Extended Health Care Plan

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HEALTH BENEFITS

The EHC plan is designed to help you pay for medical expenses incurred by you and your family. A duplicate wallet card confirming coverage will be provided to you by Sun Life Financial.

After reading the following summary, if you have any questions, please contact Sun Life Financial at:

Telephone: 1-800-361-6212
Online: www.mysunlife.ca

ELIGIBILITY

Grant holders, subject to the availability of the grant to pay the employer's share of benefit costs, can decide to extend benefit coverage to all of their eligible employees. If the grant holder is unable to authorize coverage due to lack of funds, benefits can be offered when the grant is renewed and budget is provided for this item.

Eligible employees are Research Professionals who work at least half time and are in a term appointment of at least six months. The eligibility date is defined as the date the grant holder offers the benefit package to an eligible employee. If a benefit package is offered, benefits cannot be cancelled at any time throughout the duration of the employee's contract.

ELIGIBLE DEPENDENTS

All dependents must be residents of Canada and be eligible under the provincial government health care programs in their province of residence.

Your eligible dependents include:

Your Spouse – legal or common-law spouse provided your common-law spouse is publicly represented as your spouse and you have cohabited for one year.

Dependent Child – means an unmarried natural, adopted, or stepchild who is dependent upon you for financial support and who is:

1) Under 21 years of age,
2) Under 26 years of age and attending a College or University full-time,
3) Or physically or mentally incapable of self-support and became incapable to that extent while entirely dependent on the member for maintenance and support under 1) or 2) above.

The children of the subscriber's common law spouse shall be covered provided the children are living with the subscriber.

EFFECTIVE DATE OF COVERAGE

Coverage under the EHC plan for eligible employees will take effect as of the date of employment.

If you are absent from work on the day your coverage would otherwise have taken effect, your coverage will begin on the date you return to work.

Coverage for dependents will become effective on the date your coverage becomes effective or on the date you first acquire a dependent, whichever is later.

BENEFIT PERIOD

Each benefit period covers one calendar year. Limits apply on a calendar year basis.

BENEFITS

You will receive reimbursement for:

Prescription Drug Benefits

Reimbursement:	100%
Maximum:	$5,000 per person per calendar year*

* Individuals whose drug costs are high relative to family income are encouraged to apply for coverage under the Special Support Program through the Saskatchewan Prescription Drug Plan. The Special Support Program through the Saskatchewan Prescription Drug Plan provides assistance to residents of Saskatchewan after drug claims reach 3.4% of adjusted net family income (family income is adjusted by deducting $3,500 for each dependent child under 18 years of age). You are encouraged to contact Saskatchewan Health Care Officials at 1-800-667-7581 for any assistance of the application process.

Sun Life will cover the cost of the following generic drugs and supplies that are prescribed by a doctor or dentist and are obtained from a pharmacist. As mandatory generic substitution is a feature of your drug plan, the plan will only reimburse your prescription drugs up to the lowest priced (usually generic) equivalent, if one exists.

There may be valid medical reasons for not substituting your brand name drug with a lowest priced equivalent. If so, you and your doctor will need to complete a Drug Exception Application form. If the reasons are accepted by Sun Life, the plan will cover the cost of the brand name drug. Drugs covered under this plan must have a Drug Identification Number (DIN) in order to be eligible.

- drugs that legally require a prescription.
- life-sustaining drugs that may not legally require a prescription.
- intrauterine devices (IUDs), diaphragms, diabetic and colostomy supplies.
- vaccines.
- prescribed anti-smoking drugs, which legally require a prescription, are limited to a lifetime maximum of $1,000.

Sun Life will not pay for the following, even when prescribed:

- the cost of giving injections, serums and vaccines.
- treatments for weight loss, including drugs, proteins and food or dietary supplements
- hair growth stimulants.
- drugs for the treatment of sexual dysfunction.
- drugs for the treatment of infertility
- 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.

