



SUNSOLUTIONS™ GUIDE

Group benefits for businesses with 50 or more employees

Life's brighter under the sun



Group Benefits

CONTENTS

SUNSOLUTIONS	1
SERVICE SUMMARY	3
PRODUCT SUMMARY	6
HEALTH, DRUGS AND DENTAL	6
Extended Health Care (EHC)	6
Drug plans	8
Pay-Direct Drug plans	8
Dental Care	10
LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	12
Member Life	12
Member Optional Life	12
Member Accidental Death & Dismemberment (AD&D)	13
Member Optional Accidental Death & Dismemberment (AD&D)	13
Dependent Life	14
Spouse Optional Life	14
Spouse Optional Accidental Death & Dismemberment (AD&D)	14
HEALTH AND DISABILITY MANAGEMENT	15
Salary Continuance Services	15
Short-Term Disability	15
Long-Term Disability	16
Health & Wellness	17
Employee Assistance Program (EAP)	17
OTHER PRODUCTS AND SERVICES	18
Health Spending Account (HSA)	18
Personal Spending Account (PSA)	18
Critical Illness Insurance (CII)	19
My CHOICE Plans for plan members losing coverage	20
• My Life CHOICE	20
• My Health CHOICE	20
• Group Critical Illness	20
• Extended Health Care	20
• Extended Health Care and Dental	20
International benefits	20
Inpatient Health Plan	20

PRODUCT DETAILS	23
HEALTH, DRUGS AND DENTAL	23
Extended Health Care	23
Travel Benefit	26
Drug plans	27
Dental Care	28
LIFE AND AD&D	30
Life (applies to all Life benefits)	30
AD&D schedule of losses (applies to all quoted AD&D benefits)	31
ABSENCE AND DISABILITY MANAGEMENT	33
Salary Continuance Services	33
Short-Term Disability	34
Long-Term Disability	35
OTHER BENEFITS	38
Health Spending Account	38
Critical Illness Insurance	38
Inpatient Health Plan	39



SUNSOLUTIONS

Offering group benefits coverage for 50 or more employees

At Sun Life, we work with you to deliver exceptional employee benefits that meet your organization's needs and help you to realize your talent strategy.

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

Work with you

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

You will appreciate SunSolutions because of the plan design flexibility, easy plan member and plan sponsor experience that is personable, mobile/online, and addresses your unique regional, industry and business needs.

Help you manage your benefits investment

We have the expertise and solutions to help you manage your costs and help ensure you get the most out of every dollar you put into benefits including the following:

- Our suite of health management solutions that help keep healthy employees healthy and help those at risk while encouraging improved employee engagement and productivity.
- Disability management solutions guided by a 'work is healthy' philosophy that deliver strong return-to-work and duration results.
- Pharmaceutical benefit solutions that help manage increasing costs and work towards long-term plan sustainability, which benefit both plan sponsor and plan member needs.

These, along with health or personal spending accounts, voluntary benefits and international benefit solutions help maximize the value of every dollar spent on your Sun Life group benefits plan.

Help you compete for talent

Employees who value their benefits plan may have 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 a straightforward and unconditional service guarantee – 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 benefit and wellness solutions for today and tomorrow.

* Maximum compensation applies. Compensation amount is inclusive of all taxes, if applicable.



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 SunSolutions 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** to go directly to corresponding information in **Product details**
- Select "Ctrl + f" from your keyboard and type your search request in the "Find" field at the top of your screen

This document is subject to change at any time. It should not be interpreted as an offer or a contract.

References in this document to Sun Life mean Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

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.

