My group benefit plan

canada life™

CANADIAN BAPTIST MINISTRIES

OPTIONAL
GROUP BENEFIT FLEX PLAN

for Division 19 and 25 retirees

of Canadian Baptist Ministries
Canadian Baptist Western Canada and FBU

We are pleased to offer you our services. As we adhere to principles of inclusion, all genders are incorporated in the language used in our communications with you.

BENEFIT DETAILS

Canada Life™ is a leading Canadian life and health insurer. Canada Life's financial security advisors work with our clients from coast to coast to help them secure their financial future. We provide a wide range of retirement savings and income plans; as well as life, disability and critical illness insurance for individuals and families. As a leading provider of employee benefits in Canada, we offer effective benefit solutions for large and small employee groups.

Canada Life Online

Visit our website at www.canadalife.com for:

- information and details on Canada Life's corporate profile and our products and services
- investor information
- news releases
- contact information
- online claims submission

My Canada Life at Work

As a Canada Life plan member, you can register for My Canada Life at Work™ at www.mycanadalifeatwork.com. Make sure to have your plan and ID numbers available when registering.

With My Canada Life at Work you can:

- Submit claims quickly
- Review your coverage and balances
- Find healthcare providers like chiropractors and massage therapists near you
- Save your benefits cards to your payment service application or program
- Get notified when your claims have been processed

Canada Life’s Toll-Free Number

To contact a customer service representative at Canada Life for assistance with your medical and Health Care Spending Account coverage, please call 1-833-900-3853.

Customer complaints

We are committed to addressing your concerns promptly, fairly and professionally. Here is how you may submit your complaint.

- Toll-free:
  - Phone: 1-866-292-7825
  - Fax: 1-855-317-9241
- Email: ombudsman@canadalife.com
- In writing:

The Canada Life Assurance Company
Ombudsman's Office T262
255 Dufferin Avenue
London, ON N6A 4K1

For additional information on how you may submit a complaint, please visit www.canadalife.com/complaints.

The information provided in the booklet is intended to summarize the provisions of Group Policy No. 156241. If there are variations between the information in the booklet and the provisions of the policy, the policy will prevail to the extent permitted by law.

This booklet contains important information and should be kept in a safe place known to you and your family.

The Plan is underwritten by

This booklet was prepared on: November 28, 2023

Access to Documents

You have the right, upon request, to obtain a copy of the policy, your application and any written statements or other records you have provided to Canada Life or Manulife Life as evidence of insurability, subject to certain limitations. You may be charged for such documentation after your first request.

Legal Actions

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Appeals

You have the right to appeal a denial of all or part of the insurance or benefits described in the contract as long as you do so within one year of the initial denial of the insurance or a benefit. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

Benefit Limitation for Overpayment

If benefits are paid that were not payable under the policy, you are responsible for repayment within 30 days after Canada Life sends you a notice of the overpayment, or within a longer period if agreed to in writing by Canada Life. If you fail to fulfil this responsibility, no further benefits are payable under the policy until the overpayment is recovered. This does not limit Canada Life's right to use other legal means to recover the overpayment.

Quebec Time Limit for the Payment of Benefits

Where Quebec law applies, benefits will be paid in accordance with the terms of the plan within the following time period:

- for death benefits, 30 days following receipt of the required proof of claim.
- for any other benefit, 60 days following receipt of the required proof of claim.

Employer Role

The employer's role is limited to providing employees with information and not advice.

Protecting Your Personal Information

At Canada Life, we recognize and respect the importance of privacy. Personal information about you is kept in a confidential file at the offices of Canada Life or the offices of an organization authorized by Canada Life. Canada Life may use service providers located within or outside Canada. We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

We use the personal information to administer the group benefits plan under which you are covered. This includes many tasks, such as:

- determining your eligibility for coverage under the plan
- enrolling you for coverage
- investigating and assessing your claims and providing you with payment
- managing your claims
- verifying and auditing eligibility and claims
- creating and maintaining records concerning our relationship
- underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- Canada Life's and its affiliates' internal data management and analytics
- preparing regulatory reports, such as tax slips

We may exchange personal information with your health care providers, your plan administrator, any insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us or the above when relevant and necessary to administer the plan.

As a plan member, you are responsible for the claims submitted. We may exchange personal information with you or a person acting on your behalf when relevant and necessary to confirm coverage and to manage the claims submitted.

You may request access or correction of the personal information in your file. A request for access or correction should be made in writing and may be sent to any of Canada Life's offices or to our head office.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to www.canadalife.com.

