Sun Life Financial

your group benefits

Calgary Board of Education

All Retirees

Group Policy No. 83943
Group Plan No. 25286
Group Plan No. 16440-B
Effective January 1, 2018
Issued March 12, 2019

Group Policy No. 83943

Life Insurance

Underwritten by: Sun Life Assurance Company of Canada

Group Plan No. 25286

Dental

Administered by: Sun Life Assurance Company of Canada

Group Plan No. 16440-B

Extended Health

Administered by: Sun Life Assurance Company of Canada

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Your Group Benefits Booklet

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 contracts with Sun Life Assurance Company of Canada (Sun Life), a member of the Sun Life Financial group of companies, as described below. 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.

The contract holder, Calgary Board of Education, has entered into an Administrative Services Contract with Sun Life for the following benefits:

- Extended Health
- Dental

The contract holder has the sole legal and financial liability for these benefits and Sun Life only acts as administrator.

All other benefits are insured by Sun Life.

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 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).

Summary of Insurance

Policy Number ***83943***

Class Description:

Class R - Retired Senior Management:
- Superintendents
- Administrative Management Personnel and Senior Management Personnel

Class R1 - All Other Early Retirees:
- Administrative Supervisory Personnel
- Professional Support Staff
- Staff Association, Sheet Metal, Carpenters, CUPE, Electrical, Painters, Plumbers, Teachers

Life Insurance (Class R)

Class of Members	Benefit Formula	Maximum Benefit
R. Retired Senior Management	--	Amount in force immediately before retirement

For Class R to continue to be eligible for Life Insurance, a Retiree must be at least 55 years of age and have a minimum of 10 years of service with the Calgary Board of Education, prior to his date of retirement.

Benefit Reduction:

Schedule for retired members who attain -

age 65 - reduces to 50% of original amount in force prior to retirement
age 66 - reduces to 40% of original amount in force prior to retirement
age 67 - reduces to 30% of original amount in force prior to retirement
age 68 - reduces to 20% of original amount in force prior to retirement
age 69 - reduces to 10% of original amount in force prior to retirement
age 70 - reduces to $5,000

Termination of Life Insurance: None

Supplemental Life Insurance

Class of Members	Benefit Formula	Maximum Benefit
R. Retired Senior Management	--	$5,000*
R1. All Other Early Retirees	--	$5,000*

For Classes R and R1 to continue to be eligible for Supplemental Life Insurance, an Early Retiree must be between 55 and 65 years of age and have a minimum of 10 years of service with the Calgary Board of Education, prior to his date of retirement.

*To be eligible for Supplemental Life Insurance, the retiree must be covered for Extended Health and Dental.

Termination of Life Insurance: End of the month in which you turn 65

Summary of Benefits

Plan Number *16440-B*

Class Description:

Class R (Retirees):
- Superintendents
- Administrative Management Personnel and Senior Management Personnel
- Administrative Supervisory Personnel
- Professional Support Staff
- Staff Association
- Sheet Metal
- Carpenters
- CUPE
- Electrical
- Painters
- Plumbers
- Teachers

Extended Health

Part	Benefit	Deductible		Reimbursement
		per person	per family unit	
A	Prescription drugs	$25*	$25	80%
C	Hospital expenses in the province where a person lives	none	none	100%
D	Medical services and equipment, and Paramedical services Psychologist or Social Worker	$25*	$25*	80% 50%

The calendar year is from January 1 to December 31.

*The deductible applies per calendar year. The deductible applies to the combined eligible expenses of Parts A and D. If 2 or more members of the same family suffer injuries in the same accident, only one individual deductible (deductible per person) is applied in each calendar year against all eligible expenses for these injuries.

Reimbursement levels

Hospital expenses in the province where a member or covered dependent lives:

- hospital – the difference between the cost of a ward and a semi-private hospital room

Medical services and equipment, and Paramedical services:

- paramedical services:
  - licensed psychologist or social worker – $400 for you and for each covered dependent per calendar year
  - all other paramedical services – $10 per visit to a maximum of 30 visits per calendar year per specialty for you and for each covered dependent

Maximum benefit – $50,000 during any 3 consecutive calendar years for you and for each covered dependent

Termination of Benefit: The last day of the month in which you turn 65

Plan Number *25286*

Class Description:

Class R (Retirees):
- Superintendents
- Administrative Management Personnel and Senior Management Personnel
- Administrative Supervisory Personnel
- Professional Support Staff
- Staff Association
- Sheet Metal
- Carpenters
- CUPE
- Electrical
- Painters
- Plumbers
- Teachers

Dental

Part	Benefit	Deductible per family unit	Reimbursement	Maximum
A	Diagnostic/ Preventive	none	50%	$1,000*
B	Restorative	none	50%	*
D	Periodontic	none	50%	*
E	Denture	none	50%	*
F	Bridge	none	50%	*
G	Crown	none	50%	*
H	Endodontic	none	50%	*

*The maximum amount payable applies to the combined eligible expenses incurred in a calendar year under Parts A, B, D, E, F, G and H for the member and for each covered dependent.

