



SUN SOLUTIONS™

Group benefits for businesses with 50 or more employees

Life's brighter under the sun



CONTENTS

SUN SOLUTIONS	3	OTHER BENEFITS	22
BRIGHT PROMISE SERVICE GUARANTEE	4	Health Spending Account (HSA)	22
SERVICE SUMMARY	5	Personal Spending Account (PSA)	23
PRODUCT SUMMARY	8	Critical Illness Insurance (CII)	24
HEALTH, DRUGS AND DENTAL	8	My CHOICE Plans for plan members losing coverage	25
Extended Health Care (EHC)	8	• My Life Choice	25
Drug plans	9	• Choices CII	25
Dental Care	13	• My Health Choice	25
LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	16	International benefits	25
Member Life	16	Inpatient Health Plan	26
Member Optional Life	16	PRODUCT DETAILS	29
Member Accidental Death & Dismemberment (AD&D)	17	HEALTH, DRUGS AND DENTAL	29
Member Optional Accidental Death & Dismemberment (AD&D)	17	Extended Health Care	29
Dependent Life	18	Travel Benefit	34
Spouse Optional Life	18	Drug plans	35
Spouse Optional Accidental Death & Dismemberment (AD&D)	18	Dental Care	36
ABSENCE AND DISABILITY MANAGEMENT	19	LIFE AND AD&D	38
Salary Continuance Services	19	Life (applies to all Life benefits)	38
Short-Term Disability	19	AD&D schedule of losses (applies to all quoted AD&D benefits)	39
Long-Term Disability	20	ABSENCE AND DISABILITY MANAGEMENT	42
Health & Wellness	21	Salary Continuance Services	42
Employee Assistance Program (EAP)	21	Short-Term Disability	43
		Long-Term Disability	44
		OTHER BENEFITS	48
		Health Spending Account	48
		Critical Illness Insurance	48
		Inpatient Health Plan	49

SUN SOLUTIONS

Offering group benefits coverage for 50 or more employees

With Sun Life, you can deliver exceptional employee benefits that meet your organization's needs. And you can realize your talent strategy.

As a Canadian leader in employee benefits, we listen, understand and innovate to deliver benefit solutions for today and tomorrow.

Working with you

Your success is our yard stick. Our experienced team and technology will help you achieve your objectives.

Sun Solutions offers plan design flexibility and an easy plan member and plan sponsor experience. The mobile and online features addresses your unique regional, industry and business needs.

Helping you manage your benefits investment

Our expertise and solutions help you manage your costs. Get the most out of every dollar you put into your plan, through:

- Our Real Health Solutions powered by Lumino Health. These help keep healthy employees healthy. They also look after those at risk while encouraging improved employee engagement and productivity.
- Disability management solutions guided by a "work is healthy" philosophy. They deliver strong return-to-work and duration results.
- Pharmaceutical benefit solutions that help manage increasing costs and work towards long-term plan sustainability. This benefits both plan sponsor and plan member needs.

These, along with health or personal spending accounts, and voluntary benefits help make the most of every dollar spent on your plan.

Helping you compete for talent

Employees who value their benefits plan may exhibit higher loyalty to their employers. We will offer your employees an exceptional experience that enhances their appreciation of you.

BRIGHT PROMISE SERVICE GUARANTEE

Our Bright Promise service guarantee is straightforward and unconditional – supporting our ability to meet service expectations.

If you decide we've fallen short, we will compensate* you. But more importantly, we'll discuss your concerns and work towards ensuring that we meet your service expectations in the future.

By listening, understanding and working with you, we can deliver more than just a group benefits plan. Together we can deliver innovative benefits and wellness solutions for today and tomorrow.



Putting client service at the heart of everything we do.
Sun Life's Group Benefits Service Guarantee.

To find out more about Bright Promise: sunlife.ca/brightpromise

Using this document

To find specific Sun Solutions product information, you can:

- Use the links in the document's table of contents, or
- Use the navigation bar on the left of your screen, or
- Use the links in key locations throughout the **Product summary on page 10** to go directly to corresponding information in **Product details on page 31**
- The information in this brochure provides you with an overview of available coverage options and features. It is for illustrative purposes only. They are subject to change. If you purchase a Sun Life benefit plan, then the terms of your contract will take priority over the descriptions in this brochure.

* Maximum compensation applies. Compensation amount includes all taxes, if applicable.

This document is subject to change at any time. It is not an offer or a contract. Please speak to your advisor or Sun Life group representative. They can provide you with additional information about a benefit plan as it applies to your specific circumstances.

SERVICE SUMMARY

This list of services which we include in our rates, help plan sponsors with implementation and ongoing administration of their benefits plan. We provide this list as a guide.

Implementation support

Services (if applicable)	Description of services included in our quoted rates
Implementation planning and management.	Project management. May include regular project status updates if warranted based on plan size and complexity
Number of classes/billing groups	Unlimited number of classes and billing groups
	Up to three initial electronic member data files (includes two test files) for tape-based clients
Plan member eligibility data transfer	Standard Sun Life-compatible data format for non-tape clients or conversion of plan member data to a Sun Life-compatible format. This may be Excel-based, DOS-based, text-based, etc. Can include positive enrolment and coordination-of-benefits (COB) information
Web-based administration	Online administration through our Plan Sponsor Services website (eligibility, positive enrolment, member updates, reporting) Web-eligibility file transfer (WEFT)
Claims history transfer from prior carrier	Up to two data loads (Excel-based or text-based) Health claim data transfer to include deductible, vision care, private duty nursing and lifetime maximums, etc. Dental claim data transfer to include deductible, orthodontia and benefit-year maximums, etc.
Administrator training	Initial training sessions at up to two plan sponsor locations
Plan member communication at enrolment	We provide helpful, plain language information about their group benefits plan
Plan member information sessions at enrolment	Available for groups of more than 50 lives One plan member information session at a single location
Proof of good health	Use of standard paper, PDF or electronic health statements with submission directly to our Medical Underwriting team
Benefit booklets	One booklet per plan member Sun Life standard wording and format. We provide booklets in electronic (PDF) format or print.
Drug cards	Plan members may print paper drug cards from my Sun Life. (Our paper cards are accepted by all participating pharmacies.)

SERVICE SUMMARY

Services (if applicable)	Description of services included in our quoted rates
Travel cards	Included in plan member communication on Travel Benefit and emergency travel assistance services Plan members may print personal paper travel cards from our Plan Member Services site or mysunlife.ca
Claim forms	Plan members may print personal health and dental claim forms from our Plan Member Services website You can find fillable and savable disability claim form packages are available on our Plan Sponsor site. The packages include "Claim Guides" to help plan members submit a disability claim
Total Benefits (for common Group Benefits/Group Retirement Services plan sponsors)	One common ID and password to access Group Benefits (health/dental) and Group Retirement Services. It works on our website and through our Customer Care Centre.
Premium/deposits payment methods	Pre-authorized chequing (bank withdrawal), cheque or wire transfer.

Ongoing support

Services (if applicable)	Description of services included in our quoted rates
Plan member data updates	<p>Client-administered plans: One electronic plan member data file load per week. The feed is in standard Sun Life-compatible data format, (i.e. tape or non-tape clients) or web-eligibility file transfer (WEFT).</p> <p>Clients who administer their plans using our Plan Sponsor Services website can update their plan member data on an ongoing basis</p> <p>Insurer-administered plans: Ongoing data updates as required</p>
Administrator support	<p>Ongoing client service representative support</p> <p>Ongoing help desk and technical support in using online benefits administration tools</p>
Health Spending Account management	<p>Electronic data transfer for plan member eligibility and credit information updates</p> <p>Online information for plan members about HSA benefit year summaries, deposit and withdrawal details, detailed "how-to-claim" and eligibility information</p> <p>Online HSA claim submission for plan members</p>
Plan member communication	Standard plan member communication including newsletters, bulletins and web-based health information
Reporting	<p>Web-based Group Benefits reporting services:</p> <ul style="list-style-type: none"> • Comprehensive menu of standard claim, financial and service reports • Online disability claim status available in 'real-time'
Online coverage information	Comprehensive group health coverage information (e.g. services covered, benefit maximums, deductibles, coinsurance, etc.) and dental coverage information displayed through simple navigation and powerful search engines. Seamless connection to related health information (some exceptions apply)

Services (if applicable)	Description of services included in our quoted rates
Web-based claims submission for plan members	Mobile/online submission of vision care, drugs, dental, paramedical, PSA and HSA claims (subject to controls to ensure proper claiming)
Claim payment services	Plan member choice of claim payment by electronic funds transfer (EFT) or cheque If EFT, then choice of claim statement by email notification (directing plan member to secure website) or via mail
Health and Wellness	<p>Manage your health. Lumino Health makes it easy for plan members to find resources and solutions to live healthier. These features are available when you sign-in to mysunlife.ca, or on the my Sun Life mobile app.</p> <p>Need to find a health-care professional? Lumino Provider Search can help. Find and book appointments. Refine your search based on cost, location and user ratings.</p> <p>Find exclusive savings and special offers through Lumino Resources & Offers*. Browse categories such as Vision & Hearing, Medical Products & Resources, and Mental Wellness.</p> <p>Discover regularly updated wellness and mental health content**. Read articles, watch videos, listen to podcasts and more.</p>
Lumino Health Virtual Care (LHVC)	<p>Lumino Health Virtual Care, from Sun Life, powered by Dialogue provides access to health and wellness professionals from the comfort of your home or workplace. You can learn more and register for Lumino Health Virtual Care at sunlife.ca/luminovc.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Family coverage • Prescription renewals and refills • Private, secure medical consultations via phone, video, and text, available 24 hours a day, 7 days a week • Specialist referrals and lab requests • Healthcare navigation services
Drug Lookup Tool	This tool is available on both the my Sun Life mobile app and mysunlife.ca and provides you with a trusted resource to look up medications, side effects, usage and contraindications, and potentially lower-cost alternatives. With this information at your fingertips, you can better manage your health and wealth, and have richer more informed conversations with your health-care providers.

*This section will only be visible if **Lumino Resources & Offers** are part of your plan.