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YOU SHOULD KNOW

Effective Date of Plan – April 1, 2017

Covered Classes – Retirees who retire on or after age 55

IMPORTANT

The coverages described in this group benefits plan are insured under Group Policy Nos. 156241 issued to the Contractholder by Canada Life. They are available to you if you are included in the covered classes shown above. Only those coverages for which you become covered will apply to you.

CONFORMATION WITH LAW

If any provision of this group plan conflicts with any law which applies to individuals shown in the covered classes, the plan will be amended to conform to that law.

COST

You will be advised of the amount of your contribution, if any, when you enroll for the coverage. Cost is subject to change.

WAITING PERIOD

You are eligible for coverage on the date your retirement begins.

The coverages are described in the Benefit Summary and the coverage description pages. Be sure to read these pages carefully. They show when benefits are or are not payable, and outline the conditions, limitations and exclusions that apply to the coverages.

BENEFIT SUMMARY

COVERAGES FOR YOU AND YOUR ELIGIBLE DEPENDENTS

This summary must be read together with the benefits described in this booklet.

Retiree Life Insurance		
Amount	$5,000	
Reduction	Coverage reduces to $2,500 at age 70	
Dependent Life Insurance		
Spouse	$5,000	
Child	$2,000	
Termination	Coverage will not continue past the end of the day before the date you reach age 70	

	BIRCH OPTION	MAPLE OPTION
Healthcare		
Deductible	Nil	
Reimbursement Levels		
Global Medical Assistance Expenses	100%	100%
Visioncare Expenses	Not covered	100% to limits specified below
In-Canada Prescription Drug Expenses		
- dispensing fee portion of the drug charge	100% up to $5	
Drug Charge: - Formulary Drug Plan Expenses - Non-Formulary Drug Plan expenses	 70% 50%	 80% 60%
- Out-of-pocket maximum	If out-of-pocket drug expenses exceed $1,000 (per person) in a calendar year, eligible drug expenses will be reimbursed at 100% for the remainder of the calendar year	
All Other Expenses	70%	80%

	BIRCH OPTION	MAPLE OPTION
Basic Expense Maximums		
Ambulance (including air ambulance)	Included	
Home Nursing Care	$5,000 every 3 calendar years.	
Home Nursing Care Limit	Beginning on your 65th birthday, the maximum is limited to a lifetime maximum of $5,000, reduced by the amount paid during the previous 3 calendar years	
Drugs Used To Treat Erectile Dysfunction	$1,200 each calendar year	
Hearing Aids	$300 every 4 years	
Custom-fitted Orthopedic Shoes and Custom-made Foot Orthotics	$300 combined each calendar year	
Myoelectric Arms	$10,000 per prosthesis	
External Breast Prosthesis	1 initial prosthesis and 1 replacement every 2 calendar years	
Surgical Brassieres	2 each calendar year	
Mechanical or Hydraulic Patient Lifters	$2,000 per lifter once every 5 years	
Outdoor Wheelchair Ramps	1 in a lifetime to a maximum of $2,000	
Blood-glucose Monitoring Machines	1 every 4 years	
Continuous Glucose Monitoring Machines Including Sensors and Transmitters	$4,000 each calendar year	
Insulin Infusion Pumps	$5,000 per pump once every 5 years	
Insulin Jet Injectors	$1,000 lifetime	
Transcutaneous Nerve Stimulators	$700 lifetime	
Extremity Pumps for Lymphedema	1 in a lifetime to a maximum of $1,500	
Custom-made Compression Hose	2 pairs each calendar year	
Wigs		
- for cancer patients	$100 lifetime	
- for alopecia totalis	$250 lifetime	
Diagnostic Supplies	Included	
Accidental Dental Injury	Included	
Other Medical Supplies	Included	

	BIRCH OPTION	MAPLE OPTION
Paramedical Expense Maximums		
Acupuncturists	Not covered	$200 each calendar year
Chiropractors	Not covered	$200 each calendar year
Physiotherapists	Not covered	Unlimited
Massage Therapists	Not covered	$200 each calendar year
Naturopaths	Not covered	$200 each calendar year
Osteopaths	Not covered	$200 each calendar year
Podiatrists	Not covered	$200 each calendar year
Psychologists/Social Workers/Psychotherapists/ Clinical Counsellors	Not covered	$200 combined each calendar year
Speech Therapists	Not covered	$200 each calendar year
Visioncare Expense Maximums		
Glasses, Contact Lenses and Laser Eye Surgery	Not covered	$150 combined every 24 months
Lifetime Healthcare Maximum	$100,000	
Global Medical Assistance Expenses	Included	

	BIRCH OPTION	MAPLE OPTION
Health Care Spending Account		
You only	$350	Not covered
You + dependents	$700	Not covered

DEFINITIONS

The following definitions apply throughout this group benefit plan unless a term is defined differently within a specific coverage for the purposes of that coverage.