SERVICE SUMMARY

Below is a list of services included in our quoted rates to help plan sponsors with implementation and ongoing administration of their benefits plan. This list is intended 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
Plan member eligibility data transfer	<p>Up to three initial electronic member data files (includes two test files) for tape-based clients</p> <p>Standard Sun Life-compatible data format for non-tape clients or conversion of plan member data to a Sun Life compatible format (Excel-based, DOS-based, text-based, etc.)</p> <p>Can include positive enrolment and coordination of benefits (COB) information</p>
Web-based administration	<p>Online administration through our Plan Sponsor Services website (eligibility, positive enrolment, member updates, reporting)</p> <p>Web-eligibility file transfer (WEFT)</p>
Claims history transfer from prior carrier	<p>Up to two data loads (Excel-based or text-based)</p> <p>Health claim data transfer to include deductible, vision care, private duty nursing and lifetime maximums, etc.</p> <p>Dental claim data transfer to include deductible, orthodontia and benefit-year maximums, etc.</p>
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	<p>Available for groups of more than 50 lives</p> <p>One plan member information session at a single location</p>
Proof of good health	Use of standard paper, PDF or electronic health statements with submission directly to our Medical Underwriting team

Services (if applicable)	Description of services included in our quoted rates
Benefit booklets	One booklet per plan member Sun Life standard wording and format Provided in electronic (PDF) or print format
Drug cards	Standard Sun Life plastic drug cards. Bulk shipped to plan sponsor's location for distribution Personalized paper drug cards can be printed from our Plan Member Services website
Travel cards	Included in plan member communication on Travel Benefit and emergency travel assistance services Personalized paper travel cards can be printed from our Plan Member Services website
Claim forms	Personalized health and dental claim forms can be printed from our Plan Member Services website Fillable and savable disability claim form packages are available on our Plan Sponsor site. The packages include 'Claim Guides' to assist plan members with the submission of 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 on our website and through our Customer Care Centre
Premium/deposits payment methods	Pre-authorized chequing (automatic bank withdrawal), cheque or wire transfer

Ongoing support

Service (if applicable)	Description of services included in our quoted rates
Plan member data updates	Client-administered plans: one electronic plan member data file load per week (feed is in standard Sun Life-compatible data format, i.e. tape or non-tape clients) or web-eligibility file transfer (WEFT) Clients who administer their plans using our Plan Sponsor Services website can update their plan member data on an ongoing basis as needed Insurer-administered plans: ongoing data updates as required
Administrator support	Ongoing client service representative support Ongoing help desk and technical support in using online benefits administration tools
Health Spending Account management	Electronic data transfer for plan member eligibility and credit information updates Online information for plan members about HSA benefit year summaries, deposit and withdrawal details, detailed "how to claim" and eligibility information Online HSA claim submission for plan members
Plan member communication	Standard plan member communication including newsletters, bulletins and web-based health information


Service (if applicable)	Description of services included in our quoted rates
Reporting	<p>Web-based Group Benefits reporting services:</p> <ul style="list-style-type: none"> • Comprehensive menu of standard claim, financial and service reports • Organizational health risk summary based on aggregate data from online wellness assessments • Online disability claim status available in 'real-time'
Preferred Vision Services (PVS) preferred vision care provider network	<p>Access to a network of service providers, offering discounts on prescription eyewear products, laser eye correction surgery, and hearing aids with any group benefits plan</p>
Online coverage information	<p>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)</p>
Web-based claims submission for plan members	<p>Mobile/online submission of vision care, drugs, dental, paramedical and HSA claims (subject to controls to ensure proper claiming)</p>
Claim payment services	<p>Plan member choice of claim payment by electronic fund transfer (EFT) or cheque If EFT, then choice of claim statement via e-mail notification (directing plan member to secure website) or via mail</p>
Health and Wellness	<p>Wellness Centre (online services for plans that include EHC and Dental Care):</p> <ul style="list-style-type: none"> • Wellness assessment – measure employee health risk, readiness to change, organizational culture, productivity and more • Personal health record – store historical medical information for up to 10 individuals • Health Library – health information and drug look up function • Health Services Directory – explore Canadian health services in your community from doctors to provincial health plans



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, orthopedic shoes, orthotics, hearing aids and out-of-province/country coverage unless otherwise requested. Vision care is included upon request. To be eligible for EHC coverage, plan members and dependents must have provincial plan coverage.

