

**RETIREE EXTENDED HEALTH CARE
 PLAN 2 (EHC Plan 2)**

You have elected coverage under Extended Health Care Plan 2. The following provides a description of reimbursement and covered expenses.

WHAT IS COVERED

Deductible	Nil
Reimbursement	100% - Generic Drugs; 85% of all other drugs 100% - Hearing Aids subject to the hearing aid maximum 100% - Dentures, Endodontic and Periodontal Services 50% - Crowns, Bridges, Inlays, Onlays 50% - Massage Therapy subject to the paramedical maximum 85% - All other Expenses Please note: some specific expenses are subject to dollar maximums. Please check the specific covered expense for this information.
Overall Maximums Dental Services	\$2,000 per person per calendar year based on the fees stated in the Ontario Dental Association Fee Guide for General Practitioners one year prior to the date the expense is incurred.
All Other Expenses	Unlimited
HEARING AIDS	100% reimbursement of expenses for hearing aids, maintenance and repairs up to \$3,000 per person every 3 benefit years* when prescribed in writing by an ear, nose and throat specialist. Benefit years commence July 1 with the first 3-year benefit period running from July 1, 2005 to June 30, 2008. Subsequent periods will commence 2008, 2011, etc. Reimbursement includes mandatory integration with the Assistive Devices Program in your province of residence. (See "How to file a claim" for further information.)
DRUGS Covered Expenses	100% of eligible Generic Drugs and 85% of all other eligible drugs. Drugs requiring a written prescription by a physician/dentist

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	<p>or, in Ontario, a Registered Nurse in the Extended Class, and are obtained from a pharmacist. Drugs include oral contraceptives, diabetic and ostomy supplies and some medications available without a prescription if used in the treatment of documented chronic conditions.</p> <p>Excluded are weight loss or dietary supplement products and medications available over the counter other than for the treatment of documented chronic conditions.</p>
Ambulance	<p>Medically necessary transportation in a licensed land ambulance to and from the nearest hospital that is able to provide the necessary medical services. Where your provincial medicare plan requires a co-payment for ambulance services, this plan will reimburse 85% of the co-payment amount.</p>
Private Duty Nursing	<p>Out-of-hospital services of a registered nurse or registered trained attendant. Services are for nursing care and not for custodial care. The nurse or trained attendant must be licensed, certified or registered in the province where you live and must not normally live with you.</p>
PARAMEDICAL	<p>85% reimbursement for Chiropractor*, Osteopath*, Podiatrist*, Chiropodist*, Naturopath, Physiotherapist, Psychologist, Speech Therapist, Occupational therapist, Audiologist, Optometrist/Ophthalmologist & Acupuncturist ;</p> <p>50% reimbursement for Massage Therapist</p> <p>Paramedical Maximum: \$1,500 per person per calendar year for all practitioners combined; plus \$200 lifetime reimbursement per person for Intra-optic Lens following cataract surgery.</p> <p>* Includes one x-ray examination per specialty each calendar year.</p>
Orthotics & Orthopaedic shoes	<p>3 pair per calendar year for dependents under age 8; 2 pair per year for dependents age 8 but under 18; 1 pair per calendar year for all other covered individuals.</p>

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Medical Supplies & Equipment	Casts, splints, braces, crutches, wheel chairs and other durable medical equipment for therapeutic use as provided under the plan. Includes 50% reimbursement for medically necessary insulin infusion pumps up to a maximum of \$2,500 per person every 10 years.
Comfort & Convenience Items	Subject to the recommendation of a doctor, outdoor wheelchair ramp once lifetime up to \$2,000; elevated toilet seat; shower chair; bed, bathtub and toilet rails; commode.
Breathing Equipment	Oxygen and its administrative equipment.
Prosthetic Equipment	Artificial eyes and limbs including repairs and replacement when necessary; external breast prosthesis and surgical bras up to \$600 per person per calendar year.
Dental Injuries	Dental services received within 6 months of an accidental injury to natural teeth. Reimbursement is limited to the stated fee in the Dental Association Fee Guide of your province of residence. <i>If your dental accident claim is not fully covered under this provision, additional expenses may be eligible under the Dental Benefits noted below.</i>
DENTAL EXPENSES – Limited to \$2,000 per person per calendar year	
Covered Fees	The fees stated in the Ontario Dental Association Fee Guide for General Practitioners one year prior to the date the expense is incurred.
Endodontic Services (100% reimbursement)	Root canal therapy and root canal fillings, and treatment of disease of the pulp tissue.
Periodontal Services (100% reimbursement)	Treatment of disease of the gum and other supporting tissue.
Denture Services (100% reimbursement)	Complete upper and lower dentures limited to once every three years per arch; Partial dentures limited to once every three years; Denture adjustments, repair, relining and rebasing of existing partial or complete dentures; Laboratory fees associated with denture services.

