Benefit years commence January 1 with the current 2-year benefit period running from January 1, 2022 to December 31, 2023. Subsequent periods will commence 2024, 2026, etc.
Cataract Lenses	85% reimbursement to a lifetime maximum of \$950 per eye
Hearing Aids	100% reimbursement of expenses for hearing aids, maintenance and repairs up to \$3,000 per person every 3 benefit years* when prescribed in writing by an ear, nose and throat specialist. * Benefit years commence January 1 with the current 3-year benefit period running from January 1, 2022 to December 31, 2024. Subsequent periods will commence 2025, 2028 etc. Reimbursement includes integration with the Assistive Devices Program in your province of residence. (See "How to file a claim" for further information.)
EXPENSES COVERED - 85% REIMBURSEMENT	
Deductible	Nil
Reimbursement	85% for all expenses listed below Please note: some expenses are subject to dollar maximums. Please check the specific covered expense for this information.
Overall Maximums	Unlimited, unless stated otherwise

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 PLAN 1 (EHC Plan 1)**

<p>Drugs Drug substitution limit: Charges in excess of the lowest priced equivalent drug are not covered unless the doctor specifies in writing that "no substitution" for the prescribed drug may be made</p> <p>Please Note: Doctors occasionally prescribe drugs which may be readily available over the counter or vaccines that do not require a prescription by law. These drugs are not covered by the Plan.</p> <p>Ask your pharmacist about the category of the drug you have been prescribed when you get your prescription filled. You may gain substantial savings by purchasing these drugs on an over-the-counter basis.</p> <p>*Prior authorization program effective February 1, 2020</p>	<p>Reimbursed at 100% for generic drugs and 85% for brand name drugs.</p> <p>Drugs, including Prior Authorization* drugs approved by Sun Life, which have a Drug Identification Number (DIN) requiring a written prescription by a doctor or dentist and obtained from a pharmacist. The plan will cover related supplies which are listed below when prescribed in writing by a doctor or dentist and obtained from a pharmacist.</p> <p>Use your Drug Card for the following expenses:</p> <ul style="list-style-type: none"> - drugs listed in the Federal or Provincial Drug Schedules which have a DIN and legally require a written prescription - life-sustaining drugs with a DIN (insulin, diabetic supplies and nitroglycerin) - certain injectable drugs and vitamins with a DIN (refer to what is not covered below) - preparations and compounds, provided that the principal active ingredient is an eligible drug with a DIN under this benefit - drugs with a DIN for the treatment of infertility - drugs with a DIN for the treatment of erectile dysfunction <p>For the following expenses, you must submit a claim to Sun Life for reimbursement:</p> <ul style="list-style-type: none"> - vaccines and compound serums with a DIN that require a prescription - intrauterine devices (IUDs) - colostomy supplies - varicose vein injections, if medically necessary <p>For all of the above items, reimbursement for any single purchase is limited to quantities that can reasonably be used within a 100-day period as ordered by a doctor.</p> <p>The prior authorization (PA) program applies to a limited number of drugs and, as its name suggests, prior approval is required for coverage under the program. If you submit a claim for a drug included in the PA program and you have not been pre-approved, your claim will be declined.</p> <p>In order for drugs in the PA program to be covered, you need to provide medical information. Please use Sun Life's PA form to submit this information. Both you and your doctor need to complete parts of the form.</p> <p>You will be eligible for coverage for these drugs if the information</p>
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Drugs (Continued)

you and your doctor provide meets Sun Life’s clinical criteria based on factors such as:

- Health Canada Product Monograph.
- recognized clinical guidelines.
- comparative analysis of the drug cost and its clinical effectiveness.
- recommendations by health technology assessment organizations and provinces.
- your response to preferred drug therapy.

If not, your claim will be declined.

Sun Life’s prior authorization forms are available from the following sources:

- Sun Life’s website at www.mysunlife.ca/priorauthorization
- Sun Life’s Customer Care centre by calling toll-free 1-800-361-6212

The Plan will not pay for the following, even when prescribed:

- drugs obtained from a doctor or dentist
- infant formulas (milk and milk substitutes), minerals, proteins, vitamins and collagen treatment
- the cost of giving injections, serums and vaccines
- treatments for weight loss, including drugs, proteins and food or dietary supplements
- hair growth stimulants
- products to help you quit smoking, whether or not they require a prescription
- drugs that are used for cosmetic purposes
- natural health products, whether or not they have a Natural Product Number (NPN)
- drugs and treatments, and any services and supplies relating to the administration of the drug and treatment, administered in a hospital, on an in-patient or out-patient basis, or in a government-funded clinic or treatment facility
- drugs that are available over the counter without the written prescription of a doctor, dentist or qualified health professional
- drugs and treatments that do not qualify as eligible medical expenses under the *Income Tax Act* (Canada)

The Plan will reimburse certain drugs prescribed by other qualified health professionals the same way as if the drugs were prescribed by a doctor or dentist if the applicable provincial legislation

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 PLAN 1 (EHC Plan 1)**

Annual Maximum	permits them to prescribe those drugs. \$100,000 per covered person per calendar year
Paramedical Annual Maximum	Acupuncturist, Audiologist, Chiropodist*, Chiropractor*, Massage Therapist, Naturopath, Occupational Therapist, Optometrist /Ophthalmologist, Osteopath*, Podiatrist*, Physiotherapist, Psychologist, Psychotherapist, Social Worker & Speech Therapist \$2,000 per person per calendar year for all practitioners combined; plus \$950 per eye lifetime reimbursement per person for Intra-optic Lens following cataract surgery. * Includes one x-ray examination per specialty each calendar year.
Ambulance	Medically necessary transportation in a licensed land ambulance to and from the nearest hospital that is able to provide the necessary medical services. Where your provincial Medicare plan requires a co-payment for ambulance services, this plan will reimburse 85% of the co-payment amount. In the event of an emergency situation where an air ambulance is used, the plan will pay a maximum of what would have been payable for a local land ambulance trip.
Private Duty Nursing (registered)	Out-of-hospital private duty nursing services when medically necessary up to a maximum of \$25,000 per claimant per calendar year. Services must be for nursing care and not for custodial care. The services of a registered nurse are eligible only if the required service cannot be performed by anyone with lesser qualification.