Eligibility waiting period	As per plan sponsor request (must be the same for all EHC benefits)
Benefit year	Any 12-month period. Can be based on calendar year. First benefit year can be lengthened or shortened, as per plan sponsor request For plans with Pay-Direct Drugs: If annual deductibles, co-payments and/or maximums are combined with EHC expenses, the benefit year must be based on “calendar year”
Yearly deductible	Single, family as per plan sponsor request Deductible typically does not apply to in-province hospital or vision care Deductible typically not combined with Dental Care deductible, if dental benefits exist Optional features: <ul style="list-style-type: none"> • Separate deductibles for EHC and drugs • Deductibles paid in the last three months of the benefit year can be carried over to satisfy the annual deductible for the following year. Typically applies to all benefits where deductibles apply See Drug plans below for more information on deductibles
Reimbursement level (percentage covered)	As per plan sponsor request Sliding co-payments on EHC plans We can administer sliding co-payments: <ul style="list-style-type: none"> • If benefit year is based on calendar year, or • If benefit year is based on 12-month period other than calendar year, and sliding co-payments are not combined with PDD plan
Benefit year maximum	Unlimited unless otherwise requested (typically applies to all EHC benefits including drugs) See Drug plans below for more information on benefit year maximums
Lifetime maximum	Unlimited unless otherwise requested (applies to all EHC benefits including drugs) If lifetime maximums apply, there is an automatic annual reinstatement of \$1,000, unless otherwise requested (does not apply to PDD electronic claims) See Drug plans below for more information on lifetime maximums
Paramedical practitioners	Benefit maximum options (per claimant, per benefit year): <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 Optional features (as per plan sponsor request): <ul style="list-style-type: none"> • Per visit maximums • Coverage from first visit or after the provincial plan has paid its annual maximum • Podiatrist coverage for Alberta and Ontario residents <p>Go to Product details </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	Maximum dollar amount and benefit period as per plan sponsor request (typical benefit period is 24 months, or 12 months if under 18 years of age)
Private duty nursing	Up to \$25,000 over a three-year period unless otherwise requested. Other limits available upon request subject to Sun Life approval
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>Maximums for shoes and inserts can be combined, as per plan sponsor request</p>
Hearing aids	Maximum of \$500 per person over a period of five consecutive benefit years, unless otherwise requested. Includes cost of repairs
Medical services, supplies and equipment	Go to Product details 
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, and subject to Sun Life approval</p> <p>Benefit maximum</p> <p>Out-of-Canada emergency medical services and emergency travel assistance combined are subject to a lifetime maximum of \$3,000,000</p>
Out-of-province/country referral	To a maximum of 80% reimbursement for doctor and medical facilities as required. Subject to Sun Life approval.
Survivor benefit (without premium payment)	24 months from date of member's death
Termination age	The date your employment ends or when you retire, unless otherwise requested
Waiver of premium	Not included
For more information	Go to Product details 



Drug plans

Drug plan type	<ul style="list-style-type: none"> • Pay-Direct Drugs* <p>*Administered through Telus Health Solutions</p>
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 an annual deductible
Dispensing fee cap	<p>As per 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>As per 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 based on a 12-month period other than calendar year, and sliding co-payments are not combined 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 above</p>
Drug plan designs	<p>Prescription: Drugs legally requiring a prescription as well as life-sustaining over-the-counter drugs (except as noted in Product details)</p> <p>Prescribed: Prescription drugs, as well as therapeutic over-the-counter drugs prescribed by a doctor (except as noted in Product details)</p> <p>Drug formularies:</p> <ul style="list-style-type: none"> • National formulary (Telus Health Solutions-designed managed-care formulary) • Frozen formularies (excludes some drugs introduced after December 31st of the selected year on which the formulary was based) • Provincial formularies • Multi-tier plans (coverage at different reimbursement levels for different drug formularies) • Evidence-based Drug Plan (Reformulary Group Inc. engaged by Sun Life - innovation in drug cost management)

