Sun Life Financial

your group benefits

(Retirees)

Group Policy No. 82595-101
Group Plan No. 150208-101

Effective January 1, 2022
Issued February 22, 2022

Maple Leaf Foods Inc.

(Retirees)

Extended Health and Dental Benefits
Administered by: Sun Life Assurance Company of Canada
Group Plan No. 150208-101

Basic Life Insurance
Underwritten by: Sun Life Assurance Company of Canada
Group Policy No. 82595-101

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Your Group Benefits Booklet

Important To You

The Extended Health and Dental Benefits described in Section 1 of this booklet are administered under the Administrative Services Agreement No. 150208 between Sun Life and Maple Leaf Foods Inc.

The Life Insurance Provision described in Section 2 of this booklet is insured under Group Policy No. 82595 issued by Sun Life to Maple Leaf Foods Inc.

Keep in a safe place

This booklet is a valuable source of information for you and your family. It provides the information you need about the group benefits available through your employer's group plan with Sun Life Assurance Company of Canada (Sun Life), a member of the Sun Life Financial group of companies. Please keep it in a safe place. We also recommend that you familiarize yourself with this information and refer to it when making a claim for group benefits.

Your Plan Administrator is there to help

Your plan administrator can:

- help you enrol in the plan
- provide you with the forms you need to claim group benefits
- answer any questions you may have

Benefits and claims information at your fingertips

For more information about your group benefits or claims, please call Sun Life's Customer Care Centre toll-free number at 1-800-361-6212.

We're on the Internet!

Learn more by surfing Sun Life's website. There's information about group benefits, and about Sun Life's products and services... and a whole lot more! Check us out!

Our address is:

www.sunlife.ca

Accessing your records

For insured benefits, you may obtain copies of the following documents:

- your enrolment form or application for insurance.
- any written statements or other record, not otherwise part of the application, that you provided to Sun Life as evidence of insurability.

For insured benefits, on reasonable notice, you may also request a copy of the policy.

The first copy will be provided at no cost to you but a fee may be charged for subsequent copies.

All requests for copies of documents should be directed to one of the following sources:

- our website at *www.mysunlife.ca*.
- our Sun Life Financial Customer Care centre by calling toll-free at 1-800-361-6212.

The statements in this booklet are only a summary of some of the provisions in the master policy. If you need further details on the provisions which apply to your group benefits you must refer to the master policy (available from your plan administrator).

General Information

Eligibility

If you are a retired employee, you are eligible, and continue to be eligible, to be a member while you meet all of the following conditions:

1. You are receiving a retirement pension from Maple Leaf Foods Inc. Pension Plan, one of their subsidiaries, or you have reached your normal pensionable age.
2. You were participating in the Plan as a full-time employee immediately before retirement, or immediately before reaching your normal pensionable age.
3. You are not an active employee.
4. You are a resident of Canada.

If you no longer meet all of the conditions for Eligibility to be a Member because you no longer reside in Canada, your coverage may be continued provided Sun Life receives the status of your residency, until the earlier of

- the date of termination specified by the provisions of this policy, or
- the date of termination specified by Maple Leaf Foods Inc.

Participation is compulsory.

You are eligible, and continue to be eligible, for dependant coverage while you meet all of the following conditions:

1. You are a member.
2. You have at least one dependant.
3. Your dependants are residents of Canada.

Definitions

Dependent child

means a natural, adopted or step-child who is not married or in any other formal union recognized by law, who is entirely dependent on you for maintenance and support and who is

1. under 19 years of age,
2. under 25 years of age and attending a college or university full-time, or
3. physically or mentally incapable of self-support and became incapable to that extent while entirely dependent on you for maintenance and support and while eligible under 1) or 2) above.

Spouse

means your spouse by marriage or under any other formal union recognized by law, or a person of the opposite or same sex who is living with and has been living with you in a conjugal relationship.

Enrolment

If you have a dependant, request dependant coverage when you enrol.

If you request dependant coverage more than 31 days after acquiring a dependent, you are considered a late entrant and you must submit evidence of insurability for each dependant to Sun Life.

If you have no dependant when you enrol and later acquire one, request dependant coverage, (eg. birth of first child, marriage) within 31 days.

If your new dependant is a common-law spouse, submit a completed Declaration of Common-Law Relationship when you request dependant coverage.

For late entrants, evidence of insurability submitted to Sun Life is at your expense.

Effective Date

Your coverage is effective on the date you retire.

Your dependant coverage is effective on the latest of

- the date you acquired your dependents provided you applied for same within 31 days, or become eligible,
- the date that Sun Life determines the insurability of all your dependants and approves at least one dependant.