** Only available through **mysunlife.ca**.

PRODUCT SUMMARY

HEALTH, DRUGS AND DENTAL

Extended Health Care (EHC)

EHC plans typically include hospital, drugs (Pay-Direct), paramedical coverage, private duty nursing, medical equipment and supplies. They also include orthopaedic shoes, orthotics, hearing aids and out-of-province/country coverage. We can remove any of these on request. Plans can include vision care, coverage for medical cannabis, and gender affirmation coverage upon request. To be eligible for EHC coverage, plan members and dependents must have provincial plan coverage.

Eligibility waiting period	By plan sponsor request (must be the same for all EHC benefits)
Benefit year	<p>Any 12-month period. We can base this on a calendar year. You can request that we lengthen or shorten your first benefit year</p> <p>For plans with Pay-Direct Drugs (PDD): If annual deductibles, co-payments and/or maximums are combined with EHC expenses, the benefit year must be based on the calendar year</p>
Yearly deductible	<p>Single, family by plan sponsor request</p> <p>Deductible typically does not apply to in-province hospital or vision care</p> <p>Deductible typically not combined with Dental Care deductible, if dental benefits exist</p> <p>Optional features:</p> <ul style="list-style-type: none">• Separate deductibles for EHC and drugs• Carry over deductibles paid in the last three months of the benefit year to satisfy the annual deductible for the following year. Typically applies to all benefits where deductibles apply <p>See Drug plans on page 11 for more information on deductibles</p>
Reimbursement level (percentage covered)	<p>By plan sponsor Disability practice inquiries mailbox for Disability section</p> <p>Sliding co-payments on EHC plans</p> <p>We can administer sliding co-payments:</p> <ul style="list-style-type: none">• If benefit year is the calendar year, or• If benefit year is a 12-month period other than calendar year, and PDD plan maximum doesn't include sliding co-payments
Benefit year maximum	<p>Unlimited unless otherwise requested (typically applies to all EHC benefits including drugs)</p> <p>See Drug plans on page 11 for more information on benefit year maximums</p>

Lifetime maximum	<p>Unlimited unless otherwise requested (applies to all EHC benefits including drugs)</p> <p>If lifetime maximums apply, there is an automatic annual reinstatement of \$1,000, unless otherwise requested (does not apply to PDD electronic claims)</p> <p>See Drug plans on page 11 below for more information on lifetime maximums</p>
Paramedical practitioners	<p>Benefit maximum options (per claimant, per benefit year):</p> <ul style="list-style-type: none"> • Maximum per type of practitioner, or • Combined maximum for all covered practitioners, or • Combined maximum for a select group of covered practitioners that is separate from maximum(s) for the other covered practitioners <p>Optional features (plan sponsor request):</p> <ul style="list-style-type: none"> • Per visit maximums • Coverage from first visit or after the provincial plan has paid its annual maximum <p>Go to Product details on page 30</p>
In-province hospital	<p>Acute-care hospital:</p> <ul style="list-style-type: none"> • Semi-private room-and-board charges, or • Private room-and-board charges <p>Benefit maximum options:</p> <ul style="list-style-type: none"> • With or without a daily maximum <p>Convalescent hospital:</p> <ul style="list-style-type: none"> • Up to \$20 per day, for a maximum of 180 days, unless otherwise requested
Vision	<p>Maximum dollar amount and benefit period by plan sponsor request. (The typical benefit period is 24 months, or 12 months if under 18 years of age).</p>
Private duty nursing	<p>Up to \$25,000 over a three-year period unless otherwise requested. Other limits available upon request subject to Sun Life approval</p>
Custom-made orthopaedic shoes and orthotic shoe inserts	<p>Orthopaedic shoes: up to \$500 per benefit year, unless otherwise requested</p> <p>Orthotic shoe inserts: up to \$350 per benefit year, unless otherwise requested</p> <p>Upon plan sponsor request, we can combine maximums for shoes and inserts</p>
Hearing aids	<p>Maximum of \$500 per person over a period of five consecutive benefit years, unless otherwise requested. Includes cost of repairs</p>
Medical services, supplies and equipment	<p>Go to Product details on page 32</p>
Medical cannabis coverage (optional)	<p>Coverage of cannabis for medical purposes following a prior approval process applies. Plan members or dependents only have coverage if they meet clinical criteria for coverage as defined by Sun Life.</p> <p>Annual maximum choice: from \$1,500 to \$6,000 for each covered person in each benefit year.</p>

PRODUCT SUMMARY

Gender affirmation coverage (Optional)	<p>Choice of two progressive levels of coverage to assist gender-diverse plan members or dependents through their gender transition:</p> <p>Core level coverage: Basic surgical procedures the covered person's provincial health care plan doesn't cover. This includes, Adam's apple and voice surgery.</p> <p>Enhanced level coverage: Additional coverage for surgical procedures to align feminine or masculine features to the transitioned gender. This includes facial bone reduction or cheek augmentation.</p> <p>Note: Enhanced coverage is only available for clients who purchase Core coverage. It is not available on its own.</p>
Travel benefit (out-of-province/country coverage)	<p>100% reimbursement unless otherwise requested. Includes:</p> <ul style="list-style-type: none">• Emergency (medical) travel assistance• Medi-Passport (non-medical travel assistance, e.g. vehicle return, etc.), unless otherwise requested <p>In Canada</p> <p>Hospital and doctor charges when not covered by the provincial plan</p> <p>Out of Canada</p> <p>Emergency hospital, doctor and ambulance charges</p> <p>Travel limit</p> <p>Travel limit of 60 days unless otherwise requested. Subject to Sun Life approval</p> <p>Benefit maximum</p> <p>Out-of-Canada emergency medical services and emergency travel assistance combined have a lifetime maximum of \$3,000,000</p>
Out-of-province/country referral	<p>To a maximum of 80% reimbursement for doctor and medical facilities. Subject to Sun Life approval.</p>
Survivor benefit (without premium payment)	<p>24 months from date of member's death</p>
Termination age	<p>The date the member's employment ends or when they retire, unless otherwise requested</p>
Waiver of premium	<p>Not included</p>
For more information	<p>Go to Product details on page 29</p>

Drug plans

Drug plan type	Pay-Direct Drugs
Yearly deductible	<p>Same as other EHC benefits unless otherwise requested</p> <p>Plans that include an annual deductible for drugs cannot also include a per-DIN deductible</p> <p>If Pay-Direct Drug (PDD) plan shares an annual deductible with EHC benefits, then the benefit year must be calendar year</p> <p>Deductible carry-over is available on request (benefit year must be calendar year)</p>
Per-DIN deductible	Available if plan does not have annual deductible for drugs
Dispensing fee cap	<p>Plan sponsor request</p> <p>PDD plans: Available in all provinces except Quebec. Pharmacy-submitted electronic claims indicate dispensing fees as a separate charge in all provinces except in Quebec.</p>
Reimbursement level (percentage covered)	<p>Plan sponsor request</p> <p>Sliding co-payments</p> <p>We can administer sliding co-payments:</p> <ul style="list-style-type: none"> • If benefit year is based on calendar year, or • If benefit year is 12-month period other than the calendar year, and sliding co-payments don't combine with EHC plan.
Benefit year maximum	<p>Unlimited unless otherwise requested. Benefit year maximum typically applies to all EHC benefits including drugs</p> <p>If the PDD plan shares a benefit year maximum with EHC benefits, then the benefit year must be calendar year</p>
Lifetime maximum	<p>Unlimited unless otherwise requested</p> <p>For annual reinstatement of lifetime maximums, see EHC on page 9</p>
Drug plan designs	<p>Prescription: Drugs legally requiring a prescription and life-sustaining over-the-counter drugs (except as noted in Product details)</p> <p>Prescribed: Prescription drugs and therapeutic over-the-counter drugs a doctor prescribes (except as noted in Product details)</p> <p>Multi-tiered plans: We can manage drug plans as single tiers and multi-tiers . There is coverage at different reimbursement levels for different drug formularies.</p> <p>Managed Drug Formularies:</p> <ul style="list-style-type: none"> • National formulary • Frozen formularies (excludes some drugs introduced after December 31 of the selected year on which the formulary was based) • Provincial formularies • Evidence-based Drug Plan (Reformulary Group Inc. engaged by Sun Life – innovation in drug cost management)

Lowest-Price Equivalent (LPE) options	<p>For Pay-Direct plans:</p> <ul style="list-style-type: none"> • Without LPE substitution: plan pays based on cost of drug submitted • LPE substitution: plan pays up to cost of LPE, or to cost of brand drug when doctor indicates “no substitution” • Mandatory LPE substitution: plan pays up to cost of LPE, even where doctor indicates “no substitution” <p>Note: For Quebec plans, minimum RAMQ requirements take precedence</p>
Optional features	<p>Plan sponsor request:</p> <ul style="list-style-type: none"> • With smoking cessation drugs (lifetime maximum of \$500) • With anti-obesity drugs (benefit-year maximum of \$1,800) • With sexual dysfunction drugs (benefit-year maximum of \$1,200) • With lifestyle drugs (lifetime maximum of \$2,400) <p>Plan sponsor request for PDD plans only:</p> <ul style="list-style-type: none"> • With trial prescription* • With maintenance drugs* <p>*Not available in Quebec</p>
Prior Authorization	<ul style="list-style-type: none"> • Streamlined process with a focus on specialty drug categories and includes a step therapy approach • Targeting a limited number of drugs, second and third-line drug therapies. These are relatively expensive in comparison.
Drug Risk Management	<p>To reduce the risks associated with new high-cost drugs coming to market, we have developed a drug review process. Through our pharmacogenomic assessment, we determine which drugs should be covered under Extended Health Care (EHC) plans. Our expert team of pharmacists leads this proactive governance. They ensure members get access to the right drug, at the right time and for the right indication.</p>
Preferred Pharmacy Network (PPN)	<ul style="list-style-type: none"> • Available to all plan sponsors with Prior Authorization. Plans with 100% of employees residing in Quebec are not eligible to participate. • PPN is a network of participating pharmacies across Canada (excluding Quebec), designed to reduce claim costs for plan members. PPN helps improve plan costs for sponsors when plan members shop for specialty drugs at participating pharmacies using their Sun Life Pay Direct Drug card.
Provincial Integration	<ul style="list-style-type: none"> • Standard plan feature for applicable provinces • Sun Life will consider payment only on amounts not covered by provincial coverage.