<p>Lowest Price Equivalent (LPE) options</p>	<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 (if LPE exists), or to cost of brand drug when doctor indicates “no substitution” • Mandatory LPE substitution: plan pays up to cost of LPE (if LPE exists), even where doctor indicates “no substitution” <p>Note: For Quebec plans, minimum RAMQ requirements take precedence</p>
<p>Optional features</p>	<p>As per 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) <p>As per 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>
<p>Prior Authorization</p>	<ul style="list-style-type: none"> • Stream lined with a focus on specialty drug categories and includes a step therapy approach for biologics • Targeting a limited number of drugs, second and third line drug therapies considered to be relatively expensive compared to alternative drug therapies
<p>Drug coverage – Quebec</p>	<p>Private plans must at a minimum match RAMQ coverage in the following three areas: 1) formulary (types of drugs covered), 2) reimbursement levels and 3) out-of pocket maximums</p> <p>Drugs on RAMQ formulary, but not otherwise covered under the contract, can be paid:</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>Drugs not on the RAMQ formulary, but covered under the contract, will be paid 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
<p>For more information</p>	<p>Go to Product details </p>

Dental Care

<p>Dental Care plans can be preventive only or combined with basic, major and/or orthodontic services, as per plan sponsor request. Reasonable expenses will be covered up to the fees stated in the appropriate provincial dental association fee guide or equivalent.</p>	
Eligibility waiting period	As per plan sponsor request (must be the same for all Dental Care benefits)
Yearly deductible	<p>Single, family</p> <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
Reimbursement level (percentage covered)	<p>As per plan sponsor request. 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>As per 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	As per plan sponsor request (typically applies only to orthodontics)
Preventive services	<p>For list of services included Go to Product details </p> <p>Recall service frequency as per 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 as per 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	<p>For list of services included Go to Product details </p>
Major services	<p>For list of services included Go to Product details </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 limited to teeth that were extracted after benefits took effect)</p> <p>If 12-month waiting period or missing tooth exclusion is included, it can be waived 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>Implant-supported crowns, bridges and dentures are covered up to same maximum amount and subject to same provisions and limitations as for a tooth-supported crown or non-implant-related prosthesis. Cost of implant/implant surgery is not covered, unless otherwise requested</p>


Orthodontic services	<p>Eligibility for orthodontic services (as per 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 </p>
Alternate benefit clause	<p>Expenses are covered 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, as per 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, as per 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>When your employment ends or when you 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 </p>

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)


Member Life

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


Member Optional Life

Eligibility waiting period	As per plan sponsor request
Coverage	Available in units (dollar amounts) or multiples of salary rounded to next highest \$1,000
Plan maximum	As per plan sponsor request, subject to Sun Life approval
Maximum without 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	Waiver of premium applies if it is included under Member Life
Termination age	Age 65 or earlier 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 


Member Accidental Death & Dismemberment (AD&D)

Member AD&D benefits cannot be purchased independently of Member Life benefits	
Eligibility waiting period	As per plan sponsor request
Coverage	Flat dollar amount, or Multiples of salary rounded to next highest \$1,000
Plan maximum	As per plan sponsor request, subject to Sun Life approval
Waiver of premium	Waiver of premium applies if it is included under Member Life
Reduction schedule	As per plan sponsor request (typically 50% at age 65), subject to Sun Life approval
Termination age	Age 70 or earlier 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 


Member Optional Accidental Death & Dismemberment (AD&D)

Eligibility waiting period	As per plan sponsor request
Coverage	Available in units (dollar amounts), or multiples of salary rounded to next highest \$1,000
Plan maximum	As per plan sponsor request, subject to Sun Life approval
Waiver of premium	Waiver of premium applies if it is included under Member Life
Termination age	Age 65 or earlier 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 


Dependent Life

Dependent Life benefits cannot be purchased independently of Member Life benefits	
Eligibility waiting period	As per 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	Plan member age 70 or earlier retirement, unless otherwise requested
For more information	Go to Product details 