Termination of Benefit: The last day of the month in which you turn 65

Dental Fee Guide: The applicable fee guide is the one in force for general practitioners on the day when and in the province where the expense is incurred or, for expenses incurred outside Canada, in the province of residence of the member. When a fee guide is not published for a given year, the term fee guide may also mean an adjusted fee guide established by Sun Life.

General Information

Eligibility

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

1. You are a member immediately before your date of retirement.
2. You are a resident of Canada.
3. You are at least age 55 (age 50 for teachers as part of the 1998 incentive program) with a minimum of 10 years of service.

Participation is optional and may be elected at time of retirement only.

Waiting Period - none

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

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

Description of Classes by Benefit

Class R (Retired Senior Management)

Class R includes the following members for the Life Insurance benefit under Policy 83943:

- Superintendents
- Administrative Management Personnel and Senior Management Personnel

Class R1 (All Other Early Retirees):

Class R1 includes the following members for the Supplemental Life Insurance benefit under Policy 83943:

- Administrative Supervisory Personnel
- Professional Support Staff
- Staff Association, Sheet Metal, Carpenters, CUPE, Electrical, Painters, Plumbers, Teachers

For Extended Health under Plan 16440-B and Dental under Plan 25286, all Retirees from Classes R and R1 are covered under Class R.

Definitions

Dependent

means your spouse or a dependent child of you or your spouse who is a resident of Canada or the United States. This excludes anyone who is in active service with the military or like forces anywhere.

A person may be considered to be a dependent of more than one employee.

Dependent child

means a natural, adopted or step-child, or a child for whom you or your spouse have been appointed the legal guardian, 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 21 years of age, or
2. under 25 years of age and attending a high school, 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.

You must provide Sun Life proof of the above within 31 days of the date the child attains the limiting age.

He, his and him

refer to both genders.

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.

Effective Date

Your coverage is effective on the first day of the month following the date of your retirement.

Dependent coverage begins on the date your coverage begins or the date you first have a dependent, whichever is later.

Subrogation

Subrogation is a legal practice giving Calgary Board of Education the right to be reimbursed for benefits paid to you if you have been compensated by another person who is responsible for your loss. The intent of subrogation is to limit your benefit payments to the amount you actually lost.

Subrogation applies to any medical and/or dental expenses you have been paid as a result of an injury caused by another person. Once you are compensated by the person who is responsible for your loss, you must reimburse Calgary Board of Education.

Termination of Coverage

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

- you are no longer eligible,
- you reach the Termination Age,
- the provision or the plan terminates.

Basic and Supplemental 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.

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.

Extended Health Provision (Extended Health Care)

Benefit

Calgary Board of Education has the sole legal and financial liability for this benefit. Sun Life only acts as administrator on behalf of Calgary Board of Education.

In this section, *you* means the member and all dependents covered for the Extended Health Benefit.

Extended Health pays for eligible services or supplies for you that are medically necessary for the treatment of an illness. *Medically necessary* means generally recognized by the Canadian medical profession as effective, appropriate and required in the treatment of an illness in accordance with Canadian medical standards.

To qualify for this coverage you must be entitled to benefits under a provincial medicare plan or federal government plan that provides similar benefits.

You will be reimbursed when Sun Life receives proof that you have incurred any of the eligible expenses for medically necessary services required for the treatment of disease or injury. Eligible expenses for the services of a practitioner include only those services which are performed within his area of expertise and require the skills and qualifications of such a practitioner.

You will be reimbursed for eligible expenses taking into account all limitations and the Co-ordination of benefits provision.

An eligible expense is allocated to the calendar year in which it is incurred. The calendar year is specified in the Summary of Benefits. An eligible expense is incurred on the date the services are received or on the date supplies are purchased or rented.