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Denture Services (cont')	Replacement of standard dentures is not considered an eligible expense during the three-year period following the construction or insertion of its predecessor except where it is needed to replace a standard denture which has caused temporomandibular joint disturbances and which cannot be economically modified to correct the condition; or, it is needed to replace a transitional denture which was inserted shortly following extraction of teeth and which cannot be economically modified to the final shape required.
Bridges, crowns, inlay and onlay services (50% reimbursement)	Bridges and crowns including repairs; Inlays, Onlays and pins in inlays, onlays and crowns, post and core. Replacement of a bridge is not considered an eligible expense during the three-year period following the construction or insertion of its predecessor except where it is needed to replace a bridge which has caused temporomandibular joint disturbances and which cannot be economically modified to correct the condition.
Other Dental Services (100% reimbursement)	Services directly relating to covered expenses including <ul style="list-style-type: none"> - consultations with another dentist - retentive pins, prefabricated full coverage restorations - extractions directly relating to crown, bridge and denture services. - anaesthesia

WHAT IS NOT COVERED

The Plan will not pay for the costs of:

- ◆ Services or supplies not included in the list of eligible expenses as noted above.
- ◆ Services or supplies payable in whole or in part under the provisions of the medicare plan in your province or territory of residence.
- ◆ Services or supplies for which the person is eligible for payment under any group medical, surgical or hospital plan.
- ◆ Medical services or supplies over the reasonable and customary charges in the locality where they are provided.
- ◆ Dental services for any portion of the charge over the usual, customary and reasonable charge of the least expensive alternate service or material consistent

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with adequate dental services when such alternate service or material is customarily provided.

- ◆ Procedures performed primarily to improve appearance.
- ◆ The replacement of lost, misplaced or stolen dental appliances.
- ◆ Charges for completing claim forms.

The plan will not pay benefits when the claim is for an illness or injury resulting from:

- ◆ The hostile action of any armed forces, insurrection or participation in a riot or a civil commotion.
- ◆ Any work for which you were compensated that was not done for the College providing this plan.
- ◆ The plan will also not pay benefits when compensation is available under the Workplace Safety and Insurance Act, Criminal Injuries Compensation Act or similar legislation.

COVERAGE PROVISIONS

- **You may change your coverage to Extended Health Care Plan 3 on February 1st of any future year.**
- If you elect coverage under EHC Plan 3 at some future date, EHC Plan 2 and the Dental Plan are no longer available to you.
- If you elect coverage under EHC Plan 2, EHC Plan 1 and the Dental Plan are no longer available to you at any future date.
- You may cancel this coverage on the first of any month with ADVANCE written notice to your college benefits plan administrator.
- Coverage is cancelled coincident with the date you cease paying the required premium.
- Extended health care benefits are cancelled coincident with the date you no longer are eligible for coverage under a Canadian provincial or territory medicare plan.

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ELIGIBILITY

You and your eligible dependents may participate in this plan provided:

- you qualify for and commence receiving a lifetime monthly pension from the Colleges of Applied Arts and Technology Pension Plan or the Teachers' Pension Plan immediately upon your retirement;
- you elect coverage within 31 days of your retirement date; and
- you continuously maintain coverage under your Canadian medicare plan in your province or territory of residence.

Eligible Dependents

Eligible Dependents include your spouse/partner, your unmarried children and your spouse's/partner's unmarried children (other than foster children) who are residents of Canada.

Spouse is:

- your spouse or partner by virtue of a legal marriage; or
- your partner of either sex in a relationship of some permanence, if you are the natural or adoptive parents of a child, as defined in the Family Law Act, 1990 (Ontario); or
- your partner who cohabits with you in a conjugal or homosexual relationship continuously for a period of not less than one year; or
- your partner who is publicly maintained and represented as your spouse continuously for a period of not less than one year.