Orthopaedic shoes	3 pair per calendar year for dependents under age 8; 2 pair per year for dependents age 8 but under 18; 1 pair per calendar year for all other covered individuals. Prescribed by a specific qualified specialist as a medically necessary treatment for a foot condition: <ul style="list-style-type: none"> - Doctor (M.D.) - Podiatrist (D.P.M.) - Chiropodist (D. Ch. Or D. Pod M) Provided or Dispensed by a foot care specialist <ul style="list-style-type: none"> - Podiatrist (D.P.M.) - Chiropodist (D.Ch. or D. Pod. M)
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	<ul style="list-style-type: none"> - Podiatrist (C. Pod. © or C. Pod. MC) - Orthotist (C.O. © or CPO (c)) - Chiropractor <p>Professionally prescribed orthotics in place of orthopaedic shoes will be covered. Orthopaedic shoes and orthotics are subject to a combined maximum as noted above.</p>
Medical Supplies & Equipment	Casts, splints, braces, crutches, wheel chairs and other durable medical equipment for therapeutic use as provided under the plan. Includes 50% reimbursement for medically necessary insulin infusion pumps up to a maximum of \$2,500 per person every 10 years.
Walkers	Covered up to \$150 every 5 years
Scooter or Electric wheelchair/manual wheelchair	Covered up to \$6,000 every 5 years
Comfort & Convenience Items	Subject to the recommendation of a doctor: <ul style="list-style-type: none"> - elevated toilet seat; shower chair; bed, bathtub and toilet rails; commode - outdoor wheelchair ramp once lifetime up to \$2,000
Breathing Equipment	Oxygen and its administrative equipment.
Prosthetic Equipment	Artificial eyes and limbs (excluding myoelectric and microprocessor appliances) including repairs and replacement when medically necessary; external breast prosthesis and surgical bras up to \$600 per person per calendar year.
Dental Injuries	Dental services received within 12 months of an accidental injury to natural teeth. Reimbursement is limited to the stated fee in the Dental Association Fee Guide of your province of residence.
Teladoc Medical Experts (formerly Best Doctors)[®]	<p>Teladoc Medical Experts is a medical diagnosis service to help you feel more certain about a medical diagnosis or treatment.</p> <p>You still see your own doctor, but you can also call Teladoc Medical Experts toll-free or send an email to connect with a leading specialist for a second opinion. A Registered Nurse becomes your personal health ambassador to provide support, resources and answer questions. You may contact Teladoc Medical Experts at 1.877.419.2378 or</p>

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**RETIREE EXTENDED HEALTH CARE
 PLAN 1 (EHC Plan 1)**

	customer.ca@bestdoctors.com
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WHAT IS NOT COVERED

The Plan will not pay for the costs of:

- Services or supplies not included in the list of eligible expenses as noted above;
- Services or supplies payable or available (regardless of any waiting list) in whole or in part under the provisions of the Medicare plan in your province of residence;
- Services or supplies that do not qualify as eligible medical expenses under the *Income Tax Act* (Canada);
- Hospital services or supplies to the extent they are covered under the Hospital Plan which are paid for in whole or in part under the provisions of your Medicare plan;
- Services or supplies for which the person is eligible for payment under any group medical, surgical or hospital plan;
- Medical services or supplies over the reasonable and customary charges in the locality where they are provided;
- Charges for completing claim forms.

The plan will not pay benefits when the claim is for an illness resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot or a civil commotion;
- Any work for which you were compensated that was not done for the College providing this plan;
- The plan will also not pay benefits when compensation is available under the Workplace Safety and Insurance Act, Criminal Injuries Compensation Act or similar legislation.

DEFINITIONS

Benefit and Calendar Year	January 1 to December 31
Dentist	A person who is currently licensed to practice dentistry by the governmental authority having jurisdiction over the licensing and practicing of dentistry and who is operating within the scope of the issued license. The definition usually includes licensed dental hygienists, dental assistants or denturists etc.
Doctor	A doctor is a physician or surgeon who is licensed to practice medicine where that practice is located.
Hospital	A legally operated institution which is primarily engaged in providing for compensation from its patients, medical diagnostic and surgical facilities for the care and treatment of sick and injured persons on an in-patient basis, and provides such facilities under the supervision of a staff of

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 PLAN 1 (EHC Plan 1)**

	<p>doctors with a 24 hour a day nursing services by registered nurses.</p> <p>Notwithstanding the above, hospital shall mean a legally operated institution in which a person establishes, to the satisfaction of Sun Life, that such confinement was for active treatment that would normally be found in a general hospital.</p> <p>In no event will that part of an institution which operates as a home for the aged, rest home, nursing home, chronic care facility or a place for the care and treatment of drug addicts or alcoholics be considered a hospital for the purpose of this contract</p>
Palliative Care	<p>Services for palliative care provided in a hospital as defined under Regulation 964 under the <i>Public Hospital Act R.S.O. 1990, c.P-40</i> are covered by the Extended Health Care Plan.</p> <p>Services for palliative Care provided at Casey House or any other hospice which is approved for hospital purposes pursuant to an Order-in-Council under the <i>Public Hospitals Act</i> are covered by the Extended Health Care Plan.</p>
Illness	<p>An illness is a bodily injury, disease, mental infirmity, sickness or the consequences of surgery needed to donate a body part to another person which causes total disability.</p>
Incurred Expense	<p>An expense is incurred on the date the service is received or the supplies are purchased or rented</p>
Reasonable and Customary Expenses	<p>Standard medically approved treatments and procedures which are normally applied in the treatment of a particular illness or condition and which are provided at costs equivalent to the normal charges for such treatment in the location where such treatment is provided.</p>

COVERAGE PROVISIONS

- **You may change your coverage to Extended Health Care Plan 2 (EHC Plan 2) on February 1 of any future year.**
- If you elect coverage under EHC Plan 2, EHC Plan 1 is no longer available to you.
- If you do not elect extended health care coverage under this EHC Plan 1 when you first retire, it is not available to you at any future date.
- You may cancel this coverage on the first of any month with ADVANCE written notice to your college benefits plan administrator.
- Coverage is cancelled coincident with the date you cease paying the required premium.
- Coverage is cancelled coincident with the date you no longer are eligible for coverage under a Canadian provincial or territory Medicare plan.

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RETIREE EXTENDED HEALTH CARE PLAN 1 (EHC Plan 1)

ELIGIBILITY

You and your eligible dependents may participate in this plan provided:

- you were covered for Extended Health Care benefits through your College immediately prior to your retirement date;
- you qualify for and commence receiving a lifetime monthly pension from the Colleges of Applied Arts and Technology Pension Plan immediately upon your retirement (proof required);
- you elect coverage within 31 days of your retirement date; and
- you are a resident of Canada and continuously maintain coverage under your Canadian Medicare plan in your province or territory of residence.

Eligible Dependents

Your eligible dependents include

- your spouse/partner
- your child(ren);
- your spouse/partner's child(ren) (other than foster children) who are residents of Canada.

Spouse is:

- Your spouse by marriage or under any other formal union recognized by law, or
- Your partner of either gender who is publicly represented as your spouse with whom you have cohabited for one full year (12 continuous months), or
- If you are the natural or adoptive parents of a child as defined in the Family Law Act 1990 (Ontario).

Note: For group insurance purposes, your spouse/partner will cease to meet the definition of a person qualified as your dependent upon the earlier of:

- The date you have entered into a "Separation Agreement" with your spouse/partner; or
- Without a "Separation Agreement", having lived separate and apart from your spouse for not less than 12 months.