Changes in Coverage

An increase in your benefits, the amount of your coverage or the amount of your dependant coverage due to change in your group benefit plan's design or a change in your classification becomes effective on the date of the change.

If Sun Life doesn't approve an increase in the amount of your coverage or the amount of your dependant coverage, any future increase in the non-evidence or evidence maximum benefit amount will not be effective unless evidence of insurability is approved. An increase in the non-evidence or evidence maximum benefit amount will be effective on the date Sun Life approves the evidence of insurability.

Comparable Coverage

If you are insured for comparable coverage under your spouse's plan, you may decline the Extended Health/Dental coverage offered under this plan. If this comparable coverage stops because the group contract terminates or because you or your spouse are no long eligible for the comparable coverage, you may request the similar coverage offered under this plan.

If your dependant is insured for comparable coverage under another plan, you may decline the dependant coverage for the Extended Health/Dental coverage offered under this plan. If this comparable coverage stops because the group contract terminates or because your dependant is no long eligible for the comparable coverage, you may request the similar coverage offered under this plan.

The coverage that replaces the comparable coverage is effective on the date that the comparable coverage stops. If Sun Life does not approve evidence of insurability required, the coverage will not be effective.

If you request the coverage more than 31 days after the comparable coverage stops, you are considered a late entrant and you must submit evidence of insurability for each dependant to Sun Life.

The coverage that replaces the comparable coverage is effective on the date that Sun Life approves the evidence of insurability.

Termination of Benefit

Your benefit could terminate for a number of reasons. For example,

- you are no longer eligible,
- the provision or the policy terminates.

If you die, the dependant benefits for the Extended Health and Dental Provisions may be continued for up to one year but not beyond the date your spouse remarries or becomes eligible for comparable coverage.

Your drug card must be returned to your plan administrator.

Section 1. Insured Provisions

Summary of Benefits

Plan Number *150208-101*

Extended Health

Part	Benefit	Deductible per family unit	Reimbursement
A	Drug: Pay Direct	none	100%
B	Vision: $100*	none	100%
C	Hospital: semi-private	none	100%
D	Supp. Health Care	none	100%

*Maximum for laser eye surgery, eyeglasses/contact lenses every 24 month period for you and for each covered dependant.

The maximum amount payable for the combined eligible expenses incurred in a calendar year under Parts A, B, C and D for you and each covered dependent is:

1. $5,000 less the amount paid under this Provision during the preceding three calendar years, or
2. $2,000

whichever is greater.

The maximum does not apply to eligible expenses for the out-of-province benefit or the nursing benefit.

Termination Age: none

Dental (Classes 1 – 9)

Part	Benefit	Deductible per family unit	Reimbursement	Maximum
A	Basic, Endodontic and Periodontic Services	none	80%	none
B	Dentures and Denture Repairs	none	50%	none
E	Crowns and Bridges	none	50%	none

Termination Age: none

Dental Fee Guide: The applicable fee guide is the 1987 general practitioners fee guide in the province where the expense is incurred or, for expenses incurred outside Canada, in the province of residence of the member.

Extended Health Provision

Benefit

Reference to Physician may also include a nurse practitioner – If the applicable provincial legislation permits nurse practitioners to prescribe or order certain supplies or services, Sun Life will reimburse those eligible services or supplies prescribed or ordered by a nurse practitioner the same way as if they were prescribed or ordered by a physician. For drugs, refer to *Other health professionals allowed to prescribe drugs.*

You will be reimbursed when you submit proof to Sun Life that you or your covered dependant has incurred any of the eligible expenses for medically necessary services required for the treatment of disease or bodily injury. To determine the amount payable, the total amount of eligible expenses you claim will be adjusted as follows:

1. the maximums described throughout the extended health benefit provisions are applied,
2. then the deductible, which must be satisfied each calendar year, is subtracted, and
3. the reimbursement percentage is applied.

The intentional omission, misrepresentation or falsification of information relating to any claim constitutes fraud.

Co-ordination of Benefits

If you or your dependants are covered under this plan and another plan, Sun Life will co-ordinate benefits under this plan 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 co-ordination of benefits clause is considered to be the first payer and therefore pays benefits before a plan which includes a co-ordination of benefits clause.

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

Following payment under another plan, the amount of benefit payable under this plan will not exceed the total amount of eligible expenses incurred less the amount paid by the other plan.

Where both plans contain a co-ordination 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:

1. 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.
2. the plan where the person is covered as a dependant.

