



EXTENDED HEALTH CARE

**Sun Life
Plan #100602**

INTRODUCTION

Comprehensive hospital & medical coverage is provided through Extended Health Care Benefits

PAYMENT OF BENEFITS

On behalf of each covered individual of your family, this Benefit pays 100% of all eligible expenses.

ELIGIBLE EXPENSES

Eligible expenses must be reasonable and customary. Payment will be based on reasonable and customary charges in the area in which the treatment is rendered.

The following is a list of the items currently eligible for payment under this Group Plan. However, should your Provincial Health Plan alter to include any of these items, coverage under this Plan will automatically adjust in accordance with the approved legislation.

1. *Drugs, including contraceptive pills, sera and injectables available only on a prescription by a physician or dentist and dispensed by a pharmacist, dentist or a physician. Drugs must legally require a written prescription in order to be eligible. *Prescription drugs will be reimbursed on the basis of the cost of generic equivalents. If there is no generic equivalent for the prescribed drug, the brand name will be reimbursed.
2. Drugs and supplies of a non-prescription nature required as a result of a colostomy or ileostomy and/or for the treatment of cystic fibrosis, diabetes, parkinsonism or heart disease.
3. Glucometer (if insulin dependent), up to a lifetime maximum of \$400 per person.
4. Professional services of the following licensed, certified or registered paramedical practitioners (when operating within their recognized fields of expertise) up to a total payment for all paramedical practitioners combined of \$500 per person, per calendar year:

Acupuncturist	Speech therapist
Chiropractor	Psychiatrist
Podiatrist	Psychologist
Osteopath	Chiropodist
Naturopath	Massage Therapist
Physiotherapist	Certified Athletic Therapist
Registered Social Workers*	

*excluding registered welfare workers and family and marriage counsellors, provided they are not registered social workers.

In addition, payments for one x-ray per calendar year for each such practitioner.

5. Diagnostic procedures, radiology, blood and blood products, and oxygen (including the equipment necessary for its administration).
6. Services of a Registered Nurse (R.N.), while the patient is not confined to hospital, provided the services are certified as medically necessary and ordered by a physician, subject to a maximum per person of \$5,000 every 3 consecutive calendar years.

If an R.N. is not available when needed, medically required nursing services of a Registered Nursing Assistant, a Licensed Practical Nurse, Certified Nursing Assistant or Victorian Order Nurse will be considered eligible to the extent that such persons are qualified to provide the required nursing services. However, any such nurse must not ordinarily reside in the patient's home. Services of a nurse who is your spouse, or the child, brother, sister, or parent of yourself or your spouse, will not be considered.

7. Transportation by a licensed ground ambulance to and from the nearest medical facility for immediate treatment.

If medically necessary, transportation by any form of licensed ambulance (including air ambulance) or by any vehicle normally used for public transportation for:

- a) transfer to the nearest appropriate medical facility or hospital for necessary treatment, and/or
- b) medical evacuation for admission to hospital in the province where the patient normally resides.

Ground transportation to and from the hospital and airport at the point of departure and arrival is also eligible.

8. Transportation charges incurred by a professional rescue team in effecting a rescue.
9. Dental treatment for the repair of damage resulting directly from an accidental injury to natural teeth. The treatment must be rendered within 365 days following the accident, and your coverage, as well as the policy, must still be in force. Payment will be made based on the amount for the least expensive procedure which will provide a professionally adequate result.
10. Rental, or, at the insurance company's option, purchase and repairs of the following items:
 - a) aerosol equipment, mist tents and nebulizers for acute emphysema, chronic obstructive bronchitis or chronic asthma
 - b) apnea monitors for respiratory irregularity
 - c) artificial eyes including repair and replacement
 - d) artificial limbs including repair and replacement, but excluding myoelectrical limbs
 - e) artificial kidney machine and supplies, up to a lifetime maximum of 1 machine
 - f) bed rail
 - g) braces with rigid supports, excluding lumbar supports
 - h) canes, crutches, walkers, casts, catheters, cervical collar, head halter, shoulder harness, sphygmomanometer, stump socks, traction apparatus, respirator/ventilator, trapeze bar and trusses
 - i) initial pair of eyeglasses or contact lenses following cataract surgery
 - j) intermittent positive pressure breathing machine
 - k) intrauterine device
 - l) medical supplies required for the treatment of burns
 - m) orthopaedic shoes, up to maximum of \$100 for one pair per person per calendar year