Reference Drug Program (RDP)	<p>RDP aims to maintain choice for plan members while lowering costs charged to your group benefits plan. Here's how it works:</p> <ol style="list-style-type: none"> 1. A category of treatments is developed. A set of drugs is grouped together that treat the same condition in the same, or a similar, way. It's called "therapeutic category." 2. Next the most cost-effective drug is identified within the therapeutic category. This is called the "Reference Drug." 3. Reimbursements are based on this cost-effectiveness. Plan members will continue to have access to all drugs in the therapeutic category. However, reimbursements will be made to plan members up to the eligible cost of the Reference Drug. This is the "Reference Drug Limit."
Drug coverage – Quebec	<p>Private plans must at a minimum match RAMQ coverage in the following three areas:</p> <ol style="list-style-type: none"> 1) formulary (types of drugs covered), 2) reimbursement levels and 3) out-of-pocket maximums <p>The plan can pay drugs on RAMQ formulary but not otherwise covered under the contract:</p> <ul style="list-style-type: none"> • At contract reimbursement level so long as the contract reimbursement level is not lower than RAMQ, or • At RAMQ reimbursement level <p>The plan can pay drugs not on the RAMQ formulary but covered under the contract at the contract reimbursement level.</p> <p>Drugs applied to the out-of-pocket maximums:</p> <ul style="list-style-type: none"> • Reimbursement plans have two options: <ul style="list-style-type: none"> • RAMQ formulary drugs only, or • all eligible drugs • PDD plans: RAMQ formulary drugs only
For more information	Go to Product details on page 35

Dental Care

Dental Care plans can be preventive only or combined with basic, major and/or orthodontic services, as the plan sponsor requests. Reasonable expenses will be covered up to the fees stated in the applicable provincial dental association fee guide or equivalent.

Eligibility waiting period	As the plan sponsor requests (must be the same for all Dental Care benefits)
	Single, family
Yearly deductible	<ul style="list-style-type: none"> • Deductible typically applies to all dental services except orthodontics • Deductible typically not combined with EHC benefits, if EHC benefits exist • Deductible carry-over is available on request

PRODUCT SUMMARY

Reimbursement level (percentage covered)	<p>As the plan sponsor requests. Can choose different reimbursement levels for:</p> <ul style="list-style-type: none"> • Preventive services • Basic services (different reimbursement level available on request for endodontics and periodontics) • Major services • Orthodontic services
Benefit year maximum	<p>By plan sponsor request</p> <p>Per-claimant benefit maximum options:</p> <ul style="list-style-type: none"> • Combined maximum for preventive/basic/major services, or • Combined maximum for preventive/basic services and a separate maximum for major services <p>Benefit-year maximum does not apply to orthodontics</p>
Lifetime maximum	By plan sponsor request (typically applies only to orthodontics)
Preventive services	<p>For list of services included Go to Product details on page 36</p> <p>Recall service frequency by plan sponsor request (typically one every five months to a maximum of two per benefit year, or one every nine months)</p> <p>Complete exam once every 24 months, or by plan sponsor request</p> <p>X-rays:</p> <ul style="list-style-type: none"> • One set of bitewing X-rays (as part of the recall services) • Complete series of X-rays every 24 months, or • One panorex every 24 months
Basic services	For list of services included Go to Product details on page 36
Major services	<p>For list of services included Go to Product details on page 36</p> <p>12-month waiting period for coverage of bridges or dentures (regardless of when teeth were extracted)</p> <p>Options: Remove or replace 12-month waiting period (above) with missing tooth exclusion. Coverage for bridges or dentures is only for teeth that were extracted after benefits took effect.</p> <p>If we include 12-month waiting period or missing tooth exclusion. We can waive it for existing plan members. If included, it can apply:</p> <ul style="list-style-type: none"> • From benefits effective date • From date of employment <p>We cover implant-supported crowns, bridges and dentures up to same maximum amount. These are subject to same provisions and limitations as tooth-supported crown or non-implant-related prosthesis. We do not cover the cost of implant/implant surgery, unless otherwise requested.</p>

Orthodontic services	<p>Eligibility for orthodontic services (plan sponsor request):</p> <ul style="list-style-type: none"> • Children only (typically up to age 19), or • All members and dependents <p>Go to Product details on page 37</p>
Alternate benefit clause	<p>We cover expenses up to the usual charge for the least expensive treatment option that will produce a professionally adequate result. This provision automatically applies to all dental services.</p>
Practitioner fee guide	<p>General practitioner fee guide or specialist fee guide or equivalent, by plan sponsor request</p> <p>Fee guide options:</p> <ul style="list-style-type: none"> • Current year • Fixed-year fee guide (maximum of five years prior to the current year), or • Lag-year fee guide (typically one to two years behind current year). Changes annually. Available only when "province of residence" feature selected (see below) • Percentage of fee guide or equivalent, (plan sponsor request) <p>Additional options:</p> <ul style="list-style-type: none"> • Based on fee guide for province where treatment is performed, or • Based on fee guide for specified province
Late applicant maximums	<p>If applying for coverage more than 31 days after becoming eligible, the maximum paid will be:</p> <ul style="list-style-type: none"> • \$300 for orthodontics in first 36 months • \$100 for all other expenses in first 12 months <p>unless otherwise requested, subject to Sun Life approval</p> <p>Note: Does not apply if member participation in the dental plan is 100% (i.e. a mandatory benefit)</p>
Termination age	<p>The date the member's employment ends or when they retire, unless otherwise requested</p>
Waiver of premium	<p>Not included</p>
Survivor benefit (without premium payment)	<p>24 months from date of member's death</p>
For more information	<p>Go to Product details on page 36</p>

PRODUCT SUMMARY

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Member Life

Eligibility waiting period	Plan sponsor request
Coverage	Flat dollar amount, or Multiples of salary rounded to next highest \$1,000
Plan maximum	Plan sponsor request, subject to Sun Life approval
Maximum without proof of good health	Plan sponsor request, subject to Sun Life approval
Waiver of premium	Includes waiver of premium, unless otherwise requested.
Reduction schedule	Plan sponsor request (typically 50% at age 65) subject to Sun Life approval
Termination age	Earlier of age 70 or retirement unless otherwise requested
For more information	Go to Product details on page 38

Member Optional Life

Eligibility waiting period	Plan sponsor request
Coverage	Available in units (dollar amounts) or multiples of salary rounded to next highest \$1,000
Plan maximum	Plan sponsor request, subject to Sun Life approval
Proof of good health	Required on all optional amounts or on any amounts exceeding the non-evidence maximum, if applicable
Waiver of premium	Waiver of premium applicable if it is included under Member Life
Termination age	Earlier of age 65 or retirement, unless otherwise requested, but not beyond age 70
Plan member awareness and education program	Personalized plan member Optional Life enrolment kits at plan implementation or for awareness campaigns
For more information	Go to Product details on page 38

Member Accidental Death & Dismemberment (AD&D)

Must have Member Life benefits to purchase Member AD&D benefits.

Eligibility waiting period	Plan sponsor request
Coverage	Flat dollar amount, or Multiples of salary rounded to next highest \$1,000
Plan maximum	Plan sponsor request, subject to Sun Life approval
Waiver of premium	We waive the premium if it is included under Member Life.
Reduction schedule	Plan sponsor request (typically 50% at age 65), subject to Sun Life approval
Termination age	Earlier of age 70 or retirement, unless otherwise requested
Optional features	Home & vehicle modification, day-care benefit, seatbelt benefit
For more information including <i>Schedule of losses</i>	Go to Product details on page 39

Member Optional Accidental Death & Dismemberment (AD&D)

Eligibility waiting period	Plan sponsor request
Coverage	Available in units (dollar amounts) or multiples of salary rounded to next highest \$1,000
Plan maximum	Plan sponsor request, subject to Sun Life approval
Waiver of premium	Waiver of premium applies if it is included under Member Life
Termination age	Earlier of age 65 or retirement, unless otherwise requested
Optional features	Home & vehicle modification, day-care benefit, seatbelt benefit
For more information including <i>Schedule of losses</i>	Go to Product details on page 39

PRODUCT SUMMARY

Dependent Life

Must have Member Life benefits to purchase Dependent Life

Eligibility waiting period	Plan sponsor request
Coverage	Flat dollar amount for spouse or child
Waiver of premium	Waiver of premium applies if it is included under Member Life
Survivor benefit (without premium payment)	24 months from date of death, unless otherwise requested
Termination age	Earlier of age 70 or retirement of plan member, unless otherwise requested
For more information	Go to Product details on page 38

Spouse Optional Life

Eligibility waiting period	Plan sponsor request
Coverage	Available in units (dollar amounts)
Plan maximum	Plan sponsor request, subject to Sun Life approval
Proof of good health	Required for all coverage amounts or on any amounts over the non-evidence maximum, if available on this plan
Waiver of premium	Waiver of premium applies if it is included under Member Life
Termination age	The earlier of: when the plan member retires or reaches age 65, or when the spouse reaches age 65, unless otherwise requested
For more information	Go to Product details on page 38

Spouse Optional Accidental Death & Dismemberment (AD&D)

Eligibility waiting period	Plan sponsor request
Coverage	Available in units (dollar amounts)
Plan maximum	Plan sponsor request, subject to Sun Life approval
Waiver of premium	Waiver of premium applies if it is included under Member Life
Termination age	The earlier of: when the plan member retires or reaches age 65, or when the spouse reaches age 65, unless otherwise requested
For more information including <i>Schedule of losses</i>	Go to Product details on page 39

ABSENCE AND DISABILITY MANAGEMENT

Salary Continuance Services

Disability management	Managed according to Plan sponsor policies and procedures or through Sun Life assessment guidelines
Maximum benefit	As determined by the Plan Sponsor
Direct offsets	As determined by the Plan Sponsor
Tax status	As determined by the Plan Sponsor
Elimination period	Plan sponsor policies and procedures or Sun Life assessment guidelines
Maternity-related disability	For absences relating to childbirth or recovery from childbirth, we will consider a plan member totally disabled during the health-related portion of the absence
All-source maximum	As determined by the Plan Sponsor
Termination age	Plan sponsor policies and procedures or Sun Life assessment guidelines
For more information	Go to Product details on page 42