A pay-direct drug card is provided to research professional staff. With the pay-direct drug card, no claim forms are required. The pay-direct drug card must be presented to the pharmacist when members purchase eligible prescription drugs anywhere within Canada. The pharmacist will submit your claim for the covered amount electronically to Sun Life Financial so members only have to pay the balance if the drug cost is higher than the amount eligible under the plan. For detailed information regarding the pay-direct drug card, please contact Sun Life Financial.

Extended Health Care Benefits

Reimbursement:	100%
Maximum:	Unlimited unless defined otherwise

Preferred Accommodation: Semi-Private/Private – charges for preferred in-hospital accommodation, when requested by the participant.

Convalescent Hospital: The cost of room and board in a convalescent hospital if this care has been ordered by a doctor as long as it is primarily for rehabilitation, and not for custodial care. The maximum amount payable is $20 per day up to a maximum of 180 days for treatment of an illness due to the same or related cause.

Ambulance: Charges for transportation in a licensed ambulance, as well as air ambulance, if medically necessary, that takes you to the nearest hospital that is able to provide the necessary medical services.

Private Duty Nursing: Out-of-hospital private duty nurse services when medically necessary. Service must be for nursing care, and not for custodial care. The private duty nurse must be a nurse or nursing assistant who is licensed, certified or registered in the province where you live and who does not normally life with you. The services of a registered nurse are eligible only when someone with lesser qualifications cannot perform the duties. There is a limit of $10,000 per person during any one benefit year.

Accidental Dental: Dental services, including braces and splints, to repair damage to natural teeth caused by an accidental blow to the mouth that occurs while you are covered. These services must be received within 12 months of the accident. Sun Life will not cover more than the fee stated in the Dental Association Fee Guide for a general practitioner in the province where the employee lives. The guide must be the current guide at the time that treatment is received.

Medical Equipment: Medically necessary equipment rented, or purchased at Sun Life's request, that meets your basic medical needs. If alternate equipment is available, eligible expenses are limited to the cost of the least expensive equipment that meets your basic medical needs. For wheelchairs, eligible expenses are limited to the cost of a manual wheelchair, except if the person's medical condition warrants the use of an electric wheelchair.

Prosthetic Appliances: Charges for the following remedial prosthetic appliances or supplies:

- wigs required due to a medical condition and prescribed by a physician will be covered to a maximum of $500 per person in a calendar year.
- casts, splints, trusses, braces or crutches.
- breast prosthesis required as a result of surgery, up to a maximum of one per participant every two calendar years (two if a double mastectomy).
- surgical brassieres required as a result of surgery, up to a maximum of two brassieres per calendar year.
- artificial limbs and eyes.

Repairs and/or adjustments are limited to no more than the cost of a new appliance.

Diabetic Supplies: Charges for the following diabetic supplies in a quantity prescribed by a physician and deemed reasonable by Sun Life Financial; i.e. needles, syringes, swabs, test tapes and lancets.

Diabetic Equipment: Charges for glucometers prescribed by a diabetologist or a specialist in internal medicine, up to a maximum of $700 per person in five calendar years. Charges for insulin pumps are covered.

Medical Supplies: Charges for:

- elastic support stockings, including pressure gradient hose
- stump socks

Hearing Aids: Charges for hearing aids prescribed by an ear, nose and throat specialist, up to a maximum of $500 per person over a period of three calendar years. Dependent children less than 21 years of age, requiring a hearing aid for each ear, are eligible for two hearing aids (one for each ear) to a maximum expense of $500 per person for each hearing aid over a period of three calendar years. Repairs are included in these maximums.

Cochlear Implants: Charges for cochlear implants including upgrades to implants but excluding batteries and warrantees, up to a total expense of $1,000 per person in three calendar years, when prescribed by an otologist or clinical audiologist.

Paramedical Practitioners: Charges for the following licensed or registered practitioners:

- chiropodist/podiatrist
- physiotherapist
- chiropractor
- osteopath
- acupuncturist
- naturopath
- registered massage therapist
- speech therapist
- psychologist or social worker

The maximum for each type of practitioner is $500 per person in a calendar year.