Only one person at a time can be covered as your Spouse/Partner.

Child means

- Your unmarried child(ren)
- your spouse/partner's child(ren) (other than foster children) under age 21, who live with you and who are not married or in any other formal union recognized by law
- A child who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependent until age 25, as long as the child is entirely dependent on you for financial support

If a child becomes disabled before the limiting age of 21 (or age 25, if a full-time student), coverage will continue, provided

- The child is incapable of financial self-support because of a physical or mental disability,
- The child depends on you for financial support,
- The child is not married, living common-law, or is not in any other formal union recognized by law

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RETIREE EXTENDED HEALTH CARE PLAN 1 (EHC Plan 1)

To ensure that there is no disruption of benefit coverage, you must provide proof to your College Benefits Administrator within 31 days of the date the child attains the limiting age. A completed **"Disabled Child Coverage"** form must be approved by Sun Life to ensure that coverage continues.

COVERAGE UNDER MORE THAN ONE GROUP PLAN

If you have Extended Health Care coverage under your Spouse's/Partner's or any other group insurance plan, the Co-ordination of Benefits provision allows claims to be made under both plans. The rules for benefit co-ordination are as follows:

- **Your claims** must be submitted to the College plan first. If there is any unpaid portion, the claim would then be submitted to your Spouse's/Partner's plan.
- **Your Spouse's/Partner's claims** must be submitted their plan first. If there is any unpaid portion, the claim would then be submitted to the College's plan.
- **Your Children's claims** must be submitted to the plan of the parent who is born on the earliest month and day in the year. If there is any unpaid portion, the claim would then be submitted to the other parent's plan.

SURVIVOR BENEFITS

Provided your dependents were covered under this plan at the time of your death, they may continue their coverage under the plan by paying 100% of the required premium until the earliest of the following:

- The date they would no longer be considered your dependent if you were still alive (remarries),
- The end of the period for which premiums have been paid,
- The date the survivor cancels the coverage,
- The date the survivor dies.

HOW TO FILE A CLAIM

Drug Card Plan

The Drug Card is used only for prescription drugs and is accepted at most pharmacies across Canada. The Drug Card cannot be used outside Canada.

By presenting this card to your pharmacist, you will not need to pay anything if they are a generic drug and you will pay only 15% of the cost of your medications if they are not a generic drug.

Drug substitution limit: Charges in excess of the lowest priced equivalent drug are not covered unless the doctor specifies in writing that "no substitution" for the prescribed drug may be made.

If you are covered by the Ontario Drug Benefit Plan (ODB), the pharmacist will be able to co-ordinate your coverage between the ODB and your Sun Life benefit.

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RETIREE EXTENDED HEALTH CARE PLAN 1 (EHC Plan 1)

If you have co-ordination of benefits with your spouse/partner, the claim process will not change. You will still be required to submit a paper claim for reimbursement of your spouse's/partner's claims and for any dependent children's claims if your spouse's/partner's plan is the primary payer.

If your spouse's/partner's plan utilizes a drug card **and** you provide the pharmacist with the information on **both** drug cards, the co-ordination of benefits can frequently be done by the pharmacist at the point of sale and you will not have to submit a paper claim.

Please note: If you do not use the drug card, your reimbursement may be affected by the pharmacist's markup of the drug cost.

All Other Extended Health Care Claims incurred in your province of residence

Extended Health Care claims for several paramedical services can be submitted electronically. Many of these can be submitted directly by the service provider who can advise whether they are on the Sun Life network or not.

Claims that cannot be submitted electronically should be submitted on a regular basis. Where possible, you should accumulate your claims until they exceed \$50 prior to submitting them to Sun Life. These claims must be submitted to Sun Life using the Extended Health Care claim form.

Where an eligible expense is covered by an Assistive Devices program, Home Oxygen program or other service administered by your province of residence, claims for equipment (such as wheel chairs, hearing aids and other related supplies) must first be filed with the provincial Medicare plan. Reimbursement from this plan will be coordinated with the provincial program in your province of residence. Your doctor, health-care specialist or health-care provider will assist you in filing these claims.

PLEASE NOTE:

This plan does not provide emergency out-of-country medical coverage.

However, if you are travelling outside Ontario or Canada, you may obtain travel insurance coverage by contacting Johnson Insurance for a quote at 1-866-606-3362 or at www.Johnson.ca/Medoc. Otherwise, ensure that you obtain adequate travel insurance coverage.

CLAIM FORMS

- May be obtained from your college benefits plan administrator,
- May be obtained from Sun Life's website, and
- Accompany any claim payment that is sent directly to you.

TIME LIMITS FOR FILING CLAIMS

Claims must be received by Sun Life within the earliest of:

- 18 months following the date on which the expense was incurred

Colleges of Applied Arts and Technology
**RETIREE EXTENDED HEALTH CARE
PLAN 1 (EHC Plan 1)**

- 90 days following the end of your Extended Health Care coverage, or
- 90 days following the termination of the Extended Health Care provision.

CONTACTING THE PLAN INSURER - SUN LIFE

You may contact Sun Life directly using one of the following methods:

- web address is www.mysunlife.ca
- email address is askus@sunlife.com
- Toll-free telephone number is 1-800-361-6212

Should you require assistance, please contact your College Benefits administrator.

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**RETIREE EXTENDED HEALTH CARE
 PLAN 2 (EHC Plan 2)**

You have elected coverage under Extended Health Care Plan 2. The following provides a description of reimbursement and covered expenses.

This Extended Health Care Plan 2 (EHC Plan 2) may be amended from time to time by the College Employer Council (CEC).

WHAT IS COVERED

<p>Deductible</p> <p>Reimbursement</p> <p>Overall Maximums</p>	<p>Nil</p> <p>75% - Generic drugs; 60% of all other drugs and related supplies</p> <p>100% - Hearing aids subject to the hearing aid maximum</p> <p>65% - Subject to the paramedical maximum</p> <p>85% - All other expenses</p> <p>Please note: some specific expenses are subject to dollar maximums. Please check the specific covered expense for this information.</p> <p>Unlimited or as stated</p>
<p>Hearing Aids</p>	<p>100% reimbursement of expenses for hearing aids, maintenance and repairs up to \$3,000 per person every 3 benefit years* when prescribed in writing by an ear, nose and throat specialist.</p> <p>Benefit years commence January 1 with the current 3-year benefit period running from January 1, 2022 to December 31, 2024. Subsequent periods will commence 2025, 2028, etc. Reimbursement includes integration with the Assistive Devices Program in your province of residence. (See "How to file a claim" for further information.)</p>
<p>Drugs</p> <p>Drug substitution limit: Charges in excess of the lowest priced equivalent drug are not covered unless the doctor specifies in writing that "no substitution" for the prescribed drug may be made</p>	<p>75% reimbursement for eligible generic drugs and 60% reimbursement for all other eligible drugs and related supplies.</p> <p>Drugs, including Prior Authorization* drugs approved by Sun Life, which have a Drug Identification Number (DIN) requiring a written prescription by a doctor or dentist and obtained from a pharmacist. The plan will cover related supplies which are listed below when prescribed in writing by a doctor or dentist and obtained from a pharmacist.</p> <p>Use your Drug Card for the following expenses:</p>

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**RETIREE EXTENDED HEALTH CARE
 PLAN 2 (EHC Plan 2)**

Covered Expenses

Please Note:

Doctors occasionally prescribe drugs which may be readily available over the counter or vaccines that do not require a prescription by law. These drugs are not covered by the Plan.