BENEFITS means any amounts which become payable under a coverage.

CALENDAR YEAR means January 1 through December 31.

CONTRACT means Group Insurance Policy No. 156241.

CONTRACTHOLDER means Canadian Baptist Ministries in its capacity as the Policyholder of Group Insurance Policy No. 156241.

DEDUCTIBLE is the amount of eligible charges shown in the Benefit Summary which must be paid by or on behalf of a covered person in any calendar year before reimbursement will be made under a coverage. There is no deductible under this plan.

DEPENDENT CHILD means your unmarried children under age 22 or under age 25 if they are full-time students.

Children under age 22 are not covered if they are working more than 30 hours a week, unless they are full-time students.

Children who are incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn 22 or while they are students under 25, and the disorder has been continuous since that time.

ELIGIBLE DEPENDENT means your spouse and dependent children.

EMPLOYER means the Contractholder and any of its affiliated or associated employers and churches as defined by the Contractholder which have been approved by Canada Life for inclusion under the contract.

CANADA LIFE means The Canada Life Assurance Company.

MEMBER/PLAN MEMBER is a former employee participating in this group insurance plan.

PHYSICIAN means a person, other than an insured or a member of the insured's family, who is a licensed medical doctor in the province where the medical care is received and who gives medical care within the scope of that license.

PROVINCE or PROVINCIAL refers to any province or territory of Canada.

REIMBURSEMENT LEVEL is the percentage of eligible charges shown in the Benefit Summary, which will be reimbursed under a coverage after satisfaction of the deductible.

RETIREE means those who retire on or after age 55 with at least 10 years of service and were insured under the employer's benefit program the day before you retired.

SICKNESS means disease or illness.

SPOUSE means your legal, common-law or former spouse.

A common-law spouse is a person who has been living with you in a conjugal relation for at least 36 months, or if you are a Quebec resident, until the earlier birth or adoption of a child of the relationship.

A former spouse means your divorced or ex-common-law spouse for whom insurance protection for some of the benefits available under the employer's benefit program is mandated by court order.

YEARS OF SERVICE: Completed continuous years of service from start date of employment.

YOU refers to the retiree of the employer as shown in the covered classes on the You Should Know page.

INFORMATION ABOUT YOUR FLEX PLAN

- You have the ability to select a benefit plan upon retirement however if you opt out at retirement there is no option to opt in unless you experience a life event change. You must notify your plan administrator within 6 months of the life event.

- If you experience a life event during a plan year that affects your coverage needs, you may make changes to your benefit options that directly relate to your status change. Any of the following is considered a life event:

  - acquiring your first dependent (spouse or child)
  - acquiring a spouse if you have child coverage only
  - involuntary loss of similar coverage through your spouse's group benefit program (for example, because of a change in your spouse's employment status)
  - death of your spouse or only child
  - your spouse or only child ceasing to qualify for coverage (for example, through divorce or your child's attainment of a limiting age – see Dependent Coverage in this booklet)

Note: See your plan administrator for details no later than 31 days after a life event occurs. Certain conditions apply.

COMMENCEMENT AND TERMINATION OF COVERAGE

You are eligible to participate in the plan on the date your retirement begins.

Your coverage terminates when you are no longer eligible, you stop paying the required premiums, or the policy terminates, whichever is earliest.

- Your dependents' coverage terminates when your insurance terminates or your dependent no longer qualifies, whichever is earlier.

- When your coverage terminates, you may be entitled to an extension of benefits under the plan. See your plan administrator for details.

SURVIVOR BENEFITS

If you die while your coverage is still in force, the health benefits for your dependents will be continued with no premium required for a period of 3 months, after which time coverage can continue with premium payment.

WHEN YOU HAVE A CLAIM

RETIREE LIFE INSURANCE

To submit a Retiree Life Insurance claim, your beneficiary must complete the Life Claim form which is available from your plan administrator.

Documents necessary to submit with the form are listed on the form.

TO MAKE A HEALTH CLAIM

Global Medical Assistance Claims

Access www.canadalife.com to obtain a Travel Assistance claim form.