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

1. the plan where the dependent child is covered as an employee,

2. the plan where the dependent child is covered under a student health or dental plan provided through an educational institution,
3. the plan of the parent with the earlier birth date (month and day) in the calendar year,
4. 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 dependent child, in which case the following order applies:

1. the plan of the parent with custody of the dependent child,
2. the plan of the spouse of the parent with custody of the dependent child,
3. the plan of the parent not having custody of the dependent child,
4. the plan of the spouse of the parent not having custody of the dependent child.

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

Claims

A claim must be received by Sun Life within 18 months of the date that the expense is incurred. However, if your coverage terminates, any claim must be received by Sun Life no later than 90 days following the end of the coverage.

For the assessment of a claim, itemized bills, attending physician statements or other necessary information are required.

If your physician is recommending medical treatment that is expected to cost more than $1,000, you should request pre-authorization to ensure that the expenses are covered.

Where the applicable legislation of your province or territory permits the use of a different limitation period, every action or proceeding for the recovery of money payable under the plan is absolutely barred unless it is commenced within one year of the date that Sun Life must receive your claim forms. Otherwise, every action or proceeding for the recovery of money payable under the plan must be commenced within the time set out in the applicable legislation of your province or territory.

Exclusions

No benefit is payable for

- expenses incurred outside the retired member’s province of residence if they are required for the emergency treatment of an injury or disease which occurred more than 45 days after the date of departure from the province of residence,
- expenses for which benefits are payable under a Workers’ Compensation Act, Workplace Safety and Insurance Act or a similar statute,
- expenses incurred due to civil disorder or war, whether or not war was declared,
- expenses for services and products, rendered or prescribed by a person who is ordinarily a resident in the patient's home or who is related to the patient by blood or marriage,
    - expenses for services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, except as described below under *Integration with Government Programs*,

- expenses for services or supplies that are not approved by Health Canada or other government regulatory body for the general public,
- expenses for services or supplies that are not generally recognized by the Canadian medical profession as effective, appropriate and required in the treatment of an illness in accordance with Canadian medical standards,
- expenses for services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada),
- out-of-province expenses for elective (non-emergency) medical treatment or surgery.

Integration with Government Programs

This plan will integrate with benefits payable or available under the government-sponsored plan or program (the *government program*).

The covered expense under this plan is that portion of the expense that is not payable or available under the government program, regardless of:

- whether you or your dependant have made an application to the government program,
- whether coverage under this plan affects your or your dependant's eligibility or entitlement to any benefits under the government program, or
- any waiting lists.

At Termination

If, on the date of termination of your coverage,

- you have a medically determinable physical or mental impairment due to injury or disease which prevents you from performing the regular duties of the occupation in which you participated just before the impairment started, regardless of the availability of work for you, or
- your covered dependant has a medically determinable physical or mental impairment due to injury or disease, is receiving treatment from a physician and is confined to a hospital or his home,

benefits will be payable for eligible expenses related to the impairment provided they are incurred within 90 days of the date of termination and this provision continues in force.

Extended Health – Pay Direct Drug Benefit

Eligible Expenses

Eligible expenses are the reasonable and customary charges for the following items of expense, provided they are medically necessary for the treatment of disease or injury, prescribed by a physician or dentist and dispensed by a registered pharmacist or physician. Drugs covered under this benefit must have a Drug Identification Number (DIN) and be approved under *Drug evaluation*.

1. drugs, including over-the-counter drugs.
2. injectible drugs.
3. compounded preparations, provided that the principal active ingredient is an eligible expense and has a DIN.
4. needles, syringes, and chemical diagnostic aids for the treatment of diabetes.
5. drugs used for the treatment of sexual dysfunction.
6. smoking cessation aids.
7. drugs used for the treatment of obesity.

Drug evaluation

The following drugs will be evaluated and must be approved by Sun Life to be eligible for coverage:

1. drugs that receive Health Canada Notice of Compliance for an initial or a new indication on or after November 1, 2017.
2. drugs covered under this plan and subject to a significant increase in cost.

Drug expenses are eligible for reimbursement only if incurred on or after the date of Sun Life's approval.

Sun Life will assess the eligibility of the drug based on factors such as:

- comparative analysis of the drug cost and its clinical effectiveness.
- recommendations by health technology assessment organizations and provinces.
- availability of other drugs treating the same or similar condition(s).
- plan sustainability.

Reference Drug Program

The Reference Drug Program (RDP) applies to select drugs determined by Sun Life. Under RDP, Sun Life will:

- group together a set of drugs that are used to treat the same condition(s) in the same or similar way (a *therapeutic category*).
- determine the most cost-effective drug within a *therapeutic category* (the *Reference Drug*), considering such factors as cost to the plan, provincial programs, safety and clinical effectiveness.