Ask your pharmacist about the category of the drug you have been prescribed when you get your prescription filled. You may gain substantial savings by purchasing these drugs on an over-the-counter basis.

***Prior authorization program effective February 1, 2020**

- drugs listed in the Federal or Provincial Drug Schedules which have a DIN and legally require a written prescription
- life-sustaining drugs with a DIN (insulin, diabetic supplies and nitroglycerin)
- certain injectable drugs and vitamins with a DIN (refer to what is not covered below)
- preparations and compounds, provided that the principal active ingredient is an eligible drug with a DIN under this benefit
- drugs with a DIN for the treatment of infertility
- drugs with a DIN for the treatment of erectile dysfunction

For the following expenses, you must submit a claim to Sun Life for reimbursement:

- vaccines and compound serums with a DIN that require a prescription
- intrauterine devices (IUDs)
- colostomy supplies
- varicose vein injections, if medically necessary

For all of the above items, reimbursement for any single purchase is limited to quantities that can reasonably be used within a 100-day period as ordered by a doctor.

The prior authorization (PA) program applies to a limited number of drugs and, as its name suggests, prior approval is required for coverage under the program. If you submit a claim for a drug included in the PA program and you have not been pre-approved, your claim will be declined.

In order for drugs in the PA program to be covered, you need to provide medical information. Please use Sun Life's PA form to submit this information. Both you and your doctor need to complete parts of the form.

You will be eligible for coverage for these drugs if the information you and your doctor provide meets Sun Life's clinical criteria based on factors such as:

- Health Canada Product Monograph.
- recognized clinical guidelines.
- comparative analysis of the drug cost and its clinical effectiveness.
- recommendations by health technology assessment organizations and provinces.
- your response to preferred drug therapy.

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**RETIREE EXTENDED HEALTH CARE
 PLAN 2 (EHC Plan 2)**

<p>Drugs (Continued)</p>	<p>If not, your claim will be declined.</p> <p>Sun Life's prior authorization forms are available from the following sources:</p> <ul style="list-style-type: none"> - Sun Life's website at www.mysunlife.ca/priorauthorization - Sun Life's Customer Care centre by calling toll-free 1-800-361-6212 <p>The Plan will not pay for the following, even when prescribed:</p> <ul style="list-style-type: none"> - drugs obtained from a doctor or dentist - infant formulas (milk and milk substitutes), minerals, proteins, vitamins and collagen treatment - the cost of giving injections, serums and vaccines - treatments for weight loss, including drugs, proteins and food or dietary supplements - hair growth stimulants - products to help you quit smoking, whether or not they require a prescription. - drugs that are used for cosmetic purposes - natural health products, whether or not they have a Natural Product Number (NPN) - drugs and treatments, and any services and supplies relating to the administration of the drug and treatment, administered in a hospital, on an in-patient or out-patient basis, or in a government-funded clinic or treatment facility - drugs that are available over the counter without the written prescription of a doctor, dentist or qualified health professional - drugs and treatments that do not qualify as eligible medical expenses under the <i>Income Tax Act</i> (Canada) <p>The Plan will reimburse certain drugs prescribed by other qualified health professionals the same way as if the drugs were prescribed by a doctor or dentist if the applicable provincial legislation permits them to prescribe those drugs.</p>
<p>Annual Maximum</p>	<p>\$100,000 per covered person per calendar year</p>
<p>Ambulance</p>	<p>Medically necessary transportation in a licensed land ambulance to and from the nearest hospital that is able to provide the necessary medical services. Where your provincial Medicare plan requires a co-payment for ambulance services, this plan will reimburse 85% of the co-payment amount.</p>
<p>Private Duty Nursing (registered)</p>	<p>Out-of-hospital private duty nursing services up to a maximum of \$25,000 per claimant per calendar year when medically necessary. Services must be for nursing care and not for</p>

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**RETIREE EXTENDED HEALTH CARE
 PLAN 2 (EHC Plan 2)**

	custodial care. The services of a registered nurse are eligible only if the required service cannot be performed by anyone with lesser qualification.
Paramedical	65% reimbursement for Acupuncturist, Audiologist, Chiropodist*, Chiropractor*, Massage Therapist, Naturopath, Occupational Therapist, Optometrist /Ophthalmologist, Osteopath*, Podiatrist*, Physiotherapist, Psychologist, Psychotherapist, Social Worker & Speech Therapist
Annual Maximum	\$1,000 per person per calendar year for all practitioners combined; plus \$200 per eye lifetime reimbursement per person for Intra-optic Lens following cataract surgery. *Includes one x-ray examination per specialty each calendar year.
Orthopaedic shoes or orthotics	Includes custom-made orthopaedic shoes or custom-made orthotics. The plan will reimburse up to a combined maximum: 3 pair per calendar year for dependents under age 8; 2 pair per year for dependents age 8 but under 18; 1 pair per calendar year for all other covered individuals. Prescribed by a specific qualified specialist as a medically necessary treatment for a foot condition: <ul style="list-style-type: none"> - Doctor (M.D.) - Podiatrist (D.P.M.) - Chiropodist (D. Ch. Or D. Pod M) Provided or Dispensed by a foot care specialist <ul style="list-style-type: none"> - Podiatrist (D.P.M.) - Chiropodist (D.Ch. or D. Pod. M) - Pedorthist (C. Ped. © or C. Ped. MC) - Orthothist (C.O. © or CPO (c) - Chiropractor Professionally prescribed orthotics in place of orthopaedic shoes will be covered. Orthopaedic shoes and orthotics are subject to a combined maximum as noted above.
Medical Supplies & Equipment	Casts, splints, braces, crutches, manual wheelchairs and other durable medical equipment for therapeutic use as provided under the plan. Includes 50% reimbursement for medically necessary insulin infusion pumps up to a maximum of \$2,500 per person every 10 years.
Comfort &	Subject to the recommendation of a doctor:

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**RETIREE EXTENDED HEALTH CARE
 PLAN 2 (EHC Plan 2)**

Convenience Items	- elevated toilet seat; shower chair; bed, bathtub and toilet rails; commode - outdoor wheelchair ramp once lifetime up to \$2,000
Breathing Equipment	Oxygen and its administrative equipment.
Prosthetic Equipment	Artificial eyes and limbs (excluding myoelectric and microprocessor appliances) including repairs and replacement when necessary; external breast prosthesis and surgical bras up to \$600 per person per calendar year.
Dental Injuries	Dental services received within 12 months of an accidental injury to natural teeth. Reimbursement is limited to the stated fee in the Dental Association Fee Guide of your province of residence.
Teladoc Medical Experts (formerly Best Doctors)[®]	Teladoc Medical Experts is a medical diagnosis service to help you feel more certain about a medical diagnosis or treatment. You still see your own doctor, but you can also call Teladoc Medical Experts toll-free or send an email to connect with a leading specialist for a second opinion. A Registered Nurse becomes your personal health ambassador to provide support, resources and answer questions. You may contact Teladoc Medical Experts at 1.877.419.2378 or customer.ca@bestdoctors.com.