Only one person at a time can be covered as your Spouse/Partner.

Eligible Dependent Children are:

- unmarried and under age 21, who live with you in a normal parent/child relationship;
- unmarried and under age 21 for whom you are appointed legal guardian and who live with you in a normal parent/child relationship;
- unmarried and age 21 but under age 25 if attending college or university as a full-time student as long as the child is entirely dependent on you for financial support;
- unmarried and age 21 or over if mentally or physically handicapped provided the child became disabled prior to age 21, is incapable of financial self-support and is dependent on you for financial support and maintenance.

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COVERAGE UNDER MORE THAN ONE GROUP PLAN

If you have Extended Health Care coverage under your Spouse's/Partner's or any other group insurance plan, the Co-ordination of Benefits provision allows claims to be made under both plans. The rules for benefit co-ordination are as follows:

- ◆ **Your claims** must be submitted to the College plan first. If there is any unpaid portion, the claim would then be submitted to your Spouse's/Partner's plan.
- ◆ **Your Spouse's/Partner's claims** must be submitted their plan first. If there is any unpaid portion, the claim would then be submitted to the College's plan.
- ◆ **Your Children's claims** must be submitted to the plan of the parent who is born on the earliest month and day in the year. If there is any unpaid portion, the claim would then be submitted to the other parent's plan.

SURVIVOR BENEFITS

Provided your dependents were covered under this plan at the time of your death, they may continue their coverage under the plan by paying 100% of the required premium until the earliest of the following:

- ◆ The date they no longer qualify as an eligible dependent
- ◆ The end of the period for which premiums have been paid
- ◆ The date the survivor cancels the coverage
- ◆ The date the survivor dies

HOW TO FILE A CLAIM

EXTENDED HEALTH CARE CLAIMS

Claims should be submitted on a regular basis. Where possible, you should accumulate your claims until they exceed \$50 prior to submitting them to Sun Life.

Where an eligible expense is covered by an Assistive Devices program, Home Oxygen program or other service administered by your province of residence, claims for equipment (such as wheel chairs, hearing aids and other related supplies) must first be filed with the provincial medicare plan. Reimbursement from this plan will be coordinated with the provincial program in your province of residence. Your doctor, health-care specialist or health-care provider will assist you in filing these claims.

Time Limits for Filing Extended Health Care Claims

Claims must be received by Sun Life within the earliest of:

- ◆ 18 months following the date on which the expense was incurred

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- ◆ 90 days following the end of your Extended Health Care coverage, or
- ◆ 90 days following the termination of the Extended Health Care provision.

DENTAL CLAIMS

Dental claims should be submitted to Sun Life on a regular basis as they are incurred. They may be submitted electronically by your dentist or you may submit them. Whether submitted by you or by your dentist, you should retain a copy of the dental claim form and the subsequent payment statement for future reference.

Mandatory Predetermination of Dental Expenses

As this plan covers only major dental services, you are required to submit a pre-determination form to Sun Life before the work is done so that both you and your dentist are aware of the expenses that will be covered by the plan.

Time Limits for Filing Dental Claims

Claims must be received by Sun Life within the earliest of:

- ◆ the end of the calendar year following the year in which the expense was incurred
- ◆ 90 days following the end of your Dental Care coverage, or
- ◆ 90 days following the termination of the Dental Care provision.

EXTENDED HEALTH CARE AND DENTAL CLAIM FORMS

- ◆ May be obtained from your college benefits plan administrator,
- ◆ May be obtained from Sun Life's website, and
- ◆ Accompany any claim payment that is sent directly to you.

CONTACTING SUN LIFE

You may contact Sun Life directly using one of the following methods:

- ◆ web address is www.sunlife.ca
- ◆ email address is askus@sunlife.com
- ◆ Toronto telephone number is 416-753-4300
- ◆ Toll-free telephone number is 1-800-361-6212

Should you require assistance, please contact your college benefits plan administrator.

**YOU MAY VIEW THE CURRENT COPY OF THIS BENEFIT INFORMATION ON THE
WEB AT www.thecouncil.on.ca UNDER THE "BENEFITS" SECTION.**