- n) orthotic appliances, up to a maximum of \$500 per person per calendar year. Must have referral from prescribing practitioner and questionnaire form completed (obtain form from Human Resources).
 - o) pacemaker
 - p) prostheses and supplies required as a result of mastectomy, up to a maximum of \$200 per person per calendar year
 - q) splints, excluding dental splints
 - r) standard hospital bed, excluding electric hospital bed, and standard wheelchair, excluding electric wheelchair
 - s) transcutaneous nerve stimulator, up to a lifetime maximum of \$3,000 per person
11. A convalescent hospital following confinement in a hospital as a registered bed patient for at least 3 days and within 48 hours following discharge, for the difference between the standard public ward rate and the semi-private rate charged by the convalescent hospital for room and board, including any per diem or coinsurance ward charges, to a maximum of 180 days per person per calendar year.
 12. Hospital room and board charges, in excess of ward accommodation, for semi-private accommodation. If confined in a private room, payment will be made up to the hospital's charge for semi-private accommodation.
 13. Hospital charges incurred as an out-patient for necessary medical or surgical treatment (excluding physicians' fees, and special nurses' fees).
 14. Professional services of a physician (where this coverage is permitted by law).
 15. Hearing aids, up to \$400 per person in any 60 consecutive months.

Referral Charges

Hospital and physicians' charges (as described under expenses #17, #18, & #19) shall also include medically necessary treatment, on the referral of a physician located in Canada, provided such treatment is not available in Canada, and provided the government plan of insurance pays a portion of the charges. A specialized or customized treatment shall not be considered an eligible expense where a general treatment is available in Canada.

Outside Canada Coverage

In the event of an emergency which occurs while a claimant is travelling, vacationing or otherwise temporarily residing outside Canada, the following items will be considered as eligible expenses:

1. In-patient hospital charges for the following:
 - a) the difference between the room and board benefit payable by the provincial hospital plan and the actual cost of ward accommodation, and
 - b) medically necessary hospital services and supplies furnished during hospital confinement.
2. Hospital charges for medical and surgical treatment incurred by a person on an out-patient basis.
3. Physicians' charges for professional services.

In addition, expenses incurred outside Canada (for both emergency and non-emergency treatment) will be considered for reimbursement in the same manner as those incurred in Canada as described under ELIGIBLE EXPENSES for the following items:

- Generic drugs, or if there is no generic drug, the brand name drug
- Health Care Facilities (room and board in excess of ward accommodation)
- Medical Transportation Services
- Medical Supplies and Services
- Dental Services
- Professional Services (other than physicians' services)
- Hearing Aids
- Referral Treatment

Maximum Amount

All Health expenses incurred outside Canada are subject to an overall lifetime maximum of \$1,000,000 per person.

EXPENSES NOT COVERED

No payment will be made for expenses resulting from:

1. Self-inflicted injuries or illness while sane or insane.
2. Any injury or illness for which the insured person is entitled to indemnity or compensation under any workers' compensation act.
3. Charges levied by a physician for time spent travelling, broken appointments, transportation costs, room rental charges or for advice given by telephone or other means of telecommunication.
4. Cosmetic surgery or treatment (when so classified by the insurance company) unless such surgery or treatment is for accidental injuries and commenced within 90 days of an accident.
5. Injury resulting directly or indirectly from insurrection, war, service in the armed forces of any country or participation in a riot.
6. Services, treatments or supplies, eligible under this Plan and payable under any government plan, whether or not the claimant is covered under such a plan. The insurer will only consider that amount of an eligible expense which is over and above the amount that would be payable by the government plan.
7. Examinations required for the use of a third party.
8. Travel for health reasons.
9. Any charges for services, treatment or supplies for which there would be no charge except for the existence of insurance.
10. Expenses incurred outside Canada for hospital charges for ward accommodation, hospital services or supplies furnished during hospital confinement, or physicians' services, except as specified for treatment (#16, #17, #18, & #19 under ELIGIBLE EXPENSES). Such expenses incurred outside Canada on an elective basis are not payable.
11. Drugs, sera, injectables and supplies which are not approved by Health and Welfare-Canada (Food and Drugs) or are experimental or limited in use whether or not so approved.

12. Experimental medical procedures or treatment methods not approved by the Provincial Medical Association or the appropriate medical specialty society.

EXTENSION OF BENEFITS

If you are totally disabled when your Extended Health Care benefits terminate, benefits related to your disability will be payable, as long as you remain disabled, up to a maximum period of 365 days after termination.

Extension of the Extended Health benefit will cease if the Policy should terminate.

DEPENDENT COVERAGE EXTENSION

Dependent coverage for Extended Health Care will extend for a maximum of 24 months after your death, without payment of premiums. Coverage will cease on the remarriage of your spouse.