Short-Term Disability

Eligibility waiting period	Plan sponsor request
Coverage	<ul style="list-style-type: none"> Percentage of eligible weekly earnings Flat amount, or Graded schedule (up to a maximum of five grades). For example, 66.67% of first \$1,000 and 50% of the remainder
Maximum benefit	Plan sponsor request, subject to Sun Life approval
Direct offsets	Go to Product details on page 43
Tax status	Taxable or non-taxable benefits, plan sponsor request
Elimination period	<p>With or without first day hospitalization, plan sponsor request</p> <p>Accident, sickness:</p> <p>Plan sponsor request</p>

PRODUCT SUMMARY

Maternity-related disability benefits	The Short-Term Disability (STD) plan is first payor during the health-related portion of the leave only in those provinces where we must comply with employment standards, human rights, etc.
	Optional features: <ul style="list-style-type: none">• The STD plan is first payor for all members covered under the contract• The STD plan “tops up” Employment Insurance only in those provinces where we must comply with employment standards, human rights, etc. This includes the supplemental unemployment benefit (SUB) plan.• The STD plan “tops up” Employment Insurance for all members covered under the contract (SUB plan)
Maximum benefit period	Up to 52 weeks or by plan sponsor request
Termination age	Earlier of age 70 or retirement
For more information	Go to Product details on page 43

Long-Term Disability

Eligibility waiting period	Plan sponsor request
Elimination period	Plan sponsor request (up to 52 weeks), and equal to the STD maximum benefit period if applicable. This is typically four or six months.
Coverage	<ul style="list-style-type: none">• Percentage of eligible monthly earnings,• Flat amount, or• Graded schedule (up to a maximum of five grades). For example, 66.67% of first \$2,625, and 50% of the remainder.
Maximum benefit	Plan sponsor request, subject to Sun Life approval
Maximum without proof of good health	Plan sponsor request, subject to Sun Life approval
Maximum benefit period (if disabled)	To age 65
Direct offsets	Go to Product details on page 45
Tax status	Taxable or non-taxable benefits, based on plan sponsor request
All-source maximum	<ul style="list-style-type: none">• If non-taxable benefit: 85% of pre-disability net income• If taxable benefit: 85% of pre-disability gross income For items included in “all-source maximum” Go to Product details on page 45
Pre-existing condition limitation	Subject to pre-existing condition limitation
Cost-of-living adjustment (COLA – January 1)	Without COLA, unless otherwise requested

Termination age	Earlier of age 65 or retirement (other options available subject to Sun Life approval)
Survivor benefit	Plan sponsor request (typically three or six months)
Pension plan contribution	Plan sponsor request
Definition of <i>total disability</i>	Based on “own occupation” for 24 months, and “any occupation” thereafter Go to Product details on page 44
For more information	Go to Product details on page 44

Health and Wellness

Services available	Manage your health. Lumino Health Centre makes it easy for plan members to find resources and solutions to live healthier.
	Discover regularly updated wellness and mental health content . Read articles, watch videos, listen to podcasts and more online using my Sun Life , our convenient, password-protected website, at mysunlife.ca .
	Need to find a health-care professional? Lumino Provider Search can help. Find and book appointments. Refine your search based on cost, location and user ratings.
	Find exclusive savings and special offers through Lumino Resources & Offers* . Browse categories such as Vision & Hearing, Medical Products & Resources, and Mental Wellness.

*This section will only be visible if Lumino Resources & Offers are part of your plan.

Employee Assistance Program (EAP)

Service partner	EAP provided through Shepell
Services included (examples)	<ul style="list-style-type: none"> • Monitored referral • Trauma services • Work-life services (family support, health lifestyles, professional consultation) • Counselling • Wellness seminars

OTHER BENEFITS

Health Spending Account (HSA)

Eligibility waiting period	Same as Extended Health Care
Credit allocation amounts (per member)	Plan sponsor request Credit allocation pro-rating available (monthly)
Account allocation frequency	Annually or monthly, by plan sponsor request For plans that are administered on Sun Life administration systems: <ul style="list-style-type: none"> For monthly allocations: plan members must be eligible on the first day of the month to receive allocation for that month For annual allocations: if the plan sponsor requests pro-rating, Sun Life will pro-rate monthly or daily. Pro-rating is available for annual allocation frequency only. For plans that are not administered on Sun Life administration systems: <ul style="list-style-type: none"> Annual or monthly allocation frequency is available for tape clients (i.e. clients who submit eligibility information by an eligibility file) Annual allocation frequency is the only frequency available for list clients (i.e. clients who submit eligibility information by list update)
Benefit year	Same as Extended Health Care
Re-enrolment effective date	Same as benefit year start date
Carry-forward options	Plan sponsor request: <ul style="list-style-type: none"> Balance carry-forward (plan member must use credits allocated in one benefit year by end of following benefit year), or Expense carry-forward (plan member can pay expenses incurred in one benefit year with credits received the following benefit year), or No carry-forward
Termination age	Same as Extended Health Care
Survivor benefit	No continuation of HSA coverage for dependents after plan member's death
For more information	Go to Product details on page 48

Personal Spending Account (PSA)

Eligibility waiting period	Same as Extended Health Care
Credit allocation amounts (per member)	Plan sponsor request Credit allocation pro-rating available (monthly)
Account allocation frequency	<p>Annually or monthly, by plan sponsor request</p> <p>For plans that are administered on Sun Life administration systems:</p> <ul style="list-style-type: none"> For monthly allocations: plan members must be eligible on the first day of the month to receive allocation for that month For annual allocations: if the plan sponsor requests pro-rating, Sun Life will pro-rate monthly or daily. Pro-rating is available for annual allocation frequency only <p>For plans that are not administered on Sun Life administration systems:</p> <ul style="list-style-type: none"> Annual or monthly allocation frequency is available for tape clients (i.e. clients who submit eligibility information by an eligibility file) Annual allocation frequency is the only frequency available for list clients (i.e. clients who submit eligibility information by list update)
Benefit year	Same as Extended Health Care
Re-enrolment effective date	Same as benefit year start date
Carry-forward options	<p>Plan sponsor request:</p> <ul style="list-style-type: none"> Balance carry-forward (plan member must use credits allocated in one benefit year by end of following benefit year), or Expense carry-forward (plan member can pay expenses incurred in one benefit year with credits received the following benefit year), or No carry-forward Unlimited carry-forward
Termination age	Same as Extended Health Care
Survivor benefit	No continuation of PSA coverage for dependents after plan member's death

PRODUCT SUMMARY

Critical Illness Insurance (CII)

Plan options	Basic (mandatory) plan Typically, available without proof of good health.
	Optional plan Typically, available with and without proof of good health.
	Combined basic and optional plan
Coverage options	Three coverage options: Essential (3 covered conditions), Enhanced (11 covered conditions) or Comprehensive (25 covered conditions). For a list of covered conditions Go to Product details on page 48
Termination age	For plan member: coverage terminates the earlier of retirement or the member reaches age 65 or age 70 For spouse: the earlier of the date the member retires, or spouse reaches age 65 or 70.
Transferring coverage (portability)	On termination of employment, the plan member, their spouse and dependent children (children may be able to maintain up to \$20,000 in coverage) can transfer coverage to another Sun Life CII plan. This is subject to certain terms and conditions.
Plan member awareness and education program	Personalized plan member CII enrolment kits may be available at the start of the plan or for awareness.
Best Doctors services	Plan members will appreciate the value of access to specialized services, including: <ul style="list-style-type: none">• An in-depth review of their medical files to help verify diagnosis and to help develop a treatment plan,• Access to specialists who are best qualified to meet their medical needs,• Continued monitoring of their treatment process to ensure the treatment meets their medical priorities, and• Assistance in making reservations and bookings should the need arise to travel for medical care.
For more information	Go to Product details on page 48

My CHOICE Plans for plan members losing coverage

This coverage is for plan members and their dependents when the plan member's group coverage ends. This could be due to the end of employment or of their benefits plan. This program is individual plan member-paid coverage, available directly through Sun Life's Client Solution Centre at 1-877-893-9383.

My Life Choice

A yearly renewable term insurance plan available to members and spouses from age 18 to 65. May apply within 60 days of when the workplace coverage ends. It will be for the same amount of coverage as under the workplace plan, up to \$1,000,000. A licensed financial security consultant (registered as financial security advisor in Quebec) will ask a few simple health questions. There's no need for any medical tests

Choices CII

Members and their spouses are eligible to maintain up to \$100,000 (\$20,000 for each dependent child) of their Sun Life Group Critical Illness Insurance coverage when leaving the workplace plan. There are no health questions or medical tests. They must request to transfer their coverage within 60 days of when the workplace coverage ends.

My Health Choice

Coverage is available to members age 18 to 74 and to their spouse (18 to 74) and dependent children. Dental coverage is available if they selected dental under the previous group plan. Call to enrol within 60 days of the date that the active group coverage ends to qualify without medical evidence. If the 60 days has passed the member may be eligible for coverage under Personal Health Insurance Direct. There are some medical questions.

Members can convert their group life policy within 31 days of group coverage ending.

International benefits

Our comprehensive suite of International Benefit Solutions helps meet a wide range of benefit needs. It's available for multinational customers in Canada and abroad. We can help facilitate group benefits for employees who are:

Inpatriates – Canadians returning from a foreign assignment. Foreign employees arriving in Canada to work who are satisfying a waiting period for provincial health care coverage.

Expatriates – Canadians working outside Canada

Foreign nationals (also known as local nationals) – Employees working in their own country for a division or subsidiary of a Canadian business

Third-country nationals – Citizens of one foreign country working in a second foreign country for a division or subsidiary of a Canadian business

Details relate to inpatriate coverage only. Details about other international benefits and/or pooling arrangements are available on request.