- limit the eligible cost of drugs in a particular *therapeutic category* to the eligible cost of the *Reference Drug* (the *Reference Drug Limit*).
- apply the *Reference Drug Limit* to select province(s), excluding Québec. The selected province(s) may vary with each *therapeutic category*.

For all *therapeutic categories*, the *Reference Drug Limit* applies to covered persons in the selected provinces having no previous claims for a non-*Reference Drug*. The *Reference Drug Limit* may also apply to covered persons with previous claims for a non-*Reference Drug* depending upon the *therapeutic category* and such factors as:

- clinical support for switching to the *Reference Drug*.
- expected duration of treatment.
- provincial programs.

Any claim submitted under this plan within 120 days before the date that Sun Life applies the *Reference Drug* to the plan is a previous claim. Any drug other than the *Reference Drug* in a *therapeutic category* is a non-*Reference Drug*.

When the *Reference Drug Limit* applies, charges in excess of this limit are not covered, unless there is a medical reason for the covered person to take the non-*Reference Drug*. To assess medical necessity, Sun Life will require the covered person and the attending physician to complete and submit an exception form.

Drug Utilization Review (DUR)

Sun Life provides a Drug Utilization Review (DUR) service to ensure the safe and effective use of drugs prescribed for you and your covered dependant. Your pharmacist will review an eligible drug against your past drug claims for possible harmful effects to your health, such as a severe drug interaction.

Other Health Professionals Allowed to Prescribe Drugs

Certain drugs prescribed by other qualified health professionals will be reimbursed the same way as if the drugs were prescribed by a physician or a dentist if the applicable provincial legislation permits them to prescribe those drugs.

Limitations and Exclusions

No benefit is payable for

1. the portion of expenses for which reimbursement is provided by a government plan,
2. expenses for drugs which, in Sun Life's opinion, are experimental,
3. expenses for dietary supplements, vitamins and infant foods,
4. expenses for contraceptives (other than oral),
5. expenses for drugs which are used for cosmetic purposes,
6. expenses for drugs used for the treatment of infertility,
7. expenses for natural health products, whether or not they have a Natural Product Number (NPN),

8. expenses for 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, and
9. expenses incurred under any of the conditions listed on the Extended Health Provision page as an Exclusion.

Extended Health – Vision Benefit

Definitions

Laser Eye Surgery
means the expenses incurred for laser eye surgery performed by an ophthalmologist licensed to practice ophthalmology, limited to the maximums and reimbursement percentage specified in the Summary of Benefits for the vision care benefit. You, or your covered dependant who has received reimbursement for laser eye surgery, will not be eligible for eyeglasses and contact lenses expenses during the same vision benefit period following the surgery.

Ophthalmologist
means a person licensed to practise ophthalmology.

Optometrist
means a member of the Canadian Association of Optometrists or of a provincial association associated with it.

Reasonable and customary charges
mean those which are usually made to a person without coverage for the items of expense listed under Eligible Expenses and which do not exceed the general level of charges in the area where the expense is incurred.

Eligible Expenses

Eligible expenses mean reasonable and customary charges for the following items of expense:

1. eye examinations by an ophthalmologist or optometrist limited to one examination in a 24 month period (12 month period for an covered dependant under age 18). This examination is in addition to the examination provided by the Provincial Health Insurance Plan.
2. laser eye surgery, eyeglasses, contact lenses and repairs to them that are necessary for the correction of vision and are prescribed by an ophthalmologist or optometrist, limited to the maximum specified in the Summary of Benefits less the amount paid during the previous 24 months for you and each covered dependant.
3. eyeglasses certified by an ophthalmologist as necessary due to a surgical procedure or the treatment of keratoconus, limited to a lifetime maximum of $100 for you and each covered dependant for each surgical procedure.
4. contact lenses certified by an ophthalmologist as necessary due to a surgical procedure or the treatment of keratoconus, if the ophthalmologist certifies that satisfactory correction of vision cannot be obtained through the use of eyeglasses. The maximum lifetime amount payable is $150 for you and each covered dependant.

Extended Health – Hospital Benefit

Definitions

Hospital

means a legally licensed hospital which provides facilities for diagnosis, major surgery and the care and treatment of a person suffering from disease or injury, on an in-patient basis, with 24 hour services by registered nurses and physicians. This includes legally licensed hospitals providing specialized treatment for mental illness, drug and alcohol addiction, cancer, arthritis and convalescing or chronically ill persons when approved by Sun Life. This does not include nursing homes, homes for the aged, rest homes or other places providing similar care.

Reasonable and customary charges

mean those which are usually made to a person without coverage for the items of expense listed under Eligible Expenses and which do not exceed the general level of charges in the area where the expense is incurred.