Complete all applicable forms, including all required information. Forward the claim forms, along with copies of your receipts, as directed on the claim form.

Be sure to keep original receipts for your own records.

All Other Healthcare Claims

Online claims: To submit online claims, register at www.mycanadalifeatwork.com. To use this service you will need to be registered for My Canada Life at Work and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

Submit online claims to Canada Life as soon as possible, but no later than 12 months after you incur the expense.

You must retain your receipt for 12 months from the date you submit your claim to Canada Life as a record of the transaction, and you must submit it to Canada Life on request.

Paper claims: To submit paper claims, access www.mycanadalifeatwork.com to obtain a personalized claim form, or obtain form M635D from your employer. Complete this form making sure it shows all required information.

Attach your receipts to the claim form and return it to the Canada Life Benefit Payment Office as soon as possible, but no later than 15 months after you incur the expense.

Drug claims

Your employer will provide you with a prescription drug identification card. Present your card to the pharmacist with your prescription.

Before your prescription is filled, an Assure Claims check will be done. Assure Claims is a series of seven checks that are electronically done on your drug claim history for increased safety and compliance monitoring. This has been designed to improve the health and quality of life for you and your dependents. Checks done include drug interaction, therapeutic duplication and duration of therapy, allowing the pharmacist to react prior to the drug being dispensed. Depending on the outcome of the checks, the pharmacist may refuse to dispense the prescribed drug.

TO MAKE A HEALTH CARE SPENDING ACCOUNT CLAIM

The HCSA will reimburse you for the balance of the expense remaining after all other insurance plans have paid out. You must first submit all claims to any government and private insurance plans under which you or any eligible dependents are covered. Once you have received reimbursement for the expense from all other plans, you may submit a claim against the HCSA.

Any claim against the HCSA must be submitted on a claim form. For dental claims, use form M5429A or form M445D (HCSA), and for all other claims, use form M5431A or form M635D (HCSA).

Claims against the HCSA must be submitted to the Canada Life Benefit Payment Office before the earliest of the following:

- 3 months after the end of the year in which the expenses are incurred
- the date the HCSA contract terminates, if it terminates because your employer fails to make a required payment
- 31 days after the date the HCSA contract terminates, if it terminates for any other reason

GENERAL INFORMATION

CLAIM RULES

PROOF OF LOSS

The time limits for submitting proof of loss under a coverage are described in the applicable coverage description page.

Failure to furnish any such proof within the time required will not invalidate or reduced any such claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

PHYSICAL EXAMINATION

Canada Life, at its own expense, will have the right and opportunity to have any covered person, whose injury, sickness or treatment is the basis of a claim , examined by a physician or dentist designated by Canada Life when and as often as it may reasonably be required during the period of a claim under the contract.

COORDINATION OF BENEFITS

Healthcare benefits are coordinated when other similar coverage is available.

Government Plans

When reimbursement is available under a government plan, each covered expense is reduced by the amount payable under that plan. The reduced covered expense is then considered to be the covered expense under all other coordination provisions. It is subject to any applicable deductible, reimbursement level, and maximum under this plan.

Government plans are plans that are legislated, funded, or administered by a government. Group plans for government employees are not included.

Group Plans

The amount payable is reduced when this plan is secondary to another group plan. The reduction is the amount by which total payments under all group plans would exceed eligible expenses. An eligible expense is that portion of a customary charge for reasonable treatment for which overage is provided under this plan.

When payments are reduced, each benefit is reduced proportionately. Only the reduced benefit amount is applied to any payment maximum.

Group plans are plans that are available only to members of particular groups and not to the general public. Student accident plans are not considered group plans.

A secondary plan is one that determines its benefits under another plan.

Employee Coverage

A plan determines its benefits first if it covers the person as an employee. If you are covered as an employee under more than one plan, the plans are prioritized in the following order:

1. the plan covering you as an active, full-time employee;
2. the plan covering you as an active, part-time employee;
3. the plan covering you as a retiree.

Dependent Coverage

A plan is secondary if it covers the person as a dependent. If the person is covered as a dependent of more than one person, the plans are prioritized in the following order:

1. the plan covering the person as a dependent spouse;
2. the plan covering the person as a dependent child of the parent with the earlier birthday in the calendar year;
3. the plan covering the person as a dependent child of the parent whose first name begins with the earlier letter in the alphabet, if both parents have the same birthday.

If the parents are separated or divorced, the plans under which benefits for the child are determined are prioritized in the following order:

1. the plan of the parent with custody of the child;
2. the plan of the spouse of the parent with custody of the child;
3. the plan of the parent without custody of the child;
4. the plan of the spouse of the parent without custody of the child.