Spouse Optional Life

Eligibility waiting period	As per plan sponsor request
Coverage	Available in units (dollar amounts)
Plan maximum	As per plan sponsor request, subject to Sun Life approval
Maximum without proof of good health	Proof of good health is required for all coverage amounts or on any amounts exceeding the minimal 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 

Spouse Optional Accidental Death & Dismemberment (AD&D)


Eligibility waiting period	As per plan sponsor request
Coverage	Available in units (dollar amounts)
Plan maximum	As per 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 


HEALTH AND DISABILITY MANAGEMENT

Salary Continuance Services



Disability Management	Plan sponsor policies and procedures or Sun Life assessment guidelines
Maximum benefit	Plan sponsor policies and procedures or Sun Life assessment guidelines
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, a plan member will be considered 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 



Short-Term Disability

Eligibility waiting period	As per 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	As per plan sponsor request, subject to Sun Life approval
Direct offsets	Go to Product details 
Tax status	Taxable or non-taxable benefits, as per plan sponsor request
Elimination period	With or without first day hospitalization, as per plan sponsor request Accident, sickness: As per plan sponsor request (i.e. from first day, second day, etc.)
Maternity-related disability benefits	<p>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.</p> <p>Optional features:</p> <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. (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 as per plan sponsor request (typically 15 weeks)
Termination age	Up to age 70 or earlier retirement
For more information	Go to Product details 

Long-Term Disability

Eligibility waiting period	As per plan sponsor request
Elimination period	As per plan sponsor request (up to 52 weeks), and equal to the STD maximum benefit period if applicable (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	As per plan sponsor request, subject to Sun Life approval
Maximum without proof of good health	As per plan sponsor request, subject to Sun Life approval
Maximum benefit period (if disabled)	As per plan sponsor request, subject to Sun Life approval
Direct offsets	Go to Product details 
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 Unless otherwise requested (other maximums are subject to Sun Life approval) For items included in “all-source maximum” Go to Product details 
Pre-existing condition limitation	Subject to pre-existing condition limitation, unless otherwise requested (removal of limitation is subject to Sun Life approval)
Cost-of-living adjustment (COLA – January 1)	Without COLA, unless otherwise requested
Termination age	Age 65 less the elimination period, or earlier retirement (other options available subject to Sun Life approval)
Survivor benefit	As per plan sponsor request (typically three or six months)

Pension plan contribution	As per plan sponsor request
Definition of <i>total disability</i>	Based on “own occupation” for 24 months, and “any occupation” thereafter Go to Product details  Optional features Definition of <i>total disability</i> based on: <ul style="list-style-type: none"> • “Any occupation” from day one, and • “Own occupation” for period other than 24 months, subject to Sun Life approval
For more information	Go to Product details 

Health and Wellness


Included in core offering:	<ul style="list-style-type: none"> • Wellness Centre including wellness assessment; personal health record; health library; health services directory; Canadian HealthCARE guide • Assessment: wellness assessment campaign; screening clinics • Health promotion: customized wellness websites; health challenges; education sessions; lifestyle modification programs; health coaching and more • Format: online and on-site offerings • Fees: fee for service with the exception of the Wellness Centre
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Employee Assistance Program (EAP)

Service partner	EAP provided through Solareh
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 PRODUCTS AND SERVICES

Health Spending Account (HSA)



Eligibility waiting period	Same as Extended Health Care
Credit allocation amounts (per member)	As per plan sponsor request Credit allocation pro-rating available (monthly)
Account allocation frequency	Annually or monthly, as per 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 pro-rating is requested by the plan sponsor, Sun Life will pro-rate monthly or daily Pro-rating is offered 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	As per plan sponsor request: <ul style="list-style-type: none"> Balance carry-forward (credits allocated in one benefit year must be used by the end of the following benefit year), or Expense carry-forward (expenses incurred in one benefit year can be paid 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 

Personal Spending Account (PSA)