WHAT IS NOT COVERED

The Plan will not pay for the costs of:

- Services or supplies not included in the list of eligible expenses as noted above;
- Services or supplies payable or available (regardless of any waiting list) in whole or in part under the provisions of the Medicare plan in your province or territory of residence;
- Services or supplies that do not qualify as eligible medical expenses under the *Income Tax Act* (Canada);
- Hospital services or supplies to the extent they are covered under the Hospital Plan which are paid for in whole or in part under the provisions of your Medicare plan;
- Services or supplies for which the person is eligible for payment under any group medical, surgical or hospital plan;
- Medical services or supplies over the reasonable and customary charges in the locality where they are provided;
- Procedures performed primarily to improve appearance;
- Charges for completing claim forms.

The plan will not pay benefits when the claim is for an illness or injury resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot or a civil commotion;
- Any work for which you were compensated that was not done for the College providing this plan;
- The plan will also not pay benefits when compensation is available under the Workplace

Colleges of Applied Arts and Technology

RETIREE EXTENDED HEALTH CARE PLAN 2 (EHC Plan 2)

Safety and Insurance Act, Criminal Injuries Compensation Act or similar legislation.

DEFINITIONS

Benefit and Calendar Year	January 1 to December 31
Dentist	A person who is currently licensed to practice dentistry by the governmental authority having jurisdiction over the licensing and practicing of dentistry and who is operating within the scope of the issued license. The definition usually includes licensed dental hygienists, dental assistants or denturists etc.
Doctor	A doctor is a physician or surgeon who is licensed to practice medicine where that practice is located.
Illness	An illness is a bodily injury, disease, mental infirmity, sickness or the consequences of surgery needed to donate a body part to another person which causes total disability.
Incurred Expense	An expense is incurred on the date the service is received or the supplies are purchased or rented.
Reasonable and Customary Expenses	Standard medically approved treatments and procedures which are normally applied in the treatment of a particular illness or condition and which are provided at costs equivalent to the normal charges for such treatment in the location where such treatment is provided.

COVERAGE PROVISIONS

- If you elect coverage under EHC Plan 2, EHC Plan 1 is no longer available to you at any future date.
- You may cancel this coverage on the first of any month with advance written notice to your College Benefits Administrator.
- Coverage is cancelled coincident with the date you cease paying the required premium.
- Coverage is cancelled coincident with the date you no longer are eligible for coverage under a Canadian provincial or territory Medicare plan.

ELIGIBILITY

You and your eligible dependents may participate in this plan provided:

- You were covered for Extended Health Care benefits through your College immediately prior to your retirement date;
- You qualify for and commence receiving a lifetime monthly pension from the Colleges of Applied Arts and Technology Pension Plan immediately upon your retirement (proof required);
- You elect coverage under this plan within 31 days of your retirement date or, elected and have been continuously covered under Extended Health Care Plan 1 through to the effective date of coverage under this EHC Plan 2; and
- You are a resident of Canada and continuously maintain coverage under your Canadian Medicare plan in your province or territory of residence.

Colleges of Applied Arts and Technology

RETIREE EXTENDED HEALTH CARE PLAN 2 (EHC Plan 2)

Eligible Dependents

Your eligible dependents include

- Your Spouse/Partner;
- Your Child(ren);
- Your Spouse/Partner's child(ren) (other than foster children) who are residents of Canada.

Spouse is:

- Your Spouse by marriage or under any other formal union recognized by law, or
- Your Partner of either gender who is publicly represented as your spouse with whom you have cohabited for one full year (12 continuous months), or
- If you are the natural or adoptive parents of a child as defined in the Family Law Act 1990 (Ontario).

Note: For group insurance purposes, your Spouse/Partner will cease to meet the definition of a person qualified as your dependent upon the earlier of:

- The date you have entered into a "Separation Agreement" with your spouse/partner; or
- Without a "Separation Agreement", having lived separate and apart from your spouse for not less than 12 months.

Only one person at a time can be covered as your Spouse/Partner.

Child is:

- Your unmarried Child(ren);
- Your Spouse/Partner's Child(ren) (other than foster children) under age 21, who live with you and who are not married or in any other formal union recognized by law;
- A child who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependent until age 25, as long as the child is entirely dependent on you for financial support.

If a child becomes disabled before the limiting age of 21 (or age 25, if a full-time student), coverage will continue, provided:

- The Child is incapable of financial self-support because of a physical or mental disability,
- The Child depends on you for financial support,
- The Child is not married, living common-law, or is not in any other formal union recognized by law.

To ensure that there is no disruption of benefit coverage, you must provide proof to your College Benefits Administrator within 31 days of the date the child attains the limiting age. A completed "**Disabled Child Coverage**" form must be approved by Sun Life to ensure that coverage continues.

COVERAGE UNDER MORE THAN ONE GROUP PLAN

If you have Extended Health Care coverage under your Spouse's/Partner's or any other group insurance plan, the Co-ordination of Benefits provision allows claims to be made under both plans. The rules for benefit co-ordination are as follows:

Colleges of Applied Arts and Technology

RETIREE EXTENDED HEALTH CARE PLAN 2 (EHC Plan 2)

- **Your claims** must be submitted to the College plan first. If there is any unpaid portion, the claim would then be submitted to your Spouse's/Partner's plan.
- **Your Spouse's/Partner's claims** must be submitted their plan first. If there is any unpaid portion, the claim would then be submitted to the College's plan.
- **Your Children's claims** must be submitted to the plan of the parent who is born on the earliest month and day in the year. If there is any unpaid portion, the claim would then be submitted to the other parent's plan.

SURVIVOR BENEFITS

Provided your dependents were covered under this plan at the time of your death, they may continue their coverage under the plan by paying 100% of the required premium until the earliest of the following:

- The date they would no longer be considered your dependent if you were still alive (remarries),
- The end of the period for which premiums have been paid,
- The date the survivor cancels the coverage,
- The date the survivor dies.