Benefits Paid Under Another Plan

If benefits have already been paid under another group plan, this plan is automatically secondary.

Prorated Benefits

If these rules do not establish an order of benefit determination or another plan has different rules, benefits will be prorated between plans in proportion to the amounts available before coordination.

Coordination With This Plan

Coordination of benefits will also take place within this plan if:

1. a person is covered as both a retiree and a dependent under this plan; or
2. a person is covered as a dependent of two retirees under this plan.

BENEFICIARY DESIGNATION

You may make, alter, or revoke a designation of beneficiary as permitted by law. Any designation of beneficiary you made under your employer's previous policy prior to the effective date of this policy applies to this policy until you make a change to that designation. You should review your beneficiary designation from time to time to ensure that it reflects your current intentions. You may change the designation by completing a form available from your employer.

RETIREE LIFE INSURANCE

On your death, Canada Life will pay your life insurance benefits to your named beneficiary. If you have not named a beneficiary or there is no surviving beneficiary at the time of your death, payment will be made to your estate. Your employer will explain the claim requirements to your beneficiary.

DEPENDENT LIFE INSURANCE

If one of your dependents dies, Canada Life will pay you the dependent life insurance benefit. Your employer will explain the claim requirements.

- Your dependent life insurance will not continue past the end of the day before the date you reach age 70.

CONVERSION PRIVILEGE

If your spouse's insurance terminates before they reach age 71, your spouse may be eligible for an individual conversion policy without providing proof of insurability. You or your spouse must apply and pay the first premium no later than 31 days after the group insurance terminates. See your plan administrator for details.

HEALTHCARE

All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits may be subject to plan maximums and frequency limits. Check the **Benefit Summary** for this information.

The plan covers customary charges for the following services and supplies. All covered services and supplies must represent reasonable treatment. Treatment is considered reasonable if it is accepted by the Canadian medical profession, it is proven to be effective, and it is of a form, intensity, frequency and duration essential to diagnosis or management of the disease or injury.

You are covered for only the Healthcare benefits that apply to the option that you choose as shown in the **Benefit Summary**.

- Ambulance transportation, including air ambulance, to the nearest centre where adequate treatment is available

- Home nursing care if it represents acute, convalescent, or palliative care.

  Acute care is active intervention required to diagnose or manage a condition that would otherwise deteriorate.

  Convalescent care is active treatment or rehabilitation for a condition that will significantly improve as a result of the care and follows a 3-day confinement for acute care.

  Palliative care is treatment for the relief of pain in the final stages of a terminal condition.

  - The plan covers home nursing services of a registered nurse, a registered practical nurse if the person is a resident of Ontario or a licensed practical nurse if the person is a resident of any other province, when services are provided in Canada.

    Nursing care is care that requires the skills and training of a professional nurse, and is provided by a professional nurse who is not a member of the patient's family.

    You should apply for a pre-care assessment before home nursing begins.

- Drugs and drug supplies described below when prescribed by a person entitled by law to prescribe them, dispensed by a person entitled by law to dispense them, and provided in Canada.

  - Drugs which require a written prescription according to the Food and Drugs Act, Canada or provincial legislation in effect where the drug is dispensed, including contraceptive drugs and products containing a contraceptive drug

  - Injectable drugs including vitamins, insulins and allergy extracts. Syringes for self-administered injections are also covered

  - Disposable needles for use with non-disposable insulin injection devices, lancets, test strips, and sensors for flash glucose monitoring machines

  - Extemporaneous preparations or compounds if one of the ingredients is a covered drug

  - Certain other drugs that do not require a prescription by law may be covered. If you have any questions, contact your plan administrator before incurring the expense.

Covered drugs consists of:

- those drugs listed in the National Formulary or Special Authorization (SA) drug list established by the pharmacy benefits manager in effect on the date of purchase,

- diabetic supplies, and

- all other eligible “non-formulary” drugs

The plan will also pay for preventative immunization vaccines and toxoids.

Unless medical evidence is provided to Canada Life that indicates why a drug is not to be substituted, Canada Life can limit the covered expense to the cost of the lowest priced interchangeable drug.

For drugs eligible under a provincial drug plan, coverage is limited to the deductible amount and coinsurance you are required to pay under that plan.