Eligibility waiting period	Same as Extended Health Care
Credit allocation amounts (per member)	As per plan sponsor request Credit allocation pro-rating available (monthly)
Account allocation frequency	Annually or monthly, as per 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 pro-rating is requested by the plan sponsor, Sun Life will pro-rate monthly or daily Pro-rating is offered 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	As per plan sponsor request: <ul style="list-style-type: none"> • Balance carry-forward (credits allocated in one benefit year must be used by the end of the following benefit year), or • Expense carry-forward (expenses incurred in one benefit year can be paid 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

Critical Illness Insurance (CII)

Plan options	<p>Basic (mandatory) plan Plan members only. Typically, proof of good health is not required.</p> <p>Optional plan Typically, available with and without proof of good health.</p> <p>Combined basic and optional plan</p>
Coverage options	<p>Three coverage options: Essential (3 covered conditions), Enhanced (11 covered conditions) or Comprehensive (25 covered conditions).</p> <p>For a list of covered conditions Go to Product details </p>
Termination age	<p>For plan member: select age 65 or age 70 or retirement, if earlier</p> <p>For spouse: the earlier of the date the member retires, or spouse reaches age 65 or 70.</p>
Benefit payment	Benefit is payable on the first covered condition only. CII coverage for that insured terminates with the benefit payment
Transferring coverage (portability)	On termination of employment or of the CII plan, the plan member, their spouse and dependent children (children maybe able to maintain up to \$20,000 in coverage) can transfer coverage to a separate Sun Life (group) CII plan (subject to certain terms and conditions)
Plan member awareness and education program	Personalized plan member CII enrolment kits at plan implementation or for awareness campaigns may be made available
Best Doctors services	<p>Plan members will appreciate the value of access to specialized services, that include:</p> <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 specialist who are best qualified to meet their medical needs, • Continued monitoring of their treatment process to ensure their medical priorities are met, and • Assistance in making reservations and booking accommodation should the need arise to travel for medical care.
For more information	Go to Product details 

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 due to termination of employment or of their benefits plan. This program is individual plan member-paid coverage, available directly through Sun Life Financial's Client Solution Centre at 1-877-893-9383.

<p>My Life CHOICES</p>	<p>A yearly renewable term insurance plan available to members and spouses up to age 65. May apply for the same amount of coverage they had before it ended as through employment, or a portion of the coverage to a maximum of \$1,000,000.</p>
<p>My Health CHOICES Group Critical Illness</p>	<p>Members, their spouse and dependent children are eligible to maintain up to \$100,000 of their Group Critical Illness Insurance coverage when leaving the group plan. Must request to continue their coverage with Sun Life Financial within 60 days of their group coverage ending.</p>
<p>Extended Healthcare Extended healthcare and dental</p>	<p>Coverage is available to members age 18 - 74 and to the member's spouse who is also between 18 - 74 as well as dependent children. Dental coverage is available if dental was selected 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.</p>

International benefits

Our comprehensive suite of International Benefit Solutions is designed to help meet a wide range of benefit needs for multinational customers located in Canada and abroad. We can help facilitate group benefits for employees who are:

Inpatriates – Canadians returning from a foreign assignment and 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 have been provided for inpatriate coverage only. Details about other international benefits and/or pooling arrangements are available on request.

Inpatriate Health Plan

Our Inpatriate 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, with the exception of any provincially-sponsored drug insurance plans ("Usual and reasonable" is determined by reviewing the typical range of fees charged by providers in the same geographic area). Inpatriate members and their dependents must have coverage under this plan in order to be covered for EHC benefits under the group plan. Likewise, they must be covered for EHC benefits under the group plan when enrolled under the IHP.