PRODUCT SUMMARY

Inpatient Health Plan

Our Inpatient Health Plan (IHP) covers usual and reasonable charges for most medically necessary services and supplies covered by the government health care plan in the plan member's province or territory of residence. Exceptions include any provincially sponsored drug insurance plans. ("Usual and reasonable" is the typical range of fees charged by providers in the same geographic area). Inpatient members and their dependents must have coverage under this plan to have EHC benefits under the group plan. Likewise, they must have EHC benefits under the group plan when enrolled under the IHP.

Eligibility	<p>Active employees (Canadian citizens) under age 75 and their dependents. They are returning from a foreign assignment and are satisfying a waiting period for provincial health care coverage, or</p> <p>Active foreign employees working in Canada under age 75, and their dependents. They are satisfying a waiting period for provincial health care coverage. Foreign employees require a valid work permit to be eligible for coverage.</p>
Late applicants	<p>Employees and dependents: enrolment received more than 60 days after the employee's first day of work in Canada.</p> <p>Note: If an employee's dependents do not arrive in Canada with the employee, but after the employee's first day of work, the dependents are considered late applicants if enrolment for any of them is received more than 60 days from the date of their arrival.</p>

Plan design

In-patient services

Standard ward room and meals.

Charges are based on interprovincial rates

Includes:

In-province hospital	<ul style="list-style-type: none">• Use of operating rooms, radiotherapy facilities, respiratory equipment, anaesthetic and surgical supplies• Prescription drugs prescribed by a doctor during an in-hospital stay
----------------------	--

Out-patient services

Charges are based on interprovincial rates

Doctor's services	The same limitations as defined by the provincial health-care plan in the plan member's province of residence. Expenses are payable on a usual and reasonable basis
Midwife services	The same limitations as defined by the provincial health-care plan in the plan member's province of residence. Expenses are payable on a usual and reasonable basis.
Home nursing care	<p>Expenses based on usual and reasonable expenses with a \$5,000 lifetime maximum</p> <p>Sun Life must pre-approve expenses.</p>

Paramedical practitioner services	<p>Must be registered and practicing with a license. Usual and reasonable charges per visit apply. Includes:</p> <ul style="list-style-type: none"> • Physiotherapists • Speech therapists • Psychologists • Osteopaths • Chiropractors • Podiatrists • Chiropodists <p>Maximum: \$500 calendar year maximum for all services combined</p> <p>Go to Product details on page 50</p>
Ambulance	Usual and reasonable charges apply
Rental of durable medical equipment for temporary use and other medical services	<p>Type of equipment, service and limitations as defined under the provincial health-care plan in the member's province of residence</p> <p>For definition Go to Product details on page 50</p>
Dental surgery when performed in a hospital	<p>Expenses for dental surgery when performed in a hospital and only if the patient is at medical risk. Sun Life must pre-approve services.</p> <p>A doctor or a dental surgeon must recommend as medically necessary.</p> <p>Expenses for in-hospital services (in province of residence) based on interprovincial rates.</p> <p>Dental expenses are based on current provincial fee guide for general practitioners.</p>
Out-of-province/Canada emergency care	<p>Includes:</p> <ul style="list-style-type: none"> • Emergency hospitalization, other hospital services provided outside of Canada • Doctors' fees • Licensed ambulance <p>Coverage is only available for emergency care. Does not cover services performed on a referral basis.</p> <p>The member's provincial health-care plan in their province of residence determines travel duration limit, covered expenses and their maximums. Charges are based on interprovincial rates.</p> <p>Hospital room limit: standard ward bookings</p>
Plan maximum	Calendar year maximum for plan member and each eligible dependent: \$500,000
Lifetime maximum	Per person overall lifetime maximum: \$1,000,000
Evidence of insurability	Required only if employee or dependent are late applicants for coverage under this plan as described above
Applications accepted	To age 75

Effective date of coverage	Coverage for the employee will begin on the later of: <ul style="list-style-type: none">• Their first day of work in Canada• The employer's participation effective date, or• The day following Sun Life's approval of evidence of good health
	Coverage for the employee's eligible dependents will begin on the later of: <ul style="list-style-type: none">• The date the employee's coverage begins, if they arrived in Canada together. They must all enroll within the 60 days• The date the dependents arrived in Canada, if they arrived after the plan member, or• The day following Sun Life's approval of evidence of the dependent's good health
Termination of coverage	A plan member's coverage ends on the earlier of the date: <ul style="list-style-type: none">• The member becomes eligible for coverage by the provincial health care plan in their province of residence• Employment with the company ends• The member's Extended Health Care coverage under the plan terminates• They turn 75• The member leaves Canada to work in another country• We obtain reasonable evidence of misuse of coverage• The member is no longer eligible for coverage• The member's cumulative coverage period has reached 5 years• The company's participation in the IHP ends• The group policy terminates, or• Of the end of the period for which premiums have been paid to Sun Life
	Coverage for the plan member's dependents ends on the earlier of the date: <ul style="list-style-type: none">• The member's coverage ends for the reasons indicated above.• The provincial health care plan in their province of residence starts covering the dependent.• The dependent's cumulative coverage period has reached 5 years• The dependent child no longer qualifies as a dependent child under the IHP, or• The spouse no longer qualifies as a spouse under the IHP
For more information	Go to Product details on page 51

PRODUCT DETAILS

HEALTH, DRUGS AND DENTAL

Extended Health Care

The details below are for illustrative purposes and are not a complete list. Items are subject to change. We cover only eligible services or supplies that are medically necessary for the treatment of an illness.

Hospital expenses covered	Room-and-board charges only Convalescent hospital room and board charges only. Must be for physical rehabilitation, not custodial care
Hospital expenses NOT covered	<ul style="list-style-type: none">• Expenses covered by provincial plan• Chronic care – long-term (user fees or semi-private room fees)• Hostel bookings• Private hospital (non-medicare)• Nursing home• Substance abuse treatment centres (government subsidized and non-government subsidized)• Rehabilitation centres (government subsidized and non-government subsidized)
Vision care expenses covered	<ul style="list-style-type: none">• Contact lenses• Eyeglasses – lenses, frames and repairs• Laser eye correction surgery• Prescription sunglasses and safety glasses <p>Note: An ophthalmologist or licensed optometrist must prescribe these items and services. The plan member must receive them from an ophthalmologist, licensed optometrist or optician.</p>
Vision care expenses NOT covered	Non-prescription magnifying glasses, safety glasses, sunglasses and solar clips

PRODUCT DETAILS

Paramedical practitioner
services covered

- Speech therapist
- Psychologist (solo and group therapy) or social worker
- Physiotherapist
- Acupuncturist
- Massage therapist/orthotherapist
- Podiatrist/chiropracist (includes one X-ray per benefit year)
- Naturopath
- Chiropractor (includes one X-ray per benefit year)
- Osteopath (includes one X-ray per benefit year)
- Audiologist
- Dietician
- Occupational therapist

Note: Practitioner must be licensed, registered or certified by a government-recognized regulatory body

Paramedical practitioner
services NOT covered

- Athletic therapist
 - Christian Science practitioner
 - Nutrition counsellor
 - Electrologist (electrolysis)
 - Homeopath
 - Kinotherapist/kinesiologist
 - Visual therapist
 - Ergonomist
 - Rehabilitation therapist
 - Reflexologist
 - Sexologist/sex therapist
 - Shiatsu specialist
 - Registered clinical counsellor (British Columbia)
 - Family therapist
-

We may consider changes in benefit maximums, subject to Sun Life approval

Items covered:

- Private registered nurse (out-of-hospital), registered nursing assistant (out-of-hospital) and practical nurse, when medically necessary. Must be licensed and registered and not normally resident in the member's home
- Transportation in a licensed ambulance (local by land), if medically necessary, to and from nearest hospital where treatment is available
- Transportation in a licensed air ambulance, if medically necessary, to nearest hospital where treatment is available
- Laboratory tests and ultrasounds in Quebec only
- Magnetic resonance imaging (MRI), computerized tomography (CT) scans, electrocardiograms, mammograms and thermographies performed outside of a hospital. Treatment is up to a maximum of \$1,000 per benefit year, in Quebec only.
- Dental care (including braces and splints) to repair damage to natural teeth from an external blow due to accident. The Plan member must receive treatment within 12 months of accident.
- Optometrist/ophthalmologist (eye exams), up to \$50 over two benefit years if by ophthalmologist or licensed optometrist (where not covered by provincial plan)
- Wig/hairpiece, up to \$300 per benefit year following chemotherapy (does not require a doctor's recommendation)
- Wheelchair rental, purchase or repair. Requires doctor's recommendation and diagnosis. Electric wheelchair (or scooter) eligible if medically justified
- Mammary prosthesis (external) required as a result of surgery, up to a maximum of \$200 per benefit year
- Surgical/mastectomy brassiere if required due to surgery (maximum two brassieres per benefit year)
- Prosthesis (artificial limbs and eyes). Initial purchase
- Prosthesis replacement or repair
- Stump socks, up to five pairs per benefit year
- Stockings, elastic or surgical (including pressure gradient hose), up to two pairs per benefit year
- Casts, splints, trusses, braces or crutches
- Custom-made orthotic shoe inserts required due to foot abnormalities

Medical services, supplies and equipment covered

Medical services, supplies
and equipment covered

- Custom-made orthopaedic shoes, shoe modifications and shoes that form part of a brace required due to foot abnormalities, i.e. club foot or other abnormality due to polio or major foot trauma. Shoes must have a unique last and a doctor, podiatrist or chiropodist must prescribe them.
- Hearing aids. Repairs included. Batteries included if initial purchase.
- Oxygen (in provinces where covered by medicare, plan pays amount in excess of medicare coverage only).
- Continuous Glucose Monitor (CGM) receivers, transmitters or sensors for persons diagnosed with Type 1 diabetes. Up to a combined maximum of \$4,000 per person per benefit year
- Glucose monitors, glucometers/dextrometer, to a lifetime maximum of \$700 if prescribed by a doctor
- Contact lenses or intraocular lenses following cataract surgery, one lens per eye per lifetime

Other medically necessary equipment:

- Oxygen equipment (in provinces where covered by medicare, plan pays amount in excess of medicare coverage only)
 - Aerochamber (requires doctor's recommendation)
 - Breathing unit, respirator
 - Catheter (requires doctor's recommendation). Includes bags but not diapers or incontinence pads
 - Monitors for breathing (apnea) (requires doctor's recommendation)
 - Compressor and other extensive equipment for drug administration (requires doctor's recommendation)
 - Constant positive airway pressure equipment (requires doctor's recommendation)
 - Cystic fibrosis equipment, unless covered by provincial plan
 - Enuresis equipment (bed wetting), Mozes Detector (requires doctor's recommendation and diagnosis). Only for ages six and over
 - Inhalation appliance/device for drug administration, Maxi Mist nebulizer (requires doctor's recommendation)
 - Hospital bed – rental, purchase or repair (requires doctor's recommendation and diagnosis). We do not cover Craftmatic beds.
 - Stimulator (bone growth, muscle) and supplies (requires doctor's diagnosis and recommendation)
-

Medical services, supplies and equipment covered	<ul style="list-style-type: none"> • Abdominal, back, spinal or wrist supports – rigid and semi-rigid only (requires doctor's recommendation). We do not cover Obus Formes • TENS machines • Traction kit • Ankle, elbow, foot, knee, leg, lumbar, neck, spinal braces and belts (abdominal, hernia, rib) – rigid/semi-rigid only (requires doctor's recommendation) • Cervical collar (requires doctor's recommendation) • Orthopaedic brace/Dennis Browne splint – eligible if shoe forms integral part of brace (requires doctor's recommendation) • Compression garments • Cane if medically necessary and upon doctor's recommendation. Ice picks not covered • Walker (requires doctor's recommendation)
Medical services, supplies and equipment NOT covered	<p>Equipment that falls outside the scope of what Sun Life considers necessary to meet basic medical needs. For example: orthopaedic mattresses, exercise equipment, air-conditioning or air-purifying equipment, whirlpools and humidifiers</p>
Proof of claim	<p>Sun Life must receive proof of claim no later than:</p> <ul style="list-style-type: none"> • 90 days following the end of the benefit year in which the plan member incurred the claim • 90 days following termination of the plan member coverage or of the contract provision

PRODUCT DETAILS

Travel Benefit

The details below are for illustrative purposes and are not intended to be a complete list. Items are subject to change.

EMERGENCY SERVICES

Medical services	All services and supplies while in hospital, outpatient and doctors' services
Emergency transportation	Emergency transportation to the nearest hospital that can treat the condition or back to Canada if appropriate

MEDI-PASSPORT SERVICES

Hotel and meals if unable to travel	Hotel bookings and meal expenses for a period of convalescence. (Subject to a specified per-day maximum. Maximum of five days).
Hotel and meals if trip delayed	Hotel bookings and meal expenses for an interrupted or delayed return due to a covered person's illness. (Subject to a specified per-day maximum. Maximum of seven days).
Travel expenses home	Replacement tickets for return home if loss of use of return ticket. This may be due to a medical emergency or death of the member, spouse or children covered under the plan. Return home of dependent children if the covered person is in hospital. Provides an escort if they child(ren) are under age 16 or have a disability
Visit of a family member	Travel expenses plus hotel bookings and meals for visit of a family member, if the covered person is in hospital for more than seven days and traveling alone. (Subject to a specified per-day maximum. Maximum of seven days)
Repatriation	Return of a covered person's remains in the event of death (subject to a specified dollar maximum)
Vehicle return	Return of a covered person's personal or rental car if the covered person is unable to drive due to medical emergency. This is subject to a specified maximum per return.
Lost luggage	Help with arrangements for replacing lost or stolen travel documents and luggage
Translation services	Includes translation services (in any major language) if required to speak with local medical personnel
Transmit urgent messages	Includes transmitting an urgent message to the covered person's home, business or other location. Messages are kept for up to 15 days

Drug Plans

Following are examples of items covered under our standard Prescription and Prescribed drug plans. The details below are for illustrative purposes and are not intended to be a complete list. Items are subject to change.

Categories covered	<ul style="list-style-type: none"> • Drugs described in the Product summary • Drugs covered must have a Drug Identification Number (DIN) • Allergy extracts (with a DIN) and allergy serums (not including administration) • Contraceptives (prescribed), including oral, patch, IUD, diaphragm • Injectable drugs and vitamins (not including administration) • Insulin and diabetic supplies • Autolet/Monolet, insulin injector/Medijector, test strips • Ostomy supplies (amounts not covered by provincial plan) • Compounded preparations • Vaccines (not including administration)
Categories covered if applicable, as specified in the Product summary section on page 11	<ul style="list-style-type: none"> • Fertility drugs, to a lifetime maximum of \$2,400 • Sexual dysfunction drugs • Prescription-requiring smoking cessation drugs • Obesity/weight loss drugs
Items NOT covered	<ul style="list-style-type: none"> • Antihistamines • Natural health products • Drugs used for cosmetic purposes • Muscle relaxants that do not require a prescription • Non-prescribed treatments for weight loss, i.e. proteins, food or dietary supplements • Over-the-counter vitamins • Infant formulae (milk and milk substitutes) • Minerals, proteins and collagen treatments • Cost of giving injections, serums and vaccines • Hair growth stimulants

PRODUCT DETAILS

Dental Care

The details below are for illustrative purposes and are not intended to be a complete list. Items are subject to change.

Eligible practitioners	A licensed dentist, denturist, dental hygienist or anaesthetist must perform the services.
Preventive services	<ul style="list-style-type: none">• Recall services, including: recall examination, bitewing X-rays, polishing/cleaning, topical fluoride treatment• Complete examination• Emergency or specific exams• X-rays or panorex• Radiograph to diagnose or examine progress• Required consultations with another dentist• Emergency or palliative services• Diagnostic tests and lab exams• Removal of impacted teeth, including anaesthesia• Space maintainers for primary teeth• Pit and fissure sealants
Basic services	<ul style="list-style-type: none">• Fillings, including amalgam (silver), composite (white) on all teeth• Removal of teeth (except impacted teeth)• Prefab metal restorations/crowns and repairs (not custom made)• Endodontics (root canal therapy/fillings, treatment for disease of pulp tissue)• Periodontics, including root planing, scaling, occlusal equilibration/adjustment (shaving teeth with bad bite). Includes appliances for temporomandibular joint dysfunction (TMJ) and bruxism (grinding of teeth).• Surgery and related anaesthesia (except removal of impacted teeth)
Major services	<ul style="list-style-type: none">• Inlays and onlays• Crowns and repairs to crowns (not prefab metal) on molars (white covered on non-molars)• Implant-related crowns, bridges and dentures do not include cost of implant. They also do not include charges related to its installation, including surgery charges.• Repair of bridges or dentures.• Rebase or reline denture.• Bridges and dentures (prosthodontic). Construction and bridge insertion or standard dentures limited to teeth extracted while covered under this provision or after a 12-month waiting period. This does not include dentures with precision attachments. Replacement after five years only

Orthodontic services (if included in plan)	<ul style="list-style-type: none"> • Interceptive, interventive or preventive services • Comprehensive treatment • Habit-breaking appliances
Items and services NOT covered	<p>We will not pay benefits for:</p> <ul style="list-style-type: none"> • Procedures performed primarily to improve appearance • Replacing lost, misplaced or stolen dental appliances • Missed appointments • Completing claim forms • Services or supplies for which there was no charge in the absence of this coverage. • Sports or home-use supplies (example: mouth guards) • Full-mouth reconstruction, vertical dimension corrections, attrition, alteration or occlusion restoration, and prosthetic splinting. • Implants and transplants, and jaw repositions, including surgery charges • Experimental treatments • Services or supplies payable in whole or in part under any government-sponsored plan or program. Does not include user fees, extra billing and other expenses in excess of those the government-sponsored plan or program pays. This applies if legislation allows their payment under private plans. • Dental services resulting from hostile action of any armed forces, insurrection, participation in a riot/civil commotion or a criminal offence • Dental services required due to congenital malformations
Proof of claim	<p>Sun Life must receive proof of claim no later than:</p> <ul style="list-style-type: none"> • 90 days following the end of the benefit year in which the Plan member incurred the claim • 90 days following termination of the plan member coverage or of the contract provision

LIFE AND AD&D

Life (applies to all Life benefits)

The details below are for illustrative purposes and are not intended to be a complete list. Items are subject to change.

Proof of good health	Required on all optional amounts or on any amounts exceeding the non-evidence maximum, if available on this plan
Waiver of premium during total disability	<p>Plan member coverage:</p> <ul style="list-style-type: none">Coverage continues without payment of premiums after an uninterrupted period of six months or the elimination period for Long-Term Disability, whichever is shorter <p>Dependent coverage:</p> <ul style="list-style-type: none">If we continue plan member coverage without premium payments, dependent coverage will continue without premium payments. This is as long as the benefit remains in force <p>We must receive proof of total disability within 12 months following the date the plan member’s disability begins.</p> <p>Definition of <i>total disability</i>: An illness prevents the plan member from performing any occupation they are or may become reasonably qualified for by education, training or experience. (However, if a plan member is totally disabled for Long-Term Disability, we automatically consider them totally disabled for purposes of waiver of premium).</p>
Conversion	<p>Plan members whose Life coverage ends or reduces, other than at their request, can apply to convert the coverage. This is up to a maximum of \$200,000 or the amount stipulated in any applicable legislation if greater, for Basic Life and Optional Life combined). They can apply for one of three Sun Life individual life insurance products (below) without proof of good health.</p> <p>They must apply in writing (and pay the first premium) within 31 days of the termination or reduction date. We base premium rates on the member’s age, sex and the product they select.</p> <p>The three individual life insurance products available for conversion are:</p> <ul style="list-style-type: none">Sun Lifetime Alternative: provides guaranteed premiums in the first 10 years of the policy. Also offers adjustable cash values and guaranteed death benefits. There is no cancellation feeSun One-Year Term: provides coverage for one year only. Then the covered person can either let it expire or convert it to a Sun Lifetime Alternative policySun Term to 65: provides coverage until the policy anniversary date following the covered person’s 65th birthday. The person can then let the policy expire or convert it to a Sun Lifetime Alternative policy <p>If they die during the 31-day conversion period, Sun Life will pay a benefit equal to the amount that was eligible for conversion. Sun Life requires proof of claim.</p> <p>A plan member’s spouse can also convert coverage if their coverage terminates other than at the plan member’s request</p>

Living Benefits	Plan members who are terminally ill can apply for Living Benefits. Some conditions apply
Terms and conditions	Sun Life will not pay any optional coverage that was in force for less than two years in the event of suicide. We will refund all applicable premiums paid
Late applicant	<p>For employee coverage, an employee is a late applicant if their enrolment is received more than 31 days after the later of:</p> <ul style="list-style-type: none"> the effective date of this contract the day the employee becomes eligible for coverage <p>We require proof of good health for late applicants</p>

AD&D schedule of losses (applies to all quoted AD&D benefits)

The details below are for illustrative purposes and are not intended to be a complete list. Items are subject to change.