HOW TO FILE A CLAIM

Drug Card Plan

The Drug Card is used only for prescription drugs and is accepted at most pharmacies across Canada. The Drug Card cannot be used outside Canada.

By presenting this card to your pharmacist, you will pay 25% if they are a generic drug and you will pay 40% of the cost of your medications if they are not a generic drug.

Drug substitution limit: Charges in excess of the lowest priced equivalent drug are not covered unless the doctor specifies in writing that "no substitution" for the prescribed drug may be made.

If you are covered by the Ontario Drug Benefit Plan (ODB), the pharmacist will be able to co-ordinate your coverage between the ODB and your Sun Life benefit.

If you have co-ordination of benefits with your Spouse/Partner, the claim process will not change. You will still be required to submit a paper claim for reimbursement of your Spouse's/Partner's claims and for any Dependent Children's claims if your Spouse's/Partner's plan is the primary payer.

If your Spouse's/Partner's plan utilizes a drug card **and** you provide the pharmacist with the information on **both** drug cards, the co-ordination of benefits can frequently be done by the pharmacist at the point of sale and you will not have to submit a paper claim.

Please note: If you do not use the drug card, your reimbursement may be affected by the pharmacist's markup of the drug cost.

All Other Extended Health Care Claims incurred in your province of residence

Colleges of Applied Arts and Technology

RETIREE EXTENDED HEALTH CARE PLAN 2 (EHC Plan 2)

Extended Health Care claims for several paramedical services can be submitted electronically. Many of these can be submitted directly by the service provider if they are on the Sun Life's online system.

Claims that cannot be submitted electronically should be submitted to Sun Life using the Extended Health Care claim form on a regular basis. Where possible, you should accumulate your claims until they exceed \$50 prior to submitting them to Sun Life.

Where an eligible expense is covered by an Assistive Devices program, Home Oxygen program or other service administered by your province of residence, claims for equipment (such as wheel chairs, hearing aids and other related supplies) must first be filed with the provincial Medicare plan. Reimbursement from this plan will be coordinated with the provincial program in your province of residence. Your doctor, health-care specialist or health-care provider will assist you in filing these claims.

PLEASE NOTE:

This plan does not provide emergency out-of-country medical coverage.

However, if you are travelling outside Ontario or Canada, you may obtain travel insurance coverage by contacting Johnson Insurance for a quote at 1-866-606-3362 or at www.Johnson.ca/Medoc. Otherwise, ensure that you obtain adequate travel insurance coverage.

CLAIM FORMS

- May be obtained from your College Benefits Administrator,
- May be obtained from Sun Life's website, and
- Accompany any claim payment that is sent directly to you.

TIME LIMITS FOR FILING CLAIMS

Claims must be received by Sun Life within the earliest of:

- 18 months following the date on which the expense was incurred
- 90 days following the end of your Extended Health Care coverage, or
- 90 days following the termination of the Extended Health Care provision.

CONTACTING THE PLAN INSURER - SUN LIFE

You may contact Sun Life directly using one of the following methods:

- web address is www.mysunlife.ca
- email address is askus@sunlife.com
- Toll-free telephone number is 1-800-361-6212

Should you require assistance, please contact your College Benefits Administrator.

RETIREE DENTAL PLAN 1

You have elected coverage under Dental Plan 1.

This Dental Plan may be amended from time to time by the College Employer Council (Council).

The following provides a description of reimbursement and covered expenses under this plan.

WHAT IS COVERED

DEDUCTIBLE	NIL
REIMBURSEMENT Basic Services 100% Endodontic Treatment 100% Periodontal Treatment 100% Denture Services 100% Crowns 50% Bridges 50% Inlays and Onlays 50% Orthodontia 50%	
MAXIMUMS Basic, Endodontic, Periodontal & Dentures combined \$2,000 per person per calendar year Crowns, Bridges, Inlays & Onlays combined \$2,000 per person per calendar year Orthodontia \$2,500 per person lifetime	
COVERED FEES	Fees stated in the Ontario Dental Association Fee Guide for General Practitioners one year prior to the date the expense is incurred

RETIREE DENTAL PLAN 1

BASIC SERVICES	<p>Oral examinations</p> <ul style="list-style-type: none">- initial examinations every 24 months- recall examinations limited to once in a five-month period but not more frequently than twice per year- emergency or specific examinations <p>X-rays</p> <ul style="list-style-type: none">- 1 complete series of X-rays or 1 panorex every 24 months- 1 set of bitewing X-rays every 6 months, up to a maximum of 2 sets per calendar year- X-rays to diagnose a symptom or examine progress of a particular course of treatment <p>Other services</p> <ul style="list-style-type: none">- Required consultations with another dentist, excluding those for orthodontic purposes- Required consultations between the patient and dentist, excluding those for orthodontic purposes- Fillings - amalgam, silicate composite, acrylic or equivalent fillings- Polishing (cleaning) and topical fluoride treatment, once every 6 months, up to a maximum of 2 per calendar year- Protective athletic appliance (mouth guards)- Scaling- Diagnostic tests and laboratory examinations excluding X-rays, study models or similar records prepared for orthodontic procedures- Provision of space maintainers for missing primary teeth- Retentive pins and prefabricated full coverage restorations- Caries, trauma and pain control- Professional visits- Extractions of teeth- Oral surgery and related anaesthesia, other than transplants, implants, and repositioning of the jaw- Therapeutic intra-muscular or intravenous drug injections- Adjunctive general services.
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RETIREE DENTAL PLAN 1

ENDODONTIC SERVICES	Root canal therapy and root canal fillings, and treatment of disease of the pulp tissue
PERIODONTAL SERVICES	Treatment of disease of the gum and other supporting tissue
DENTURE SERVICES	<ul style="list-style-type: none"> - Complete upper and/or lower dentures limited to once every three years per arch; - Partial dentures limited to once every three years; - Denture adjustments, repair, relining and rebasing of existing partial or complete dentures - Laboratory fees associated with denture services - Replacement of standard dentures is not considered an eligible expense during the three-year period following the construction or insertion of its predecessor except where: <ul style="list-style-type: none"> o It is needed to replace a standard denture which has caused temporomandibular joint disturbances and which cannot be economically modified to correct the condition; or - It is needed to replace a transitional denture which was inserted shortly following extraction of teeth and which cannot be economically modified to the final shape required.
BRIDGES, CROWNS, INLAY AND ONLAY SERVICES	<ul style="list-style-type: none"> - Bridges and crowns including repairs; - Inlays, Onlays and pins in inlays, onlays and crowns, post and core - Replacement of a bridge is not considered an eligible expense during the three-year period following the construction or insertion of its predecessor except where it is needed to replace a bridge which has caused temporomandibular joint disturbances and which cannot be economically modified to correct the condition.
ORTHODONTICS	Examinations, diagnosis, consultations, fixed or removable appliances such as braces, myofunctional therapy, retention appliances and other services for the straightening of the teeth.