<p>Eligibility</p>	<p>Active employees (Canadian citizens) under age 75 returning from a foreign assignment, and their dependents, who 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, who are satisfying a waiting period for provincial health care coverage. Foreign employees require a valid work permit to be eligible for coverage</p>
<p>Late applicants</p>	<p>Employees and dependents: if enrolment is received more than 31 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 on a date following the employee's first day of work, the dependents are considered late applicants if enrolment for any of them is received more than 31 days after their arrival</p>

Plan design	
In-province hospital	<p>In-patient services Standard ward accommodation and meals Charges are based on interprovincial rates Includes:</p> <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 <p>Out-patient services Charges are based on interprovincial rates</p>
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
Home nursing care	Expenses based on usual and reasonable expenses with a \$5,000 lifetime maximum Pre-approval of expenses by Sun Life is required
Paramedical practitioner services	<p>Must be registered and practicing within license. Usual and reasonable charges per visit apply. Includes:</p> <ul style="list-style-type: none"> • Physiotherapists • Speech therapists • Psychologists • Osteopaths • Chiropractors • Podiatrists • Chiropractists <p>Maximum: \$500 calendar year maximum for all services combined</p> <p>Go to Product details </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 </p>
Dental surgery when performed in a hospital	<p>Expenses for dental surgery when performed in a hospital and only if required when the patient is at medical risk. Pre-approval of services is required by Sun Life</p> <p>Must be recommended by a doctor or a dental surgeon 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 • Doctor's fees • Licensed ambulance <p>Coverage is only available for emergency care. Services performed on a referral basis are not covered</p> <p>Travel duration limit, covered expenses and their maximums as defined by the member's provincial health care plan in their province of residence. Charges are based on interprovincial rates</p> <p>Hospital room limit: standard ward accommodations</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	<p>Coverage for the employee will begin on the later of:</p> <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 <p>Coverage for the employee's eligible dependents will begin on the later of:</p> <ul style="list-style-type: none"> • The date the employee's coverage begins, if they arrived in Canada together and all enrolled within the 31 day automatic coverage period • 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	<p>A plan member's coverage ends on the earlier of the date:</p> <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 earlier of the date that Extended Health Care coverage for the member under the group benefits plan terminates, or they attain age 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 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 <p>Coverage for the plan member's dependents ends on the earlier of the date:</p> <ul style="list-style-type: none"> • The member's coverage is terminated for the reasons indicated above • The dependent becomes covered by the provincial health care plan in their province of residence • 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	<p>Go to Product details </p>

PRODUCT DETAILS

HEALTH, DRUGS AND DENTAL

Extended Health Care

 [Back to Product summary](#)

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

Hospital expenses covered	<p>Room and board charges only</p> <p>Convalescent hospital room and board charges only. Must be for physical rehabilitation, not custodial care</p>
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 accommodations • 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: These items and services must be prescribed by an ophthalmologist or licensed optometrist and obtained from an ophthalmologist, licensed optometrist or optician</p>
Vision care expenses NOT covered	<p>Non-prescription magnifying glasses, safety glasses, sunglasses and solar clips</p>
Paramedical practitioner services covered	<ul style="list-style-type: none"> • Speech therapist • Psychologist (individual and group therapy) or social worker • Physiotherapist • Acupuncturist • Massage therapist/orthotherapist • Podiatrist/chiropractist (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 <p>Note: Practitioner must be licensed, registered or certified by a government-recognized regulatory body</p>

 [Back to Product summary](#)

<p>Paramedical practitioner services NOT covered</p>	<ul style="list-style-type: none"> • 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
<p>Medical services, supplies and equipment covered</p>	<p>Changes in benefit maximums may be considered subject to Sun Life approval</p> <p>Items covered:</p> <ul style="list-style-type: none"> • 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, 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. Treatment must be received 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 • 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 be made with a unique last and prescribed by a doctor, podiatrist or chiroprapist