Eligible Expenses

Eligible expenses mean reasonable and customary charges for accommodation in a hospital, limited to the difference between the charges for public ward and semi-private room for each day of hospitalization.

Exclusion

No benefit is payable for

1. expenses incurred under any of the conditions listed on the Extended Health Provision page as an Exclusion.

Extended Health – Supplementary Health Care Benefit

Definitions

Chiropodist, Podiatrist
means a person licensed by the appropriate provincial licensing authority.

Chiropractor
means a member of the Canadian Chiropractic Association or of a provincial association affiliated with it.

Hospital
means a legally licensed hospital which provides facilities for diagnosis, major surgery and the care and treatment of a person suffering from disease or injury, on an in-patient basis, with 24 hour services by registered nurses and physicians. This includes legally licensed hospitals providing specialized treatment for mental illness, drug and alcohol addiction, cancer, arthritis and convalescing or chronically ill persons when approved by Sun Life. This does not include nursing homes, homes for the aged, rest homes or other places providing similar care.

Naturopath
means a member of the Canadian Naturopathic Association or any provincial association affiliated with it.

Osteopath
means a person who holds the degree of doctor of osteopathic medicine from a college of osteopathic medicine approved by the Canadian Osteopathic Association or a person who holds a Diploma in Osteopathic Manual Practice (DOMP).

Physiotherapist
means a member of the Canadian Physiotherapy Association or of a provincial association affiliated with it.

Psychologist
means a permanently certified psychologist who is listed on the appropriate provincial registry in the province in which the service is rendered.

Reasonable and customary charges
mean those which are usually made to a person without coverage for the items of expense listed under Eligible Expenses and which do not exceed the general level of charges in the area where the expense is incurred.

Registered Massage Therapist
means a person licensed by the appropriate provincial licensing body or in the absence of a provincial licensing body, a person whose qualifications Sun Life determines to be comparable with those required by a licensing body.

Registered Nurse
means a nurse who is listed on the appropriate provincial registry.

Speech Language Pathologist
means a person who holds a master's degree in Speech Language Pathology and is a member or is qualified to be a member of the Canadian Speech and Hearing Association or any provincial association affiliated with it.

Eligible Expenses - Miscellaneous

Eligible expenses mean reasonable and customary charges for the following items of expense, provided they are prescribed by a physician:

1. services of a registered nurse (R.N.) provided in the patient's home limited to $5,000 in a calendar year less the amount paid during the previous 2 calendar years and after that, $50 a day.
2. services of a physiotherapist.
3. services of a massage therapist limited to 20 treatments in a calendar year.
4. services of a speech therapist limited to $200 in a calendar year.
5. services of a psychologist limited to $200 in a calendar year.
6. rental, or purchase at Sun Life's option, of wheel chair, hospital bed, walker and other durable equipment approved by Sun Life and required for temporary therapeutic use.
7. trusses, crutches and braces.
8. artificial limbs or other prosthetic appliances.
9. deep x-ray and radium therapy.
10. oxygen plasma or blood transfusions.
11. diagnostic laboratory and x-ray examinations.
12. licensed ground ambulance service and emergency air ambulance service to the nearest hospital equipped to provide the required treatment, when the physical condition of the patient prevents the use of another means of transportation.
13. hearing aids and repairs to them, excluding batteries, limited to $500 during the 10 year period ending on the date an eligible expense is incurred.

Eligible expenses also mean reasonable and customary charges for the following items of expense:

1. services of a dental surgeon, including dental prosthesis, required for the treatment of a fractured jaw or for the treatment of accidental injuries to natural teeth if the fracture or injury was caused by external, violent and accidental means provided the injury occurred after the person became covered and provided the services are performed
   a. within 6 months of a dependent child reaching age 18 if a detailed treatment plan including x-rays is received within 6 months of the accident, or
   b. within 6 months of the accident for any other person.

   Services required in conjunction with such fracture or injury due to a condition that existed before the accident or services performed after termination of this benefit are excluded.
2. services of a chiropractor, osteopath and naturopath, limited to 20 treatments in a calendar year and one x-ray examination.

The practitioner must be registered with the appropriate association or registry. Where applicable, expenses for practitioners' services eligible under a provincial health care plan will not be reimbursed until your expenses exceed the annual maximums under your provincial plan.

3. services of a podiatrist, limited to $250 in a calendar year and one x-ray examination.

   The practitioner must be registered with the appropriate association or registry. Where applicable, expenses for practitioners' services eligible under a provincial health care plan will not be reimbursed until your expenses exceed the annual maximums under your provincial plan.

4. orthopaedic shoes which are part of a brace or are specially constructed for the patient, including modifications to these, provided that the shoes or modifications are prescribed by a physician or podiatrist, limited to the total charges less the average cost of footwear as determined by Sun Life, but not more than $75 in a calendar year.