RETIREE DENTAL PLAN 1

WHAT IS NOT COVERED

The Plan will not pay for:

- Services or supplies payable or available (regardless of any waiting list) in whole or in part under any legislation, except for user fees and extra billing if the legislation allows the user fees and extra billing.
- Services or supplies that are not usually provided to treat a dental problem, including experimental treatments.
- Any portion of the charge over the usual, customary and reasonable charge of the least expensive alternate service or material consistent with adequate dental services when such alternate service or material is customarily provided.
- Procedures performed primarily to improve appearance.
- The replacement of lost, misplaced or stolen dentures and dental appliances.
- Charges for appointments that you do not keep.
- Charges for completing claim forms.
- Expenses related to services or supplies of the type normally intended for home use.

Dental expenses resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- Commission or attempted commission of a criminal offence by the insured person.
- Any cause for which compensation is available under a Workplace Safety and Insurance Act, Criminal Injuries Compensation Act or similar legislation.

Special Provisions for Implants: If a claim is made for an implant, **the implant itself and related surgery are not an eligible expense under the Plan.** However, the plan may reimburse you for up to the level of service that is applicable under the alternate benefit clause.

The Plan will pay based on the least expensive alternate service as follows:

- If a crown is "the least expensive alternate service", the Plan will reimburse the allowable fee for a standard crown.
- If a denture is "the least expensive alternate service", the Plan will reimburse up to the allowable fee for a denture, either partial or full.
- If a bridge is "the least expensive alternate service", the Plan will reimburse up to the allowable fee for a bridge.

COVERAGE PROVISIONS

- You may elect coverage under Dental Plan 1 in combination with Extended Health Care Plan 1, Extended Health Care Plan 2 or Extended Health Care Plan 3 when you first retire.
- You may change your coverage to Dental Plan 2 on February 1 of any future year.
- You may cancel this coverage on the first of any month with ADVANCE written notice to your college benefits plan administrator.
- Coverage is cancelled coincident with the date you cease paying the required premium.
- Dental benefits are cancelled coincident with the date you no longer are eligible for coverage under a Canadian provincial or territory medicare plan.

RETIREE DENTAL PLAN 1

ELIGIBILITY

You and your eligible dependents may participate in this plan provided:

- you qualify for and commence receiving a lifetime monthly pension from the Colleges of Applied Arts and Technology Pension Plan or the Teachers' Pension Plan immediately upon your retirement;
- you are covered for dental benefits under the Colleges' Group Insurance Benefits Plan immediately prior to your retirement date;
- you elect coverage within 31 days of your retirement date; and
- you are a resident of Canada and continuously maintain coverage under your Canadian medicare plan in your province or territory of residence.

Eligible Dependents

Eligible Dependents include your spouse/partner, your unmarried children and your spouse's/partner's unmarried children (other than foster children) who are residents of Canada.

Spouse is:

- your spouse or partner by virtue of a legal marriage; or
- your partner of either sex in a relationship of some permanence, if you are the natural or adoptive parents of a child, as defined in the Family Law Act, 1990 (Ontario); or
- your partner who cohabits with you in a conjugal or homosexual relationship continuously for a period of not less than one year.

Note: For group insurance purposes your spouse/partner will cease to meet the definition of a person eligible to be qualified as your spouse/partner upon the earlier of:

- the date you have entered into a "Separation Agreement" with your spouse/partner; or
- having lived separate and apart from your spouse/partner for not less than 12 months.

Only one person at a time can be covered as your Spouse/Partner.

Eligible Dependent Children are:

- unmarried and under age 21, who live with you in a normal parent/child relationship;
- unmarried and under age 21 for whom you are appointed legal guardian and who live with you in a normal parent/child relationship;
- unmarried and age 21 but under age 25 if attending college or university as a full-time student as long as the child is entirely dependent on you for financial support;
- unmarried and age 21 or over if mentally or physically handicapped provided the child became disabled prior to the limiting age (21 or 25 if a full-time student), is incapable of financial self-support and is dependent on you for financial support and maintenance.

COVERAGE UNDER MORE THAN ONE GROUP PLAN

If you have Dental benefit coverage under your Spouse's/Partner's or any other group insurance plan, the Co-ordination of Benefits provision allows claims to be made under both plans. The rules for benefit co-ordination are as follows:

- **Your claims** must be submitted to the College plan first. If there is any unpaid portion, the claim would then be submitted to your Spouse's/Partner's plan.

RETIREE DENTAL PLAN 1

- **Your Spouse's/Partner's claims** must be submitted their plan first. If there is any unpaid portion, the claim would then be submitted to the College's plan.
- **Your Children's claims** must be submitted to the plan of the parent who is born on the earliest month and day in the year. If there is any unpaid portion, the claim would then be submitted to the other parent's plan.

SURVIVOR BENEFITS

Provided your dependents were covered under this plan at the time of your death, they may continue their coverage under the plan by paying 100% of the required premium until the earliest of the following:

- The date they would no longer be considered your dependent if you were still alive (remarries)
- The end of the period for which premiums have been paid
- The date the survivor cancels the coverage
- The date the survivor dies

HOW TO FILE A DENTAL CLAIM

Claims should be submitted to Sun Life on a regular basis as they are incurred. They may be submitted electronically by your dentist or you may submit them. Whether submitted by you or by your dentist, you should retain a copy of the dental claim form and the subsequent payment statement for future reference.

Pre-determination – Expenses in excess of \$300

If your dental expenses are expected to exceed \$300, it is strongly recommended that you send a predetermination form to Sun Life, before the work is done so that both you and your dentist are aware of the expenses that will be covered by the plan.

CLAIM FORMS

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- May be obtained from Sun Life's website, and
- Accompany any claim payment that is sent directly to you.

TIME LIMITS FOR FILING CLAIMS

Claims must be received by Sun Life within the earliest of:

- the end of the calendar year following the year in which the expense was incurred
- 90 days following the end of your Dental Care coverage, or
- 90 days following the termination of the Dental Care provision.

CONTACTING THE PLAN INSURER - SUN LIFE

You may contact Sun Life directly using one of the following methods:

- web address is www.sunlife.ca

RETIREE DENTAL PLAN 1

- email address is askus@sunlife.com
- Toronto telephone number is 416-753-4300
- Toll-free telephone number is 1-800-361-6212

Should you require assistance, please contact your college benefits plan administrator.

RETIREE DENTAL PLAN 2

You have elected coverage under Dental Plan 2.

This Dental Plan may be amended from time to time by the College Employer Council (Council).

The following provides a description of reimbursement and covered expenses.