- Rental or, at Canada Life's discretion, purchase of certain medical supplies, appliances and prosthetic devices prescribed by a physician

- Custom-made foot orthotics and custom-fitted orthopedic shoes, including modifications to orthopedic footwear, when prescribed by a physician

- Hearing aids, including batteries, tubing and ear molds provided at the time of purchase, when prescribed by a physician

- Diabetic supplies prescribed by a physician: Novolin-pens or similar insulin injection devices using a needle, blood-letting devices including platforms but not lancets. Lancets are covered under prescription drugs

- Blood-glucose monitoring machines prescribed by a physician

- Flash glucose monitoring machines prescribed by a physician

- Continuous glucose monitoring machines prescribed by a physician, including sensors and transmitters

- External insulin infusion pumps prescribed by a physician

- Needleless insulin jet injectors prescribed by a physician

- Diagnostic laboratory and imaging procedures performed in the person’s province of residence are covered when that type of procedure is not listed as an insured procedure under their provincial government plan. For greater certainty, a procedure is not eligible for coverage if a person can choose to pay for it, in whole or in part, instead of having the procedure covered under their provincial government plan

- Treatment of injury to sound natural teeth. Treatment must start within 60 days after the accident unless delayed by a medical condition

  A sound tooth is any tooth that did not require restorative treatment immediately before the accident. A natural tooth is any tooth that has not been artificially replaced

  Limitations

  No benefits are paid for:

  - accidental damage to dentures
  - dental treatment completed more than 12 months after the accident
  - orthodontic diagnostic services or treatment

- Out-of-hospital services of a qualified acupuncturist
- Out-of-hospital treatment of muscle and bone disorders, including diagnostic x-rays, by a licensed chiropractor
- Out-of-hospital treatment of movement disorders by a licensed physiotherapist
- Out-of-hospital services of a qualified massage therapist
- Out-of-hospital services of a licensed naturopath
- Out-of-hospital services of a licensed osteopath, including diagnostic x-rays
- Out-of-hospital treatment of foot disorders, including diagnostic x-rays, by a licensed podiatrist
- Out-of-hospital treatment by a registered psychologist, qualified social worker, psychotherapist or clinical counsellor
- Out-of-hospital treatment of speech impairments by a qualified speech therapist

Visioncare

- Glasses and contact lenses required to correct vision when provided by a licensed ophthalmologist, optometrist or optician
- Laser eye surgery required to correct vision when performed by a licensed ophthalmologist

Global Medical Assistance Program

This program provides medical assistance through a worldwide communications network which operates 24 hours a day. The network locates medical services and obtains Canada Life's approval of covered services, when required as a result of a medical emergency arising while you or your dependent is travelling for vacation, business or education. Coverage for travel within Canada is limited to emergencies arising more than 500 kilometres from home. You must be covered by the government health plan in your home province to be eligible for global medical assistance benefits. The following services are covered, subject to Canada Life's prior approval:

- On-site hospital payment when required for admission, to a maximum of $1,000

- If suitable local care is not available, medical evacuation to the nearest suitable hospital while travelling in Canada. If travel is outside Canada, transportation will be provided to a hospital in Canada or to the nearest hospital outside Canada equipped to provide treatment

  When services are covered under this provision, they are not covered under other provisions described in this booklet

- Transportation and lodging for one family member joining a patient hospitalized for more than 7 days while travelling alone. Benefits will be paid for moderate quality lodgings up to $1,500 and for a round trip economy class ticket

- If you or a dependent is hospitalized while travelling with a companion, extra costs for moderate quality lodgings for the companion when the return trip is delayed due to your or your dependent's medical condition, to a maximum of $1,500

- The cost of comparable return transportation home for you or a dependent and one travelling companion if prearranged, prepaid return transportation is missed because you or your dependent is hospitalized. Coverage is provided only when the return fare is not refundable. A rental vehicle is not considered prearranged, prepaid return transportation

- In case of death, preparation and transportation of the deceased home

- Return transportation home for minor children travelling with you or a dependent who are left unaccompanied because of your or your dependent's hospitalization or death. Return or round trip transportation for an escort for the children is also covered when considered necessary

- Costs of returning your or your dependent's vehicle home or to the nearest rental agency when illness or injury prevents you or your dependent from driving, to a maximum of $1,000.

  Limitation

  Benefits will not be paid for vehicle return if transportation reimbursement benefits are paid for the cost of comparable return transportation home

Benefits payable for moderate quality accommodation include telephone expenses as well as taxicab and car rental charges.

Limitation

Meal expenses are not covered.

Other Services and Supplies

Canada Life can, on such terms as it determines, cover services or supplies under this plan where the service or supply represents reasonable treatment.