SCHEDULE OF LOSSES	BENEFIT AMOUNT
Loss of life	100%
Loss of both arms or both legs	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of one hand or one foot, and entire sight of one eye	100%
Loss of one arm or one leg	75%
Loss of one hand or one foot	75%
Loss of four fingers on the same hand	33-1/3%
Loss of thumb and index finger on the same hand	33-1/3%
Loss of four toes on the same foot	25%
Loss of use of both arms or both legs	100%
Loss of use of both hands or both feet	100%
Loss of use of one arm or one leg	75%
Loss of use of one hand or one foot	75%
Loss of entire sight of both eyes	100%
Loss of speech and loss of hearing in both ears	100%
Loss of entire sight of one eye	75%
Loss of speech	75%
Loss of hearing in both ears	75%
Loss of hearing in one ear	25%

PRODUCT DETAILS

Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%
Waiver of premium during total disability	<p>Plan member coverage:</p> <ul style="list-style-type: none"> If a plan member's Life coverage continues without premium payments, their AD&D coverage will continue without premium payments. This does not apply beyond age 65. <p>Optional spouse coverage:</p> <ul style="list-style-type: none"> If plan member coverage continues without premium payments, then spouse coverage continues without premium payments. This is as long as the benefit remains in force. This does not apply beyond the date the spouse reaches 65.
Proof of claim	One year from the date of loss except for loss of life
Definition of accident	A bodily injury that occurs solely as a direct result of a violent, sudden and unexpected action from an outside source
Disappearance while traveling	Transportation used by the covered person disappears, sinks, is wrecked, forced to land or stranded. Also, the body of the person is not found within one year
Aggregate limit	If more than one covered person is involved in an accident: maximum amount payable is \$3,000,000 for all claims related to the same accident
Repatriation benefit	If plan member dies 100 km or more from home: usual and reasonable expenses for the preparation and transportation of the body for burial or cremation (maximum \$10,000)
Rehabilitation program	Up to \$10,000 of plan member's expenses in a rehabilitation program
Spouse occupational training benefit	If plan member dies as a direct result of an accident: up to \$5,000 to member's spouse for occupational training. This applies where he or she was not previously qualified
Child education benefit	If a plan member dies as a direct result of an accident, Sun Life will pay for a dependent child's tuition fees in a post-secondary school. Five per cent of the amount of coverage up to \$5,000 each year to a maximum of four years
Family transportation benefit	Up to \$5,000 for the usual and reasonable cost of hotel bookings close to the hospital while the plan member is in hospital at least 150 km from home. This includes, travel expenses of an immediate family member and must be usual and reasonable costs. Sun Life will also pay for car travel at a rate of \$0.20 per km
Conversion	Plan members and spouses applying to convert their group Life coverage to individual life insurance may apply at the same time for an accidental death benefit with the individual policy

Terms and conditions	<p>Sun Life will not pay for any losses that are the result of:</p> <ul style="list-style-type: none"> • Self-inflicted injuries, by firearm or otherwise • Drug overdose or carbon monoxide inhalation • Attempted suicide or suicide, regardless of whether the person has a mental illness or intends or understands the consequences of their actions • Flying in, descending from or exposure to any hazard related to an aircraft. This includes receiving flying lessons or flying for a parachute jump or performing any duties related to the aircraft. It also includes being a member of the armed forces (if the armed forces controls or charters the aircraft). • Hostile action of any armed forces, insurrection, or participation in riot or civil commotion • Full-time service in the armed forces of any country • Participation in a criminal offence
----------------------	---

ABSENCE AND DISABILITY MANAGEMENT

Salary Continuance Services

The details below are for illustrative purposes and are not intended to be a complete list. Items are subject to change.

Absence management	<p>Includes:</p> <ul style="list-style-type: none">• Case management services (All vs. Select Absences)• Return to Work Advisory• Chronic Casual Absence Management• Organizational Health Services (policy and procedures review)• Service Provider Network, which includes:<ul style="list-style-type: none">• Rehabilitation services• Access to national occupational health service provider network• Return-to-work planning• Facilitation and mediation services
Benefit payment basis	Plan sponsor policies and procedures or Sun Life assessment guidelines
Definition of total disability	Total disability means the plan member is continuously unable due to an illness or injury to do the essential duties of the plan member’s own occupation.
Interrupted periods of total disability	If the same or related disability recurs within two weeks we consider it the same claim. If it recurs after two weeks, it is a new claim
Rehabilitation program	Where appropriate, Sun Life may recommend a health management program (rehabilitation), and/or facilitated return-to-work program.
Proof of claim	Sun Life must receive proof of absence no later than 10 days after total disability begins
Maternity or parental leave	Maternity leave will begin on the date agreed to by the plan member and the employer or the date the child is born whichever is earlier

Short-Term Disability

The details below are for illustrative purposes and are not intended to be a complete list. Items are subject to change.

Absence Management	<p>Includes:</p> <ul style="list-style-type: none"> • Case management services • Service Provider Network • Rehabilitation services • Access to national occupational health service provider network • Return-to-work planning • Facilitation and mediation services
Benefit payment basis	We base benefits on calendar days (or business days) and pay benefits at the end of each week. If the plan member is disabled for part of any week, we pay 1/7 of the weekly benefit for each day of disability. (Or 1/5 if the plan based benefits on business days)
Direct offsets	<p>We reduce Short-Term Disability benefit payments by income, benefits and payments the plan member gets under the following. Any motor vehicle insurance plan where permitted by law, group plans including multiple-employer group plans, salary continuance plans and the Quebec Parental Insurance Plan</p> <p>Additional direct offsets after 17 weeks of disability: CPP/QPP benefits (Note: CPP/QPP dependent benefits are not included in the offset and all-source maximum), any other government plans, retirement or pension plans and association plans</p>
Definition of <i>total disability</i>	<p><i>Total disability</i> means an illness prevents the plan member from performing the essential duties of their own occupation. This is not just their own job.</p> <p><i>Illness</i> means a bodily injury, disease, mental infirmity or sickness. Any surgery to donate a body part to another person that causes total disability is an illness</p>
Interrupted periods of total disability	If the same or related disability recurs within two weeks, we consider it the same claim. If it recurs after two weeks, it is a new claim
Rehabilitation program	<p>Plan members who are required to participate in a rehabilitation program approved by Sun Life may be eligible to receive up to 100% of pre-disability earnings calculated based on the following. Net earnings if benefit is non-taxable; gross earnings if benefit is taxable. Some conditions apply.</p> <p>Offered if Long-Term Disability (LTD) is insured by Sun Life or the LTD maximum benefit period is equal to or greater than 52 weeks</p>
Proof of claim	Sun Life must receive proof of claim no later than 30 days after total disability begins
Maternity or parental leave	Maternity leave begins on the date the plan member and employer agree to or the date the child is born, whichever is earlier
Subrogation	Recovering damages from a third party

PRODUCT DETAILS

Terms and conditions	<p>Sun Life will not pay benefits for any period the plan member:</p> <ul style="list-style-type: none">• Is not receiving appropriate treatment• Is not participating in an approved rehabilitation program, if required by Sun Life• Is on a leave of absence, strike or layoff. However, if the plan member becomes totally disabled before a notice of separation is given, payments continue while the plan member is totally disabled. This does not apply to beyond the end of the maximum benefit period.• Is absent from Canada longer than four weeks. Non-payment is waived if Sun Life agrees in writing in advance to pay benefits during such period or unless the absence is for the purpose of obtaining medical treatment and would be permitted under the Employment Insurance regulations• Is serving a prison sentence or is confined in a similar institution• Does any work for wage or profit except as approved by Sun Life <p>Sun Life will not pay if benefits are payable under workers' compensation or similar legislation</p> <p>Sun Life will not pay for total disability resulting from:</p> <ul style="list-style-type: none">• Hostile action of any armed forces, insurrection or participation in a riot or civil commotion• Intentionally self-inflicted injuries or attempted suicide• Participation in a criminal offence
----------------------	--

Long-Term Disability

The details below are for illustrative purposes and are not intended to be a complete list. Items are subject to change.