To determine the amount payable, the total eligible expenses claimed are adjusted as follows:

- the deductible, which must be satisfied each calendar year, is subtracted,
- the reimbursement percentage is applied, and
- the eligible expense maximums specified in the Summary of Benefits and this section are applied.

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

Co-ordination of Benefits

If you or your dependents 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 dependent.

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 birthdate.

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 dependents have.

Claims

To make a claim, complete the claim form that is available from your employer.

In order for you to receive benefits, Sun Life must receive the claim within 90 days after the end of your Extended Health coverage or within 18 months after the date the expense is incurred.

For the assessment of a claim, Sun Life may require itemized bills, attending physician statements or other information Sun Life considers necessary.

Sun Life has the right to recover all overpayments of benefits either by deducting from other benefits or by any other available legal means.

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

We will not pay for the costs of:

- 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*,
- 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, and equipment used to treat seasonal effective disorders).
- 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 that are not approved by Health Canada or other government regulatory body for the general public.
- 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.
- services or supplies for which no charge would have been made in the absence of this coverage.
- blood sampling.
- norplant system kit.

We 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.

We will also not pay for benefits when compensation is available under a Workers' Compensation Act, Criminal Injuries Compensation Act or similar legislation.

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

At Termination

If the Extended Health benefit terminates, insurance for dental services to repair natural teeth damaged by an accidental blow will continue, if the accident occurred while you were covered, and the procedure is performed within 6 months after the date of the accident.

If you die, your covered dependent's Medical Benefits will be continued until the earlier of the following:

- the date you would have reached age 65 if you were still alive,
- the date the person would no longer be considered your dependent if you were still alive,
- the date the benefit provision under which your dependent is covered terminates, or
- the date of termination of the policy.

Your dependents must contact your Plan Administrator to arrange the extension of coverage.

Extended Health – Prescription Drugs

Definitions

Dentist
means a person licensed to practise dentistry by the provincial licensing authority.

Eligible Expenses

We will pay for the cost of the following drugs and supplies that are prescribed by a doctor or dentist and are obtained from a pharmacist. 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.
- drugs used for the treatment of infertility.
- serums and vaccines.
- non-oral drugs for the treatment of sexual dysfunction.

Payments for any single purchase are limited to the cost of a supply that can reasonably be used in a 3 month period.

Other Health Professionals Allowed to Prescribe Drugs

Sun Life will reimburse certain drugs prescribed by other qualified health professionals the same way as if the drugs were prescribed by a doctor or a dentist if the applicable provincial legislation permits them to prescribe those drugs.

Exclusions and Limitations

We 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.
- products to help you quit smoking.
- oral and non-oral contraceptives.
- oral drugs for the treatment of sexual dysfunction.
- 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.
- expenses incurred under any of the conditions listed on the Extended Health Provision page as an Exclusion or Limitation.

Extended Health – Hospital Expenses in the Province Where a Person Lives

Definitions

Hospital

means a facility licensed to provide care and treatment for sick or injured patients, primarily while they are acutely ill. It must have facilities for diagnostic treatment and major surgery. Nursing care must be available 24 hours a day. It does not include a nursing home, rest home, home for the aged or a facility for treating alcohol or drug abuse.

Eligible Expenses

We will pay for the cost of room and board up to the limit specified in the Summary of Benefits and out-patient services in a hospital, except for any services explicitly excluded under this benefit.

Exclusions and Limitations

No benefit is payable for expenses incurred under any of the conditions listed on the Extended Health Provision page as an Exclusion or Limitation.

Extended Health – Medical Services and Equipment, and Paramedical Services

Medical Services and Equipment

Eligible Expenses

We will pay for the costs for the medical services listed below when ordered by a doctor (the services of a licensed optometrist, ophthalmologist or dentist do not require a doctor's order):

- out-of-hospital private duty nurse services, when medically necessary, up to the limit specified in the Summary of Benefits. Charges for the services, for other than while confined in a hospital, of a registered graduate nurse, a licensed practical nurse, a private duty registered nurse or a registered trained attendant (not normally resident in the person's home) but excluding any portion of the charge in excess of the reasonable and customary charge for an illness of the same nature and gravity in the locality where the service is provided.
- transportation in a licensed ambulance, if medically necessary, to and from the nearest hospital that is able to provide the necessary medical services.
- transportation in a licensed air ambulance, if medically necessary, to the nearest hospital that provides the necessary emergency services.
- charges for ambulance response fees.
- the following diagnostic services rendered outside of a hospital, except if the covered person's provincial plan prohibits payment of these expenses:
    - laboratory tests.
    - ultrasounds.
- 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. You will not receive more than the fee stated in the Dental Association Fee Guide for a general practitioner in the province where the member lives. The guide must be the current guide at the time that treatment is received.
- services of an ophthalmologist or licensed optometrist, up to a maximum of $25 for the member and for each covered dependent over 2 calendar years.
- wigs following chemotherapy, up to a maximum of $300 for the member and for each covered dependent in a calendar year.
- 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.
- casts, splints, trusses, braces or crutches.