General Limitations

Canada Life can decline a claim for services or supplies that were purchased from a provider that is not approved by Canada Life.

Canada Life can limit the covered expense for a service or supply to that of a lower cost alternative service or supply that represents reasonable treatment.

Except to the extent otherwise required by law, no benefits are paid for:

- Expenses private insurers are not permitted to cover by law
- Services or supplies for which a charge is made only because you have insurance coverage
- The portion of the expense for services or supplies that is payable by the government health plan in your home province, whether or not you are actually covered under the government health plan
- Any portion of services or supplies which you are entitled to receive, or for which you are entitled to a benefit or reimbursement, by law or under a plan that is legislated, funded, or administered in whole or in part by a government ("government plan"), without regard to whether coverage would have otherwise been available under this plan

  In this limitation, government plan does not include a group plan for government employees
- Services or supplies that do not represent reasonable treatment
- Services or supplies associated with:
  - treatment performed only for cosmetic purposes
  - recreation or sports rather than with other daily living activities
  - the diagnosis or treatment of infertility
  - contraception, other than contraceptive drugs and products containing a contraceptive drug
- Services or supplies associated with a covered service or supply, unless specifically listed as a covered service or supply or determined by Canada Life to be a covered service or supply
- Extra medical supplies that are spares or alternates
- Services or supplies received outside Canada except as listed under Global Medical Assistance
- Services or supplies received out-of-province in Canada unless you are covered by the government health plan in your home province and Canada Life would have paid benefits for the same services or supplies if they had been received in your home province

  This limitation does not apply to Global Medical Assistance
- Expenses arising from war, insurrection, or voluntary participation in a riot
- Chronic care
- Visioncare services and supplies required by an employer as a condition of employment

In addition and except to the extent otherwise required by law, under the prescription drug coverage, no benefits are paid for:

- Atomizers, appliances, prosthetic devices, colostomy supplies, first aid supplies, diagnostic supplies or testing equipment
- Non-disposable insulin delivery devices or spring loaded devices used to hold blood letting devices
- Delivery or extension devices for inhaled medications
- Oral vitamins, minerals, dietary supplements, homeopathic preparations, infant formulas or injectable total parenteral nutrition solutions
- Diaphragms, condoms, contraceptive jellies, foams, sponges, suppositories, contraceptive implants or appliances
- Smoking cessation products
- Fertility drugs
- Any drug that does not have a drug identification number as defined by the Food and Drugs Act, Canada
- Any single purchase of drugs which would not reasonably be used within 100 days
- Drugs administered during treatment in an emergency room of a hospital, or as an in-patient in a hospital
- Non-injectable allergy extracts
- Drugs that are considered cosmetic, such as topical minoxidil or sunscreens, whether or not prescribed for a medical reason

Prior Authorization

In order to determine whether coverage is provided for certain services or supplies, Canada Life maintains a limited list of services and supplies that require prior authorization.

For services and supplies, including a listing of the prior authorization drugs, go to www.canadalife.com.

Prior authorization is intended to help ensure that a service or supply represents a reasonable treatment.

If the use of a lower cost alternative service or supply represents reasonable treatment, Canada Life may require you or your dependent to provide medical evidence why the lower cost alternative service or supply cannot be used before coverage may be provided for the service or supply.

Health Case Management

Canada Life may contact you to participate in health case management. Health case management is a program recommended or approved by Canada Life that may include but is not limited to:

- consultation with you or your dependent and the attending physician to gain understanding of the treatment plan recommended by the attending physician;
- comparison with the attending physician, of the recommended treatment plan with alternatives, if any, that represent reasonable treatment;
- identification to the attending physician of opportunities for education and support; and
- monitoring your or your dependent's adherence to the treatment plan recommended by the attending physician.

In determining whether to implement health case management, Canada Life may assess such factors as the service or supply, the medical condition, and the existence of generally accepted medical guidelines for objectively measuring medical effectiveness of the treatment plan recommended by the attending physician.

Health Case Management Limitation

Canada Life can, on such terms as it determines, limit the payment of benefits for a service or supply where:

- Canada Life has implemented health case management and you or your dependent do not participate or cooperate; or
- you or your dependent have not adhered to the treatment plan recommended by the attending physician with respect to the use of the service or supply.

Health Case Management Expense Benefit

Expenses associated with health case management may be paid for by Canada Life at its discretion. Expenses claimed under this provision must be pre-authorized by Canada Life.

