**ACTIVE PARTIAL LOAD EMPLOYEES**  
Sun Life Contract No. 50832  
Benefits Effective February 1, 2018

This “Benefits at a Glance” provides brief highlights of your Group Insurance Benefit Coverage with the Colleges. If you have detailed questions, please contact your Human Resources and/or Benefits Department at your College. If there is any discrepancy between this document and the Group Insurance Contract, the Contract will apply without exception.

### BASIC LIFE INSURANCE (OPTIONAL)

<table>
<thead>
<tr>
<th>Schedule of Coverage</th>
<th>$25,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver of Premium when Disabled</td>
<td>Yes – to age 65</td>
</tr>
</tbody>
</table>
| Coverage Ceases on later of | - termination of employment  
- at retirement unless you elect Retiree Life Insurance coverage within 31 days |

### ACCIDENTAL DEATH & DISMEMBERMENT

<table>
<thead>
<tr>
<th>Schedule of Coverage</th>
<th>$25,000 (equal to your Basic Life Insurance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver of Premium when Disabled</td>
<td>Yes – to age 65</td>
</tr>
</tbody>
</table>
| Coverage Ceases on later of | - termination of employment  
- at retirement |

### SUPPLEMENTAL LIFE INSURANCE (OPTIONAL)

<table>
<thead>
<tr>
<th>Schedule of Coverage</th>
<th>Units of $10,000 Maximum of 6 units ($60,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver of Premium when Disabled</td>
<td>Yes – to age 65</td>
</tr>
</tbody>
</table>
| Coverage Ceases on later of | - age 65  
- termination of employment  
- at retirement unless you elect Retiree Life Insurance coverage within 31 days |

### DEPENDENT OPTIONAL LIFE INSURANCE (OPTIONAL)

| Schedule of Coverage | Spouse - $5,000  
Each Child - $2,000 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver of Premium when Disabled</td>
<td>Yes – to age 65</td>
</tr>
</tbody>
</table>
| Coverage Ceases on earlier of | - age 65  
- termination of employment  
- at retirement unless you elect Retiree Life Insurance coverage within 31 days |

### HEALTH CARE (BASIC)

<table>
<thead>
<tr>
<th>Semi-Private Hospital</th>
<th>100% reimbursement unlimited in Canada</th>
</tr>
</thead>
</table>
| Deductible Reimbursement | Nil  
85% for all expenses Unlimited |
| Overall Maximums | Pay Direct Drug Card; drugs with a DIN requiring a written prescription by a physician, dentist or registered nurse including oral contraceptives, diabetic and colostomy supplies. Excluded are weight loss or dietary supplement products and medications available over the counter. |
| Drugs (with a DIN) | Artificial eyes and limbs including repairs and replacement when necessary; external breast prostheses and surgical bras up to $600 per person per year |
| Paramedical Services | Oxygen and its administrative equipment |
| Orthopedic shoes | 2 pair per year for dependents under age 8, 1 pair per year for all other covered individuals |
| Medical Supplies & Equipment | Prosthetic Equipment (excluding myoelectric appliances) |
| Emergency out of Province/Country and Travel Assistance | Reimbursement – 100% Hospital charges Physicians’ services over and above the amount reimbursed by the provincial medicare plan. Lifetime maximum - $2 million for Out of Country |
| Ambulance | Yes |
| Private Duty Nursing | Yes |
| Orthopedic shoes | 2 pair per year for dependents under age 8, 1 pair per year for all other covered individuals |
| Medical Supplies & Equipment | Prosthetic Equipment (excluding myoelectric appliances) |
| Prosthetic Equipment | Artificial eyes and limbs including repairs and replacement when necessary; external breast prostheses and surgical bras up to $600 per person per year |
| Emergency out of Province/Country and Travel Assistance | Reimbursement – 100% Hospital charges Physicians’ services over and above the amount reimbursed by the provincial medicare plan. Lifetime maximum - $2 million for Out of Country |
| Survivors Benefits | Yes |
| Coverage Ceases on later of | - termination of employment  
- at retirement unless you elect Retiree Health Care coverage within 31 days |