Orthopaedic Shoes/Orthotic Inserts: Charges for custom-made orthopaedic shoes, modifications to orthopaedic shoes, or custom-made orthotic inserts for shoes, when prescribed by a doctor, podiatrist or chiropodist, up to reasonable and customary limits.

Mobility Aids: Charges for the purchase of bathroom rails, bath seats, raised toilet seats or reachers, on the written authorization of a physician.

Blood Pressure Monitors: Charges for the purchase or rental of a blood pressure monitor on the written authorization of a physician, limited to one every five calendar years based on reasonable and customary limits.

Cardiac Rehabilitation: Charges up to $300 per lifetime for treatment rendered to cardiac patients under a recognized cardiac rehabilitation program prescribed by the attending physician for:

- rehabilitation after myocardial infarction, coronary bypass surgery or valve replacement; or
- the management of angina pectoris or other diagnosed cardiac disease.

Eye Exams: Services of an ophthalmologist or licensed optometrist, up to a maximum of $100 per person every two calendar years.

Vision Care: Contact lenses or eyeglasses prescribed by an ophthalmologist or licensed optometrist and obtained from an ophthalmologist, licensed optometrist or optician, or laser eye correction surgery performed by an ophthalmologist will be covered up to a maximum of $400 per person for every two calendar years.

In addition, the vision care plan will cover the cost of contact lenses or intraocular lenses following a cataract surgery, limited to a lifetime maximum of one lens per eye.

Sun Life will not pay for sunglasses, magnifying glasses or safety glasses of any kind, unless they are prescription glasses needed for the correction of vision.

OUTSIDE SASKATCHEWAN TRAVEL BENEFITS

Reimbursement:	100% for emergency services 80% for referred services
Lifetime Maximum:	$3,000,000

Sun Life will cover emergency services while you are outside the province where you live, as well as referred services. For both emergency services and referred services, Sun Life will cover the cost of:

- a semi-private hospital room.
- other hospital services provided outside of Canada.
- out-patient services in a hospital.
- the services of a doctor.

Expenses for all other services or supplies eligible under this plan are also covered when they are incurred outside the province where you live, subject to the reimbursement level and all conditions applicable to those expenses.

Emergency services: Emergency services mean any reasonable medical services or supplies, including advice, treatment, medical procedures or surgery, required as a result of an emergency. When a person has a chronic condition, emergency services do not include treatment provided as part of an established management program that existed prior to the person leaving the province where the person lives.

Emergency means an acute illness or accidental injury that requires immediate, medically necessary treatment prescribed by a doctor.

At the time of an emergency, you or someone with you must contact Sun Life's Emergency Travel Assistance provider, Allianz Global Assistance. All invasive and investigative procedures (including any surgery, angiogram, MRI, PET scan, CAT scan), must be pre-authorized by Allianz Global Assistance prior to being performed, except in extreme circumstances where surgery is performed on an emergency basis immediately following admission to a hospital. If contact with Allianz Global Assistance cannot be made before services are provided, contact with Allianz Global Assistance must be made as soon as possible afterwards. If contact is not made and emergency services are provided in circumstances where contact could reasonably have been made, then Sun Life has the right to deny or limit payments for all expenses related to that emergency.

An emergency ends when the covered person is medically stable to return to the province where the person lives.

Emergency services excluded from coverage: Any expenses related to the following emergency services are not covered:

- services that are not immediately required or which could reasonably be delayed until the person returns to the province where the person lives, unless their medical condition reasonably prevents the person from returning to that province prior to receiving the medical services.
- services relating to an illness or injury which caused the emergency, after such emergency ends.
- continuing services arising directly or indirectly out of the original emergency or any recurrence of it, after the date that Sun Life or Allianz Global Assistance, based on available medical evidence, determines that the person can be returned to the province where the person lives, and the person refuses to return.
- services which are required for the same illness or injury for which the person received emergency services, including any complications arising out of that illness or injury, if the person had unreasonably refused or neglected to receive the recommended medical services.
- where the trip was taken to obtain medical services for an illness or injury, services related to that illness or injury, including any complications or any emergency arising directly or indirectly out of that illness or injury.