- breast prostheses required as a result of surgery, up to a maximum of $200 for the member and for each covered dependent in a calendar year.
- artificial limbs and eyes, including replacements when medically necessary.
- custom-made orthotic inserts for shoes, when prescribed by a doctor, podiatrist or chiropodist, up to a maximum of 1 pair for the member and for each covered dependent in a calendar year.
- custom-made orthopaedic shoes or modifications to orthopaedic shoes when prescribed by a doctor, podiatrist or chiropodist, up to a maximum of $500 for the member and for each covered dependent in a calendar year.
- hearing aids prescribed by an ear, nose and throat specialist, up to a lifetime maximum of $250 for the member and for each covered dependent. This lifetime maximum amount does not take into account any hearing aids purchased before the member became covered as a retiree.
- radiotherapy or coagulotherapy.
- oxygen, plasma and blood transfusions.

Exclusions and Limitations

No benefit is payable for expenses incurred under any of the conditions listed on the Extended Health Provision page as an Exclusion or Limitation.

Paramedical Services

Eligible Expenses

We will pay for, up to the limit specified in the Summary of Benefits, the costs for each category of paramedical specialists listed below:

- licensed psychologists or a registered social worker (not normally resident in the person's home).
- licensed speech therapists, or massage therapists, physiotherapists or naturopaths (not normally resident in the person's home).
- licensed chiropractors, podiatrists or chiropodists, including a maximum of one x-ray examination per specialty each calendar year.

We will not pay for the cost of services rendered by a podiatrist in Ontario or Alberta unless they are performed after the provincial medicare plan has paid its annual maximum benefit.

Exclusions and Limitations

No benefit is payable for expenses incurred under any of the conditions listed on the Extended Health Provision page as an Exclusion or Limitation.

Dental Provision

Benefit

Calgary Board of Education has the sole legal and financial liability for this benefit. Sun Life only acts as administrator on behalf of Calgary Board of Education.

This dental plan is a means to help you to pay for your dental treatment. The services and procedures outlined in this booklet are not a treatment plan and should not determine the treatment and care decisions you and your dentist make. Your actual needs should determine these decisions.

You will be reimbursed when you submit proof to Sun Life that you or your covered dependent 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 reimbursement percentage is applied, and
2. the maximums specified in the Summary of Benefits are applied.

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

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

Co-ordination of Benefits

If you or your dependents 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 dependent.

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 dependents 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, or if your dentist has recommended dental treatment involving dentures, bridges or crowns, you may have your dentist prepare a pre-treatment plan that you can submit to Sun Life before you start treatment. For any other dental treatment, you can call Sun Life at 1 800 361-6212 to determine if the recommended dental treatment is eligible for payment.

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.

Alternate Benefit

When deciding what payment will be administered for a procedure, Sun Life may take into account alternate procedures, services, courses of treatment and materials available, and may provide dental benefits based on the least costly procedure, service, course of treatment and materials which will produce a professionally adequate result that is consistent with current, accepted standards of dental practice.

Exclusions and Limitations

No benefit is payable for

- 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 performed by a person who is ordinarily a resident in the patient's home or who is closely 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 unless explicitly listed as covered under this benefit.

Anaesthesia and laboratory procedure charges must be completed in conjunction with other services and the amount payable will be limited to the reimbursement percentage of the services they are being performed in conjunction with. Laboratory charges are payable at 100% of the fee for the procedure in the Dental Fee Guide shown on the Summary of Benefits.

At Termination

If you die, your covered dependent's Dental Benefits will be continued up to the date you would have turned age 65, as long as the Dental provision remains in force. Your dependents must contact your Plan Administrator to arrange the extension of coverage.