5. Eligible expenses also mean reasonable and customary charges for the following items of expense incurred outside the patient's province of residence if they are not available in the patient's province of residence, are prescribed by a physician and are performed following written referral by the attending physician in the patient's province of residence:

   a. public ward accommodation and auxiliary hospital services in a general hospital limited to $75 a day for 60 days in a calendar year.

   b. services of a physician or surgeon limited to, after deducting the amount payable by a government plan, the level of physicians' or surgeon’s charges in the patient's province of residence.

6. Continuous Glucose Monitor (CGM) receivers, transmitters or sensors, for persons diagnosed with Type 1 diabetes, limited to a combined maximum of $4,000 in a benefit year. You must provide Sun Life with a physician's note confirming the diagnosis.

Extended Health – Out-of-Province Emergency and Travel Assistance Benefit

To be covered for this benefit, you and your covered dependant must have provincial health care coverage. Expenses for hospital/medical services are eligible if

1. they are incurred as a result of emergency treatment of a disease or injury which occurs outside your home province,
2. they are medically necessary, and
3. they are incurred due to an emergency which occurs during the first 45 days of travelling on vacation or business outside your home province. Your 45 days of coverage starts on the day you or your covered dependant departs from your home province.

Definitions

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

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

Family member
means you or your covered dependant.

Reasonable and customary charges
mean those which are usually made to a person without coverage for the items of expense listed under Eligible Expenses and which do not exceed the general level of charges in the area where the expense is incurred.

Emergency Services

At the time of an emergency, the family member or someone with the family member must contact our Emergency Travel Assistance provider, AZGA Service Canada Inc. (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 we have the right to deny or limit payments for all expenses related to that emergency.

Neither we nor Allianz Global Assistance is responsible for the availability, quality or results of the medical treatment received by the family member, or for the failure to obtain medical treatment.

An emergency ends when the family member is medically stable to return to his province of residence.

Emergency Services Excluded from Coverage

Any expenses related to the following emergency services are not covered:

1. services that are not immediately required or which could reasonably be delayed until the family member returns to his province of residence, unless his medical condition reasonably prevents him from returning to his province of residence prior to receiving the medical services.
2. services relating to an illness or injury which caused the emergency, after such emergency ends.
3. continuing services arising directly or indirectly out of the original emergency or any recurrence of it, after the date that we or Allianz Global Assistance, based on available medical evidence, determines that the family member can be returned to his province of residence, and he refuses to return.
4. services which are required for the same illness or injury for which the family member received emergency services, including any complications arising out of that illness or injury, if the family member had unreasonably refused or neglected to receive the recommended medical services.
5. 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.

Eligible Expenses for Hospital/Medical Services

Eligible expenses mean reasonable and customary charges for the following items of expense incurred for emergency services, less the amount payable by a government plan:

1. public ward accommodation and auxiliary hospital services in a general hospital, subject to a maximum of $25 per day for room and board charges
2. services of a physician,
3. economy air fare for the patient's return to his province of residence for medical treatment,
4. licensed ground ambulance service to the nearest hospital equipped to provide the required treatment, or to Canada, when the patient's physical condition prevents the use of another means of transportation,
5. emergency air ambulance service to the nearest hospital equipped to provide the required treatment, or to Canada, when the patient's physical condition prevents the use of another means of transportation, and if the patient requires a registered nurse during the flight, the services and return air fare for the registered nurse.

The maximum amount payable is $25,000 for each injury or disease.

Expenses that are included as Eligible Expenses under Drug, Vision, Hospital or Supplementary Health Care benefits are also eligible while you or your covered dependant is travelling outside Canada. These expenses are subject to the deductibles and reimbursement percentages listed under the appropriate benefit in the Summary of Coverage.

Claims for Eligible Hospital/Medical Services

1. pay for the expense as soon as it is incurred,
2. submit your claim to the provincial health care plan for consideration,
3. submit any unpaid amounts of your claim to Sun Life.

Exclusions and Limitations

No benefit is payable for

1. expenses incurred by you or your covered dependant due to an emergency which occurs more than 45 days after departure from your province of residence,
2. expenses incurred on a non-emergency or referral basis,
3. expenses incurred under any of the conditions listed as an Exclusion in the Extended Health Coverage Provision.

You and your covered dependants must return to your province of residence for at least 30 consecutive days before you become eligible for another 45 days of coverage.