### VISION CARE (OPTIONAL)

<table>
<thead>
<tr>
<th>Coverage Ceases on later of</th>
<th>100% of expenses up to $400 every 2 benefit years for adults and each benefit year for dependent children under 18. Covered expenses</th>
</tr>
</thead>
</table>
HEARING CARE (OPTIONAL)

- $3,000 per person every 3 benefit years
- $2,500 person/calendar year
- $2,500 lifetime per person

CRITICAL ILLNESS (OPTIONAL)

Survivor Benefits

- Yes
- Coverage Ceases on later of
  - termination of employment
  - at retirement unless you elect Retiree Vision Care coverage within 31 days

Minimum-$25,000; Maximum-$200,000; Units of $25,000

Eligibility

- under age 65
- reside in Canada
- be actively at work
- non-medical up to $50,000
- provide proof of your good health over $50,000 or on late application

Please refer to the Critical Illness Brochure and information package available from your Human Resources/Benefits Department

DEFINITION OF DEPENDENT

Dependent(s): your spouse/partner, your children, your spouse/partner’s children, who are residents of Canada or the U.S.A.

Spouse: your legal spouse by marriage or common-law spouse/partner.

Note: spouse/partner will cease to meet the definition of a person eligible to be qualified as your dependent upon the earlier of:
- the date you have entered into a “Separation Agreement” with your spouse/partner; or
- having lived separate and apart from your spouse/partner for not less than 12 months

Dependent Child: unmarried and under age 21. Coverage may be extended while a full-time student, under the age of 25. Dependent children can continue to be covered beyond age 21 (age 25) if physically or mentally disabled and are financially dependent on you.

GENERAL EXCLUSIONS & LIMITATIONS

No Benefit will be paid for charges incurred:
- a result of war, declared or not, participation in civil commotion, riot or insurrection or while serving in the armed forces
- participation in a criminal offence
- for services or supplies for cosmetic purposes unless required as a result of an accident or injury
- for services that are eligible for reimbursement under any government plan
- lost, misplaced or stolen equipment or supplies
- for care, services or supplies with are not medically necessary
- for expenses that exceed the reasonable and customary charge for the area in which they are incurred
- for experimental treatment or supplies

DENTAL (OPTIONAL)

Deductible Nil

Reimbursement

- Basic, Endodontic, Periodontal, and Dentures
  - Crowns & Bridges
  - Orthodontia

- 100%
- 50%
- 50%

Maximum

- $2,500/person/calendar year
- $2,500 lifetime per person

Fee Guide

- One Year Lag

Basic Services

- Examinations, x-rays, tests and laboratory reports, fillings, space maintainers for missing primary teeth, caries, trauma and pain control, extractions, surgery and related anesthesia.
- Recall exams, bitewing x-rays, polishing, scaling and fluoride are limited to twice every year; full mouth exams and x-rays limited to once every 24 months.

Endodontic & Periodontal

- Root canal therapy and treatment of the gum tissue

Dentures

- Full and partial dentures once every 3 years and repairs, rebasing and relining

Crowns & Bridges

- Crowns, bridges, repairs and maintenance of crowns and bridges.

ORTHODONTICS

Examinations, diagnosis, consultations, appliances and other services for the straightening of the teeth

Survivor Benefits

- Yes

Coverage Ceases on later of

- termination of employment
- at retirement unless you elect Retiree Dental coverage within 31 days

Note: your Exclusions & Limitations

GENERAL CONTACTS

YOUR COLLEGE HUMAN RESOURCES / BENEFITS DEPARTMENT

YOUR INSURANCE COMPANY:

- Sun Life
- P.O. Box 2010, STN Waterloo
- Waterloo, Ontario
- N2J 0A6

Health and Dental Claims
- Toll Free Inquiry Number: 1 (800) 361-6212

Last revised February 2018 – Active Partial Load