Referred Services: Referred services must be for the treatment of an illness and ordered in writing by a doctor located in the province where you live. Your provincial medicare plan must agree in writing to pay benefits for the referred services. All services must be obtained in Canada, if available, regardless of any waiting lists, and covered by the medicare plan in the province where you live. However, if referred services are not available in Canada, they may be obtained outside of Canada.

Emergency Travel Assistance (Medi-Passport):
Allianz Global Assistance can:

- refer you to a physicians, pharmacists and medical facilities
- confirm your coverage and benefits
- facilitate payments to a hospital or medical provider, whenever possible
- monitor the medical situation, if you are hospitalized

Your travel benefits can cover you for emergency medical services, including:

- all services and supplies while in hospital.
- outpatient and physicians' services.
- ground ambulance service to the nearest hospital.
- transportation to the province where you live for medical treatment, if appropriate.
- hotel accommodation and meals if you have been released from hospital but Allianz Global Assistance determined you are not yet able to travel.

In addition, with Medi-Passport you're also covered for additional support services, up to the maximum amounts under your plan:

- hotel accommodations and meals, if your return trip is delayed by a medical emergency involving a covered family member travelling with you.
- replacement transportation tickets, if you lose the use of your return ticket due to

an emergency
- return home of unattended dependent children, if you are hospitalized.
- visit by a family member, if you are hospitalized for more than seven consecutive days.
- return of remains to your home province, in the event of death.
- return of your personal or rented car.
- help with arrangements for replacing lost or stolen travel documents and luggage.
- translation services, to help you communicate with local medical personnel.
- sending of urgent messages to your home or business.

OUTSIDE SASKATCHEWAN TRAVEL EXCLUSIONS AND LIMITATIONS

There are countries where Allianz Global Assistance is not currently available for various reasons. For the latest information, please call Allianz Global Assistance before your departure.

Allianz Global Assistance reserves the right to suspend, curtail or limit its services in any area, without prior notice, because of:

- a rebellion, riot, military up-rising, war, labour disturbance, strike, nuclear accident, or an act of God.
- the refusal of authorities in the country to permit Allianz Global Assistance to fully provide service to the best of its ability during any such occurrence.

GENERAL EXCLUSIONS AND LIMITATIONS

Sun Life will not pay for the costs of:

- services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program unless explicitly listed as covered under this benefit.
- services or supplies to the extent that their costs exceed the reasonable and usual rates in the locality where the services or supplies are provided.
- equipment that Sun Life considers ineligible (examples of this equipment are orthopaedic mattresses, exercise equipment, air-conditioning or air-purifying equipment, whirlpools and humidifiers).
- any services or supplies that are not usually provided to treat an illness, including experimental or investigational treatments. Experimental or investigational treatments mean treatments that are not approved by Health Canada or other government regulatory body for the general public.
- services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada).
- services or supplies for which no charge would have been made in the absence of this coverage.

Sun Life 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 civil commotion.
- any work for which you were compensated that was not done for the employer who is providing this plan.

- participation in a criminal offence.

CLAIM PROCEDURES

All Health Benefits are on a reimbursement basis. Claims must be submitted within 90 days of the end of the calendar year of receiving the service or supplies. Claims incurred prior to employment terminating must be submitted within 90 days of the date of termination. If you have a medical expense that is either fully or partially covered by the plan, you can submit your claim in one of two ways:

Online: When you sign up for direct deposit, you can submit claims online by accessing Sun Life's Plan Member Services website at www.mysunlife.ca. To access the website, you will need to register for an Access ID and password. Your payment is deposited directly into your bank account, usually within 24 to 48 hours from the time your claim has been processed. When your claim has been processed, Sun Life will send you an e-mail to notify you about the status of your claim.