Absence Management	<p>Includes:</p> <ul style="list-style-type: none">• Case management services• Service Provider Network• Rehabilitation services• Access to national occupational health service provider network• Return-to-work planning• Facilitation and mediation services
Definition of total disability	<p><i>Total disability</i> means the member is prevented by illness from performing the essential duties of their own occupation (not just their own job). This applies during the elimination period and the following 24 months. The member is afterwards unable to do any occupation for which they are, or may become, reasonably qualified by education, training or experience.</p> <p><i>Illness</i> means a bodily injury, disease, mental infirmity or sickness. Any surgery to donate a body part to another person that causes total disability is an illness</p>

Payment basis	Benefits are paid monthly. If the plan member is totally disabled for part of any month, Sun Life will pay 1/30 of the monthly benefit for each day the plan member is totally disabled
Interrupted periods of total disability	<p>Interrupted periods of total disability are treated as one continuous period of disability. This does not include if the subsequent absence is for a totally unrelated illness or injury. Such cases do not require a new elimination period.</p> <p>During the elimination period:</p> <ul style="list-style-type: none"> • Initial period of total disability must last for at least 30 days without interruption • Afterwards, there is no interruption of more than 30 days • Each period of total disability is due to the same or related causes • Each period of total disability is completed within 12 months after the start of the elimination period, or as approved by Sun Life in advance in cases where the elimination period is 365 days or more • After benefit payments begin: must be for the same or related causes, and must occur within six months of the end of the previous disability
Notice/proof of claim	<p>Sun Life must receive notice on the earlier of:</p> <ul style="list-style-type: none"> • 60 days after total disability begins, or • 30 days after termination of Long-Term Disability provision <p>Sun Life must receive proof of claim no later than 90 days after the end of the elimination period</p>
Direct offsets	<p>We reduce Long-Term Disability benefit payments by income, benefits and payments provided to a member under the following. CPP/QPP (Note: The offset does not include CPP/QPP dependent benefits).</p> <p>Any other government plans and workers' compensation benefits for the same or a subsequent disability. Any motor vehicle insurance plan where permitted by law. Group plans including association plans, retirement or pension plans. The Quebec Parental Insurance Plan</p>
All-source maximum (indirect offsets)	<p>Long-Term Disability benefit payments are further reduced if a member's total income from all sources exceeds the "all-source maximum" shown in the Product summary. The following are included in the "all-source" calculation. Workers' compensation benefits for another disability (excluding automatic cost-of-living increases that occur after benefits begin) and amounts paid under the Criminal Injuries Compensation Act. Note: CPP/QPP dependent benefits are not included in the "all-source" calculation</p>

PRODUCT DETAILS

Pre-existing conditions (if applicable to the plan)	<p>Sun Life will not pay benefits if a plan member's disability results directly or indirectly from a condition that existed on or before the date the member's coverage began. However, this limitation will not apply if:</p> <ul style="list-style-type: none"> • The member has been covered for Long-Term Disability with the plan sponsor for at least 13 weeks during which the plan member has been actively working continuously. Up to three days of absence does not count. Plus the plan member has not been treated by a doctor, or any medical personnel under the direction of a doctor, for the condition, or • The member becomes totally disabled more than 12 months after their coverage begins <p>If the member's coverage ends but they become covered again under the group plan, we will use the latest date their coverage began when applying the pre-existing conditions limitation.</p> <p>However, if a plan member returns from an unpaid medical leave within 6 months of their disability coverage termination date, we will consider their original date of coverage when applying the standard contract Pre-existing limitation provision.</p>
Subrogation	Recovering damages from a third party
Maternity or parental leave	<p>Maternity leave will begin on the date agreed to by the plan member and the employer or the date the child is born whichever is earlier</p> <p>Sun Life Long-Term Disability benefits will be paid only for health-related portions of the leave provided coverage has been continued for the member. If the employer has a Supplemental Unemployment Benefits (SUB) plan covering the health-related portion of the maternity/parental leave, Sun Life will not pay any benefits during the period benefits are payable under the SUB plan</p>
Partial disability program (PD program)	<p>During the partial disability program, the plan member may receive regular salary from the employer for any hours worked plus Long-Term Disability payments reduced by the percentage of the plan member's normal work week represented by the PD program</p> <ul style="list-style-type: none"> • Total income, benefits and payments from all sources cannot exceed 100% of pre-disability basic earnings, indexed for inflation (after income tax, if the benefit is non-taxable) • Consideration is granted for PD program when a plan member returns to their own occupation for a reduced number of hours per week • Partial disability is limited to the own occupation period
Rehabilitation program	<p>A plan member may be required to participate in a rehabilitation program approved by Sun Life. During this time the plan member may receive income from all sources up to 100% of pre-disability basic earnings, indexed for inflation (after income tax if the benefit is non-taxable). Services may include involvement of a rehabilitation specialist, part-time work, working in another occupation or vocational training to help plan members become gainfully employed</p>

Terms and conditions	<p>Sun Life will not pay benefits for any period the plan member:</p> <ul style="list-style-type: none"> • Is not receiving appropriate treatment • Is on a leave of absence, strike or lay-off, except where specifically agreed to by Sun Life • Is absent from Canada longer than four months due to any reason, unless Sun Life agrees in writing in advance to pay benefits during the period • Is serving a prison sentence or is confined in a similar institution • Does any work for wage or profit except as approved by Sun Life • Is not participating in an approved partial disability or rehabilitation program, if required by Sun Life <p>Sun Life will not pay for total disability resulting from:</p> <ul style="list-style-type: none"> • Hostile action of any armed forces, insurrection or participation in a riot or civil commotion • Intentionally self-inflicted injuries • Participation in a criminal offence
----------------------	--

OTHER BENEFITS

Health Spending Account

The details below are for illustrative purposes and are not intended to be a complete list. Items are subject to change.

Eligible expenses	Medical, dental and hospital expenses that are eligible under the Income Tax Act (Canada) and are not paid, or not paid in full, under a group plan, spousal group plan, or any government-sponsored plan
Definition of dependent	Based on Income Tax Act (Canada) definition

Critical Illness Insurance

Covered conditions and Essential, Enhanced and Comprehensive plan coverage are subject to change.

COVERED CONDITIONS	ESSENTIAL PLAN (3 CONDITIONS)	ENHANCED PLAN (11 CONDITIONS)	COMPREHENSIVE PLAN (25 CONDITIONS)
Heart attack	✓	✓	✓
Stroke	✓	✓	✓
Cancer (life threatening)	✓	✓	✓
Kidney failure		✓	✓
Coronary artery bypass surgery		✓	✓
Major organ transplant		✓	✓
Multiple sclerosis		✓	✓
Paralysis		✓	✓
Blindness		✓	✓
Deafness		✓	✓
Loss of independent existence		✓	✓
Loss of speech			✓
Coma			✓
Benign brain tumour			✓
Severe burns			✓
Major organ failure, on waiting list			✓
Aortic surgery			✓
Dementia, including Alzheimer's disease			✓
Parkinson's disease and specified atypical parkinsonian disorders			✓

Occupational HIV infection	✓
Motor neuron disease	✓
Bacterial meningitis	✓
Aplastic anaemia	✓
Loss of limbs	✓
Heart valve replacement or repair	✓

Child illnesses	<p>Your children are covered for the conditions in the plan you choose, plus these 6 child-specific conditions</p> <ul style="list-style-type: none"> • Cerebral palsy • Congenital heart disease • Cystic fibrosis • Down's syndrome • Muscular dystrophy • Type 1 diabetes mellitus
-----------------	---

Based on current tax laws, we believe that any cash benefit from a group critical illness insurance plan will not presently be taxed when the premiums are paid by the plan member and the benefit is payable to the plan member.

Inpatient Health Plan

Following are examples of items covered under our Inpatient Health Plan benefit. The details below are for illustrative purposes and are not intended to be a complete list. Items are subject to change.

In-province hospital	<p>Room and board and out-patient services in a hospital, in and outside the person's home province and outside Canada for emergency care only. This applies up to the limit specified in the interprovincial rate schedule in the member's province of residence. Travel duration limitations and other maximums for out-of-province and country coverage will apply as defined by the government plan of the person's home province.</p> <p>Hospital is a public 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. Our definition of hospital does not include the following: Nursing homes, rest homes, homes for the aged or chronically ill, sanatoriums, convalescent sanatoriums, convalescent hospitals, facilities for treating alcohol or drug abuse, or beds set aside for any of these purposes in a hospital.</p>
Home nursing care	<p>Care by a nurse or nursing assistant who is licensed, certified or registered in the province where the person lives and who does not normally live with the person. The services of a registered nurse (RN), registered practical nurse (RPN) or a personal support worker (PSW) are eligible only when medically necessary and pre-approved by Sun Life. The nursing care must be performed in the covered person's primary residence</p>

PRODUCT DETAILS

Paramedical practitioner services	<p>Up to the limit specified noted in the Product summary, the costs for each category of licensed paramedical specialists listed, when they are a covered service under the member's provincial health care plan:</p> <ul style="list-style-type: none">• Physiotherapist, speech therapist, psychologist, osteopath, chiropractor, podiatrist and chiropodist
Other medical services and equipment expenses	<p>Only if ordered by a doctor and rented for temporary therapeutic use, and when covered under the member's provincial health care plan. (The services of a licensed optometrist do not require a doctor's order):</p> <ul style="list-style-type: none">• Casts, splints, trusses, braces or crutches• Artificial limbs and eyes, excluding myoelectric appliances• Diagnostic services – laboratory tests performed by a commercial laboratory for the diagnosis of an illness. Tests performed in a doctor's office or by a pharmacy are not covered• Eye exams – charges for the services of a licensed optometrist are covered to the same level and limitations as the provincial health care plan in the member's province of residence• Hearing aids
Services and supplies not covered	<ul style="list-style-type: none">• Services that are not covered under the government health care plan in the plan member's province of residence• Expenses or supplies that are covered under any provincially sponsored drug insurance plan• Services or supplies payable by any government or group medical plan• Expenses required for an organ transplant as a donor or recipient• Injuries incurred due to civil disorder or war, whether or not war is declared• Services for out-of-province expenses for elective or non-emergency medical treatment or surgery• Injuries incurred due to high-risk sports activities• Services incurred after the date of termination of coverage

ABOUT SUN LIFE

A market leader in group benefits, Sun Life serves more than 1 in 7 Canadians, in over 16,000 corporate, association, affinity and creditor groups across Canada.

Our core values – integrity, service excellence, customer focus and building value – are at the heart of who we are and how we do business.

Sun Life and its partners have operations in 22 key markets worldwide including Canada, the United States, the United Kingdom, Hong Kong, the Philippines, Japan, Indonesia, India, China and Bermuda.

The information described within this brochure is intended to be for illustrative purposes only. Details described herein are subject to change. Speak to your advisor or Sun Life group representative for further detail of the benefit plan as may be applicable to your specific circumstances.



Putting client service at the heart of everything we do. Sun Life's Group Benefits Service Guarantee.
sunlife.ca/brightpromise

For more information, please contact your advisor or Sun Life Group Benefits Representative:

Life's brighter under the sun

Sun Solutions is a trademark of Sun Life Assurance Company of Canada, a member of the Sun Life group of companies.

Group Benefits are provided by Sun Life Assurance Company of Canada, a member of the Sun Life group of companies. GB10118-E-12-20 ds-mp-rn