Dental Provision

Benefit

You will be reimbursed when you submit proof to Sun Life that you or your covered dependant has incurred any of the eligible expenses for necessary dental services performed by a dentist, a dental hygienist or a denturist. To determine the amount payable, the total eligible expenses claimed are adjusted as follows:

1. the deductible, which must be satisfied each year, is subtracted,
2. the reimbursement percentage is applied, and
3. the maximums specified in the Summary of Coverage are applied.

The intentional omission, misrepresentation or falsification of information relating to any claim constitutes fraud.

For each dental procedure, Sun Life will only cover up to the reasonable and customary charges.

Reasonable and customary charges mean

1. charges considered necessary for the treatment and maintenance of a person's oral health, according to standard Canadian dental procedures and practices, and
2. charges of a reasonable frequency and duration, as determined by Sun Life.

In no case will the eligible expenses be more than the fee stated in the applicable Dental Association Fee Guide specified in the Summary of Insurance.

Sun Life reserves the right to refuse any assignment of benefits under this provision.

Co-ordination of Benefits

If you or your dependants are covered under this plan and another plan, Sun Life will co-ordinate benefits under this plan 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 co-ordination of benefits clause is considered to be the first payer and therefore pays benefits before a plan which includes a co-ordination of benefits clause.

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

Following payment under another plan, the amount of benefit payable under this plan will not exceed the total amount of eligible expenses incurred less the amount paid by the other plan.

Where both plans contain a co-ordination 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:

1. 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.

2. the plan where the person is covered as a dependant.

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

1. the plan where the dependent child is covered as an employee,
2. the plan where the dependent child is covered under a student health or dental plan provided through an educational institution,
3. the plan of the parent with the earlier birth date (month and day) in the calendar year,
4. 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 dependent child, in which case the following order applies:

1. the plan of the parent with custody of the dependent child,
2. the plan of the spouse of the parent with custody of the dependent child,
3. the plan of the parent not having custody of the dependent child,
4. the plan of the spouse of the parent not having custody of the dependent child.

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

Claims

A claim must be received by Sun Life within 18 months of the date the expense is incurred. However, if your coverage terminates, any claim must be received by Sun Life no later than 90 days following the end of the coverage.

For the assessment of a claim, itemized bills, commercial laboratory receipts, reports, records, pre-treatment x-rays, study models, independent treatment verification or other necessary information may be required.

If your dentist has recommended dental treatment that is expected to cost more than $300, you must have your dentist prepare a pre-treatment plan.

Where the applicable legislation of your province or territory permits the use of a different limitation period, every action or proceeding for the recovery of money payable under the plan is absolutely barred unless it is commenced within one year of the date that Sun Life must receive your claim forms. Otherwise, every action or proceeding for the recovery of money payable under the plan must be commenced within the time set out in the applicable legislation of your province or territory.

Exclusions and Limitations

No benefit is payable for

- expenses for which benefits are payable under a Workers' Compensation Act, Workplace Safety and Coverage Act or other similar legislation,
- expenses incurred due to civil disorder or war, whether or not war was declared,
- expenses for which benefits are payable under a government plan,

- a portion of expenses for which reimbursement is made due to the legal liability of another party.

Dental Provision – Basic Services

Eligible Expenses

Eligible expenses mean reasonable and customary charges for the following items of expense -

a. examination and diagnosis:
   - oral examination (once every 3 years),
   - recall oral examination (once every 6 months),
   - special oral examination,
   - treatment planning,
   - consultation,
   - house call, institutional call and office visit

b. tests and laboratory examinations:
   - microbiologic culture,
   - caries susceptibility tests,
   - biopsy of oral tissue,
   - cytologic smear from oral cavity,
   - pulp vitality tests,

c. radiographs:
   - periapical (one complete series every 3 years),
   - periapical, one to ten films,
   - occlusal,
   - bitewing (once every 6 months),
   - extra oral,
   - sialography,
   - radiopaque dyes to demonstrate lesions,
   - temporomandibular joint,
   - panoramic (once every 3 years),
   - cephalometric film,
   - interpretation of radiographs received from another source,
   - tomography,
   - hand and wrist (as diagnostic aid for dental treatment)

d. preventive services:
    - dental prophylaxis (once every 6 months),
    - topical application of fluoride
    - oral hygiene instruction (once every 6 months)
    - caries control,
    - pit and fissure sealants, (for children under 19 years of age),
    - interproximal discing of teeth,
    - occlusal equilibration (8 units of time every 12 months)
e. restorations:
    - amalgam,
    - retentive pins,
    - silicate,
    - acrylic or composite resin,
    - stainless steel crowns
f. surgical services:
    - uncomplicated removals,
    - surgical removals
g. anaesthesia