Mail: All eligible expenses can be claimed by mailing your claim submissions. Complete Sun Life's "Extended Health Care and Health Spending Account Claim Form", enclose the original receipts and mail it to the address below. Be sure to keep a copy of the claim form and receipts for your records.

When completing your claim, please note

- Policy Number - 150798
- Member ID – your university employee number

ALL MAIL CLAIM FORMS ARE TO BE FORWARDED TO:

Sun Life Assurance Company of Canada
PO Box 2010 Stn Waterloo
Waterloo, ON N2J 0A6

Telephone: 1-800-361-6212
Online: www.mysunlife.ca

COORDINATION OF BENEFITS

If you or your dependents are covered for Extended Health Care under this plan and another plan, your benefits will be coordinated with the other plan following insurance industry standards. These standards determine which plan you should claim from first.

The plan that does not contain a coordination of benefits clause is considered to be the first payer and therefore pays benefits before a plan which includes a coordination of benefits clause.

For dental accidents, health plans with dental accident coverage pay benefits before dental plans.

The maximum amount that you can receive from all plans for eligible expenses is 100% of actual expenses.

Where both plans contain a coordination of benefits clause, claims must be submitted in the order described below.

Claims for you and your spouse should be submitted in the following order:

- the plan where the person is covered as an employee. If the person is an employee under two plans, the following order applies:
  - the plan where the person is covered as an active full-time employee.
  - the plan where the person is covered as an active part-time employee.
  - the plan where the person is covered as a retiree.
- the plan where the person is covered as a dependent.

Claims for a child should be submitted in the following order:

- the plan where the child is covered as an employee.
- the plan where the child is covered under a student health or dental plan provided through an educational institution.
- the plan of the parent with the earlier birth date (month and day) in the calendar year. For example, if your birthday is May 1 and your spouse's birthday is June 5, you must claim under your plan first.
- the plan of the parent whose first name begins with the earlier letter in the alphabet, if the parents have the same birth date.

The above order applies in all situations except when parents are separated/divorced and there is no joint custody of the child, in which case the following order applies:

- the plan of the parent with custody of the child.
- the plan of the spouse of the parent with custody of the child.
- the plan of the parent not having custody of the child.
- the plan of the spouse of the parent not having custody of the child.

When you submit a claim, you have an obligation to disclose to Sun Life all other equivalent coverage that you or your dependents have.

CONTINUATION OF COVERAGE

Extended Health Care coverage is in effect while you are actively at work. It continues while you are ill or for up to three months while you are on paid vacation. Coverage will also continue during an approved leave of absence with pay. If you are on an approved leave of absence without pay, coverage will continue for up to 12 months provided you pay the premiums.

TERMINATION OF COVERAGE

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

- the date your employment terminates,
- your retirement date,

- if you are deceased,
- the end of the period for which the last premium was paid,
- the date you are no longer an eligible employee, or
- the date the policy terminates.

In the event of your death, coverage for eligible dependents will continue for health benefits, if applicable, for a period of two years without payment of premiums until the earliest of:

- the date similar coverage is obtained elsewhere,
- the date which is 24 months from your death, or
- the date the Policy terminates.

CONVERSION OPTION

If your coverage ceases because of termination of employment or termination of membership in the class of employees eligible for coverage under this plan, then you may apply within 60 days of your termination date to convert to one of the programs available to individuals through Sun Life Financial at that time.

The conversion option is also extended to dependents. In the event of loss of coverage due to a change in status, or your death, a spouse or dependent child may apply within 60 days of the change to convert to one of the programs available to individuals through Sun Life Financial at that time.

The above information is intended only as a summary of your Extended Health Care plan which is administered by Sun Life Financial policy number 150798. In the event of any misunderstanding or discrepancy, benefits will be paid according to the policy and applicable legislation.