WHAT IS COVERED

DEDUCTIBLE	NIL
REIMBURSEMENT	
Endodontic Treatment Periodontal Treatment Denture Services Crowns Bridges Inlays and Onlays	100% 100% 100% 50% 50% 50%
MAXIMUMS	
Endodontic, Periodontal & Dentures combined – Crowns, Bridges, Inlays & Onlays combined –	\$2,000 per person per calendar year for all services combined
COVERED FEES	Fees stated in the Ontario Dental Association Fee Guide for General Practitioners one year prior to the date the expense is incurred
ENDODONTIC SERVICES	Root canal therapy and root canal fillings, and treatment of disease of the pulp tissue *“Basic Services” required as part of the root canal treatment are not eligible expenses. i.e. filling of the tooth
PERIODONTAL SERVICES	Treatment of disease of the gum and other supporting tissue

RETIREE DENTAL PLAN 2

DENTURE SERVICES	<ul style="list-style-type: none"> - Complete upper and/or lower dentures limited to once every three years per arch; - Partial dentures limited to once every three years; - Denture adjustments, repair, relining and rebasing of existing partial or complete dentures - Laboratory fees associated with denture services - Replacement of standard dentures is not considered an eligible expense during the three-year period following the construction or insertion of its predecessor except where: <ul style="list-style-type: none"> o It is needed to replace a standard denture which has caused temporomandibular joint disturbances and which cannot be economically modified to correct the condition; or o It is needed to replace a transitional denture which was inserted shortly following extraction of teeth and which cannot be economically modified to the final shape required.
BRIDGES, CROWNS, INLAY AND ONLY SERVICES	<ul style="list-style-type: none"> - Bridges and crowns including repairs; - Inlays, Onlays and pins in inlays, onlays and crowns, post and core - Replacement of a bridge is not considered an eligible expense during the three-year period following the construction or insertion of its predecessor except where it is needed to replace a bridge which has caused temporomandibular joint disturbances and which cannot be economically modified to correct the condition.

WHAT IS NOT COVERED

The Plan will not pay for:

- Services or supplies payable or available (regardless of any waiting list) in whole or in part under any legislation, except for user fees and extra billing if the legislation allows the user fees and extra billing.
- Services or supplies that are not usually provided to treat a dental problem, including experimental treatments.
- Any portion of the charge over the usual, customary and reasonable charge of the least expensive alternate service or material consistent with adequate dental services when such alternate service or material is customarily provided.

RETIREE DENTAL PLAN 2

- Procedures performed primarily to improve appearance.
- The replacement of lost, misplaced or stolen dentures and dental appliances.
- Charges for appointments that you do not keep.
- Charges for completing claim forms.
- Expenses related to services or supplies of the type normally intended for home use.

Dental expenses resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- Commission or attempted commission of a criminal offence by the insured person.
- Any cause for which compensation is available under a Workplace Safety and Insurance Act, Criminal Injuries Compensation Act or similar legislation.

Special Provisions for Implants: If a claim is made for an implant, **the implant itself and related surgery are not an eligible expense under the Plan.** However, the plan may reimburse you for up to the level of service that is applicable under the alternate benefit clause. **The Plan will pay based on the least expensive alternate service as follows:**

- If a crown is "the least expensive alternate service", the Plan will reimburse the allowable fee for a standard crown.
- If a denture is "the least expensive alternate service", the Plan will reimburse up to the allowable fee for a denture, either partial or full.
- If a bridge is "the least expensive alternate service", the Plan will reimburse up to the allowable fee for a bridge.

COVERAGE PROVISIONS

- You may elect coverage under Dental Plan 2 in combination with Extended Health Care Plan 1, Extended Health Care Plan 2 or Extended Health Care Plan 3 when you first retire.
- If you elect Dental Plan 2 when you first retire, Dental Plan 1 is no longer available to you at any future date.
- You may cancel this coverage on the first of any month with ADVANCE written notice to your college benefits plan administrator.
- Coverage is cancelled coincident with the date you cease paying the required premium.
- Dental benefits are cancelled coincident with the date you no longer are eligible for coverage under a Canadian provincial or territory medicare plan.

ELIGIBILITY

You and your eligible dependents may participate in this plan provided:

- you qualify for and commence receiving a lifetime monthly pension from the Colleges of Applied Arts and Technology Pension Plan or the Teachers' Pension Plan immediately upon your retirement;
- you are covered for dental benefits under the Colleges' Group Insurance Benefits Plan immediately prior to your retirement date;
- you elect coverage within 31 days of your retirement date; and

RETIREE DENTAL PLAN 2

- you continuously maintain coverage under your Canadian medicare plan in your province or territory of residence.

Eligible Dependents

Eligible Dependents include your spouse/partner, your unmarried children and your spouse's/partner's unmarried children (other than foster children) who are residents of Canada.

Spouse is:

- your spouse or partner by virtue of a legal marriage; or
- your partner of either sex in a relationship of some permanence, if you are the natural or adoptive parents of a child, as defined in the Family Law Act, 1990 (Ontario); or
- your partner who cohabits with you in a conjugal or homosexual relationship continuously for a period of not less than one year.

Note: For group insurance purposes your spouse/partner will cease to meet the definition of a person eligible to be qualified as your spouse/partner upon the earlier of:

- the date you have entered into a "Separation Agreement" with your spouse/partner; or
- having lived separate and apart from your spouse/partner for not less than 12 months.

Only one person at a time can be covered as your Spouse/Partner.

Eligible Dependent Children are:

- unmarried and under age 21, who live with you in a normal parent/child relationship;
- unmarried and under age 21 for whom you are appointed legal guardian and who live with you in a normal parent/child relationship;
- unmarried and age 21 but under age 25 if attending college or university as a full-time student as long as the child is entirely dependent on you for financial support;
- unmarried and age 21 or over if mentally or physically handicapped provided the child became disabled prior to the limiting age (21 or 25 if a full-time student), is incapable of financial self-support and is dependent on you for financial support and maintenance.

COVERAGE UNDER MORE THAN ONE GROUP PLAN

If you have Dental benefit coverage under your Spouse's/Partner's or any other group insurance plan, the Co-ordination of Benefits provision allows claims to be made under both plans. The rules for benefit co-ordination are as follows:

- **Your claims** must be submitted to the College plan first. If there is any unpaid portion, the claim would then be submitted to your Spouse's/Partner's plan.
- **Your Spouse's/Partner's claims** must be submitted their plan first. If there is any unpaid portion, the claim would then be submitted to the College's plan.
- **Your Children's claims** must be submitted to the plan of the parent who is born on the earliest month and day in the year. If there is any unpaid portion, the claim would then be submitted to the other parent's plan.

RETIREE DENTAL PLAN 2

SURVIVOR BENEFITS

Provided your dependents were covered under this plan at the time of your death, they may continue their coverage under the plan by paying 100% of the required premium until the earliest of the following:

- The date they would no longer be considered your dependent if you were still alive (remarries)
- The end of the period for which premiums have been paid
- The date the survivor cancels the coverage
- The date the survivor dies

HOW TO FILE A DENTAL CLAIM

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