Dental Provision – Diagnostic/Preventive Benefit

Eligible Expenses

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

a. examination and diagnosis
   - oral examination (once every 3 calendar years),
   - limited oral examination (once every 3 calendar years),
   - recall examination (twice in a calendar year),
   - limited periodontal examination (twice in a calendar year),
   - specific oral examination (twice in a calendar year),
   - emergency examination,
   - examination and diagnosis (twice in a calendar year),
   - special oral examination,
   - treatment planning,
   - minor emergency treatment,
   - consultation,
   - house call, institutional call, office visit and after hours calls,

b. tests and laboratory examinations
   - microbiological,
   - biopsy of oral tissue,
   - cytological,
   - pulp vitality tests,
   - laboratory reports,

c. radiographs
   - complete series (once every 3 calendar years),
   - periapical,
   - occlusal,
   - bitewing (twice in a calendar year),
   - extraoral,
   - skull and facial bone (once every 2 calendar years),
   - sialography,
   - radiopaque dyes to demonstrate lesions (once every 2 calendar years),
   - tempormandibular joint dysfunction (once every 2 calendar years),

- panoramic (once every 2 calendar years),
- interpretation of radiographs received from another source,
- duplications,

d. preventive services
- dental polishing (twice in a calendar year),
- preventive scaling
- topical application of fluoride phosphate (twice in a calendar year),
- oral hygiene instruction (once in a lifetime),
- oral hygiene - group instruction (once in a lifetime),
- oral hygiene reinstruction (once in a lifetime),
- pit and fissure sealants,

e. control of oral habits
- appliances,

f. space maintainers

g. emergency treatment

h. laboratory procedures

i. anaesthesia (if performed in conjunction with oral or periodontal surgery, fractures or dislocations)
- general anaesthesia,
- deep sedation,
- conscious sedation

Exclusions

No benefit is payable for

1. expenses for cosmetic services,
2. expenses for replacement of space maintainers which have been lost, stolen or mislaid,
3. expenses incurred for full mouth reconstructions, for vertical dimension correction or for correction of temporomandibular joint dysfunction,
4. expenses incurred under any of the conditions listed on the Dental Provision page as an Exclusion or Limitation.

Dental Provision – Restorative Benefit

Eligible Expenses

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

a. restorations
   - caries and trauma control,
   - amalgam,
   - acrylic or composite resin,

b. denture repairs and adjustments

c. relining and rebasing of dentures

d. denture prophylaxis and polishing

e. resetting of teeth (once every 36 months)

f. surgical services
   - uncomplicated removals,
   - surgical removals and repositioning,
   - alveolitis, post surgical care

g. laboratory procedures

The addition of teeth to an existing partial denture is an eligible expense if the addition is required to replace one or more teeth removed while you or your covered dependent are covered under this benefit.

Rebasing, relining of dentures or tissue conditioning will be covered providing 1 year has elapsed since installation of the denture. Subsequent treatments are allowed every 36 consecutive months, as required.

Exclusions

No benefit is payable for

1. expenses for cosmetic services,
2. expenses incurred for the treatment of malocclusion or for orthodontic treatment,
3. expenses incurred for full mouth reconstructions, for vertical dimension correction or for correction of temporomandibular joint dysfunction,
4. expenses for replacement of dentures and addition of teeth to existing dentures except as provided under Eligible Expenses,
5. expenses incurred under any of the conditions listed on the Dental Provision page as an Exclusion or Limitation.

Dental Provision – Periodontic Benefit

Eligible Expenses

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

a. periodontics
   - non surgical services,
   - occlusal adjustment/equilibration (not exceeding 8 time units per lifetime),
   - scaling and root planing (not exceeding 16 time units per year),
   - appliances, maintenance, adjustment and repair,
   - surgical services,
   - post surgical treatment,
   - post treatment evaluation,
   - adjunctive procedures,

b. major surgery
   - exposure of teeth,
   - alveoloplasty,
   - surgical excision,
   - tumors,
   - enucleation of cyst,
   - surgical incision,
   - extraoral absesses,
   - fractures and reductions,
   - lacerations,
   - frenectomy,
   - glossectomy,
   - salivary glands,
   - antral surgery,
   - dislocations,
   - miscellaneous surgical services,

c. micro-abrasion

d. laboratory procedures

If scaling treatment is covered under both preventive and periodontic services, Sun Life will determine whether such treatment is payable under the preventive or periodontic services based on the following:

- Scaling treatment shall be considered preventive scaling provided the charge for such treatment is for less than 2 units of time.
- Scaling treatment shall be considered periodontal scaling provided the charge for such treatment is for 2 or more units of time.