Designated Provider Limitation

For a service or supply to which prior authorization applies or where Canada Life has recommended or approved health case management, Canada Life can require that a service or supply be purchased from or administered by a provider designated by Canada Life, and:

- limit the covered expense for a service or supply that was not purchased from or administered by a provider designated by Canada Life to the cost of the service or supply had it been purchased from or administered by the provider designated by Canada Life; or
- decline a claim for a service or supply that was not purchased from or administered by a provider designated by Canada Life.

Patient Assistance Program

A patient assistance program may provide financial, educational or other assistance to you or your dependents with respect to certain services or supplies.

If you or your dependents are eligible for a patient assistance program, Canada Life can require you or your dependent to apply to and participate in such a program. Where financial assistance is available from a patient assistance program in which Canada Life requires participation, Canada Life can reduce the amount of a covered expense for a service or supply by the amount of financial assistance you or your dependent is entitled to receive for that service or supply.

VIRTUAL HEALTH SERVICES

Virtual health services are available to you and your dependents (each a “person” for the purposes of these services) by downloading the service provider’s application specified by Canada Life from time to time. These services include the following:

- Unless prohibited by applicable laws, access to an unlimited number of consultations via telephone calls, text messaging and videoconferencing with medical professionals
- Prescriptions and prescription renewals, when medically needed
- Where diagnostic or laboratory tests are medically needed:
    - completion of necessary requisitions
    - results of the diagnostic or laboratory tests provided and accessible through the provider’s application
    - information on the results of diagnostic/laboratory tests via the service provider’s application
- Details of a person’s care plan provided to the person on request of that person
- Access to self-guided internet-based cognitive behavioral therapy (iCBT)
- Access to specialists such as psychologists, dieticians and work and life coaches for an additional fee

The above services will be available 24 hours a day, 7 days a week.

HEALTHCARE SPENDING ACCOUNT BENEFITS (HCSA)

A Healthcare Spending Account (HCSA) is like a bank account through which you may be reimbursed for health and dental expenses up to a predetermined annual credit amount. Your employer will establish the credits for your account prior to each plan year. The credits are based on the option you select as outlined in the **Benefit Summary**. These credits may be used to cover expenses not covered by group health plans or to top-up expenses not fully covered by group health plans, including deductibles and co-payment amounts. Credits are available for covered expenses incurred in a plan year. Unused credits at the end of any plan year are rolled over to your account for covered expenses incurred in the following plan year. If they are not used by the end of that year, they are automatically forfeited.

The maximum annual payment available under your account consists of the amount of credit directed to it at the beginning of the plan year plus any unused amount from the previous year.

Eligibility

You and your dependents are eligible for HCSA credits through your employer if you are covered for basic health benefits under the Birch or Elm plan. In addition to the dependents eligible for coverage under your group health plan, HCSA benefits are extended to any other person for whom you are entitled to claim a medical expense tax credit under the *Income Tax Act* (Canada).

Termination

Your HCSA coverage terminates when your health plan coverage terminates, when you elect to discontinue coverage (at any plan enrolment date) or when your employer discontinues the plan.

Your dependents' HCSA coverage terminates when your coverage terminates or when they no longer qualify, whichever is earlier.

COVERED EXPENSES

Coverage is provided for those expenses that qualify for a medical expense tax credit under the Income Tax Act (Canada), as may be amended from time to time.

Please refer to the Canada Revenue Agency website for information on medical expenses that qualify for the medical expense tax credit under the Income Tax Act (Canada). For additional information on covered expenses, contact a customer service representative at Canada Life toll-free at 1-877-883-7072.

Benefits will be paid for 100% of covered expenses that are incurred while you and your dependents are covered, up to a maximum annual payment equal to the credits in your HCSA. Dental expenses, other than orthodontic expenses, are considered to be incurred when treatment is completed. Orthodontic expenses are considered to be incurred on a periodic basis throughout the course of treatment. All other expenses are considered to be incurred when they are received.

Credits are available for covered expenses incurred in a plan year. Any remaining credits will be carried forward for covered expenses incurred in the following plan year. After 2 plan years, if credits are not used for expenses incurred in that 2-year plan period, they are automatically forfeited.

The maximum annual payment available under your account will consist of the amount of the credit directed to it for the plan year plus any unused amount from the previous year.

GENERAL LIMITATIONS

No benefits are paid for:

- Expenses that private benefit plans are not permitted to cover by law
- Services or supplies you are entitled to without charge by law or for which a charge is made only because you have coverage under a private benefit plan
- Any portion of the expense for services or supplies for which benefits are payable under your basic health plan, another group plan or a government plan