Dental Provision – Endodontic and Periodontic Services

Eligible Expenses

Eligible expenses mean reasonable and customary charges for the following items of expense -

a. periodontics:
   - non surgical services,
   - surgical services
   - post-surgical treatment,
   - scaling and root planning,
   - adjunctive procedures,
   - alveoplasty

b. endodontics:
   - pulpcapping
   - pulpotomy,
   - root canal therapy,
   - gingival curettage,
   - alvecolectomy,
   - banding of tooth,
   - hemisection,
   - canal and/or pulp enlargement,
   - chemical bleaching only (per unit of time),
   - intentional removal, apical filling and reimplantation,
   - emergency procedures

c. surgical services:
   - surgical exposure, transplantation and repositioning,
   - surgical excision,
   - surgical incision,
   - fractures,
   - frenectomy,
   - miscellaneous surgical services

d. adjunctive general services:
   - drugs (injections)

Dental Provision – Dentures and Denture Repairs

Eligible Expenses

Eligible expenses mean reasonable and customary charges for the following items of expense -

a. partial and complete dentures:
   - complete dentures (once every 3 years),
   - partial dentures (once every 3 years)

b. repairs and adjustments:
   - adjustments to dentures,
   - repairs/additions to dentures,
   - addition of tooth,
   - denture rebasing and relining

Dental Provision – Crowns and Bridges

Eligible Expenses

Eligible expenses mean reasonable and customary charges for the following items of expense -

a. crowns, inlays, onlays:
   - gold foil restorations,
   - metal inlay restorations,
   - porcelain restorations,
   - crowns,
   - other restorative services

   The following eligible expenses are limited to once every three years.

b. fixed bridgework:
   - prosthodontic evaluation,
   - bridge pontics,
   - retainers,
   - repairs to bridges,
   - abutments,
   - other prosthetic services

c. in office laboratory procedures:

Section 2. Insured Provisions

Summary of Insurance

Basic Life Insurance

Class of Members	Amount of Benefit
1. Salaried Retirees	*
2. Hourly Retirees – Maple Leaf Foods Inc. Bargaining	*
3. Kitchener Hourly Rated Employees who retire on or after June 1, 1986	*
4. Management Retirees	*
5. Retired Company Officers	*
6. Special Early Retirees – Salaried/ Special Management	*
8. Calgary Hourly Rated Employees who retire on or after February 1, 1992	*
9. Designated Early Retirees who retired on or after January 1, 1994	--
10. Marion Street Retirees	--

*benefit amount as shown on your benefit statement.

Termination Age: none

Basic Member Life Insurance Provision

Benefit

The amount of benefit will be paid to your beneficiary upon your death. If no beneficiary has been appointed or if the beneficiary has predeceased you, payment will be made to your estate.

A minor cannot personally receive a death benefit under the plan until reaching the age of majority. If you reside outside Québec and are designating a minor as your beneficiary, you may wish to designate someone to receive the death benefits during the time your beneficiary is a minor. If you reside outside Québec and have not designated a trustee, current legislation may require Sun Life to pay the death benefit to the court or to a guardian or public trustee. If you reside in Québec, the death benefit will be paid to the parent(s)/legal guardian of the minor on the minor's behalf. Alternatively, you may wish to designate the estate as beneficiary and provide a trustee with directions in your will. You are encouraged to consult a legal advisor.

Claims

A death claim must be received by Sun Life within 6 years of the date of death. The claimant must submit proof of the claim and the right to receive the benefit to Sun Life.

If you become totally disabled and are also insured for group Long Term Disability Insurance with Sun Life, you must submit a disability claim along with your claim under the group Long Term Disability Insurance to Sun Life.

If you become totally disabled and are not insured for group Long Term Disability Insurance with Sun Life, you must submit a disability claim to Sun Life after you have been totally disabled continuously for 6 months but not beyond 12 months after the date you became totally disabled.

Limitation period for Ontario:

Every action or proceeding against an insurer for the recovery of insurance money payable under the policy is absolutely barred unless commenced within the time set out in the *Limitations Act, 2002*.

Limitation period for any other province:

Every action or proceeding against an insurer for the recovery of insurance money payable under the policy is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation of your province or territory.

At Termination

If your Life Insurance ends for any reason other than your request, you may apply to convert the group Life Insurance to an individual Life policy with Sun Life without providing evidence of insurability.

The request must be made within 31 days of the reduction or end of the Life Insurance.

There are a number of rules and conditions in the group policy that apply to converting this insurance, including the maximum amount that can be converted. Please contact your employer for details.

Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit *www.sunlife.ca/privacy*.

You have a choice

We will occasionally inform you of other financial products and services that we believe meet your changing needs. If you do not wish to receive these offers, let us know by calling 1-877-SUN-LIFE (1-877-786-5433).