Exclusions

No benefit is payable for

1. expenses for cosmetic services,
2. expenses for replacement of periodontal appliances which have been lost, stolen or mislaid,
3. expenses for full mouth reconstructions, for vertical dimension correction or for correction of temporomandibular joint dysfunction,
4. expenses incurred under any of the conditions listed on the Dental Provision page as an Exclusion or Limitation.

Dental Provision – Denture Benefit

Eligible Expenses

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

a. partial and complete dentures
   - complete dentures,
   - partial dentures,

b. remakes and adjustments
   - adjustment to dentures,
   - remake partial dentures,

c. laboratory procedures

Replacement of an existing denture or bridgework with a denture, is an eligible expense if the replacement is required to replace an existing denture which was installed at least 5 years before the replacement.

If the existing denture is an immediate or transitional denture and replacement by a permanent denture is required, the permanent denture must be replaced within 12 months from the date of installation of the immediate or transitional denture. If the immediate or transitional denture is not replaced within 12 months of installation, such denture will be considered a permanent denture. This provision will not apply in the case of accidental injury involving a covered dependent under age 18.

Exclusions

No benefit is payable for

1. expenses for cosmetic services,
2. expenses for replacement dentures which have been lost, stolen or mislaid,
3. expenses for replacement of dentures and addition of teeth to existing dentures except as provided under Eligible Expenses,
4. expenses incurred under any of the conditions listed on the Dental Provision page as an Exclusion or Limitation.

Dental Provision – Bridge Benefit

Eligible Expenses

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

a. fixed bridgework
   - bridge pontics,
   - retainers,
   - other prosthetic services,

b. repairs and adjustments
   - repairs to bridges,
   - porcelain repairs,

c. laboratory procedures

Replacement of an existing denture or bridgework with bridgework is an eligible expense if the replacement is required to replace an existing denture or bridgework which was installed at least 5 years before the replacement.

Exclusions

No benefit is payable for

1. expenses for cosmetic services,
2. expenses for crowns and onlays, placed on a tooth not functionally impaired by incisal angle or cuspal damage,
3. expenses for prosthetic devices which are ordered while you or your covered dependent are covered under this benefit but are installed after termination of this benefit,
4. expenses for replacement of bridgework and addition of teeth to existing bridgework except as provided under Eligible Expenses,
5. expenses for permanent splinting,
6. expenses for full mouth reconstructions, for vertical dimension correction or for correction of temporomandibular joint dysfunction,
7. expenses incurred under any of the conditions listed on the Dental Provision page as an Exclusion or Limitation.

Dental Provision – Crown Benefit

Eligible Expenses

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

a. crowns, inlays, onlays
   - inlays and onlay restorations,
   - crowns,
   - other restorative services,
   - prefabricated restorations

b. repairs and adjustments
   - porcelain repairs,
   - recementing crowns,

c. laboratory procedures

Crowns, inlays, onlays and veneers are eligible only if required due to fracture (not exclusive to cuspal/incisal) or disease (not exclusive to cuspal/incisal) where the same professionally adequate result could not be attained by an amalgam or an acrylic or composite resin.

Replacement of an existing crown, inlay or onlay is an eligible expense if the replacement is required to replace an existing crown, inlay or onlay.

Coverage for a crown, inlay or onlay placed on a permanent molar is limited to the cost of a full metal crown, inlay or onlay.

Exclusions

No benefit is payable for

1. expenses for cosmetic services,
2. expenses for crowns and onlays, placed on a tooth not functionally impaired by incisal angle or cuspal damage,
3. expenses for prosthetic devices which are ordered while you or your covered dependent are covered under this benefit but are installed after termination of this benefit,
4. expenses for replacement of crowns, inlays or onlays except as provided under Eligible Expenses,
5. expenses for permanent splinting,
6. expenses for full mouth reconstructions, for vertical dimension correction or for correction of temporomandibular joint dysfunction,
7. expenses incurred under any of the conditions listed on the Dental Provision page as an Exclusion or Limitation.

Dental Provision – Endodontic Benefit

Eligible Expenses

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

a. endodontics
   - caries, trauma control,
   - pulp capping,
   - pulpotomy,
   - pulpectomy,
   - root canal therapy,
   - apical services,
   - other endodontic procedures,
   - emergency procedures,

b. laboratory procedures

Exclusions

No benefit is payable for

1. expenses for cosmetic services,
2. expenses incurred under any of the conditions listed on the Dental Provision page as an Exclusion or Limitation.

Respecting your privacy

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