<p>Medical services, supplies and equipment covered</p>	<ul style="list-style-type: none"> • 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) • Glucose monitors, glucometers/dextrometer (accucheck) 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 <p>Other medically necessary equipment:</p> <ul style="list-style-type: none"> • 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). Craftmatic bed is not covered • Stimulator (bone growth, muscle) and supplies (requires doctor's diagnosis and recommendation) • Abdominal, back, spinal or wrist supports – rigid and semi-rigid only (requires doctor's recommendation). Obus Formes are not covered • 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)
<p> Back to Product summary</p> <p>Medical services, supplies and equipment NOT covered</p>	<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>
<p>Proof of claim</p>	<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 claim was incurred • 90 days following termination of the plan member coverage or of the contract provision

Travel Benefit

 [Back to Product summary](#)

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 accommodation 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 accommodation and meal expenses if return trip is delayed or interrupted due to illness of a covered person. (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 due to the medical emergency or death involving member, spouse or children covered under the plan Return home of dependent children if the covered person is hospitalized, with an escort if they are under age 16 or disabled
Visit of a family member	Travel expenses plus hotel accommodation and meals for visit of a family member, if the covered person is hospitalized 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 (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 communicate 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

 [Back to Product summary](#)

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.

<p>Categories covered</p>	<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 • Fertility drugs, to a lifetime maximum of \$2,400 • Vaccines (not including administration)
<p>Categories covered if applicable, as specified in the Product summary section</p>	<ul style="list-style-type: none"> • Sexual dysfunction drugs • Prescription-requiring smoking cessation drugs • Obesity/weight loss drugs
<p>Items NOT covered</p>	<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

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

<p>Eligible practitioners</p>	<p>Services must be performed by a licensed dentist, denturist, dental hygienist or anaesthetist</p>
<p>Preventive services</p> <p> Back to Product summary</p>	<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
<p>Basic services</p> <p> Back to Product summary</p>	<ul style="list-style-type: none"> • Fillings including amalgam (silver), composite (white) on all teeth and acrylic (replaced by composite) • Removal of teeth (except impacted teeth) • Prefab metal restorations/crowns and repairs (not custom made) • Endodontics (root canal therapy/fillings, treat disease of pulp tissue) • Periodontics including root planing, scaling, occlusal equilibration/adjustment (shave teeth with bad bite), temporomandibular joint dysfunction (TMJ) and bruxism (grinding of teeth) • Surgery and related anaesthesia (except removal of impacted teeth)
<p>Major services</p> <p> Back to Product summary</p>	<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 or charges related to its installation, including surgery charges • Repair of bridges or dentures • Rebase or reline denture • Bridges and dentures (prosthodontic) – construction and insertion of bridges or standard dentures (not dentures with precision attachments) limited to teeth extracted while covered under this provision or after a 12-month waiting period. Replacement after five years only
<p>Orthodontic services (if included in plan)</p> <p> Back to Product summary</p>	<ul style="list-style-type: none"> • Interceptive, interventive or preventive services • Comprehensive treatment • Habit-breaking appliances

Items and services NOT covered	<p>No benefits will be paid 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 no charge would have been made in the absence of this coverage• Sports or home-use supplies (example: mouth guards)• Full-mouth reconstruction, vertical dimension corrections, attrition, alteration or restoration of occlusion, and prosthetic splinting• Implants and transplants, and repositioning of the jaw, including surgery charges• Experimental treatments• Services or supplies payable in whole or in part under any government-sponsored plan or program, except for user fees, extra billing, and other expenses in excess of those payable under the government-sponsored plan or program, if the legislation allows their payment under private plans• Dental services resulting from hostile action of any armed forces, insurrection or participation in a riot or civil commotion, participation in 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 claim was incurred• 90 days following termination of the plan member coverage or of the contract provision

Life (applies to all Life benefits)

 [Back to Product summary](#)

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 plan member coverage is continued without payment of premiums, then dependent coverage will continue without payment of premiums as long as the benefit remains in force <p>Proof of total disability must be received within 12 months following the date the plan member's disability begins</p> <p>Definition of <i>total disability</i>: Plan member is prevented by illness from performing any occupation the plan member is or may become reasonably qualified for by education, training or experience. (However, if a plan member is considered totally disabled for Long-Term Disability, they are automatically considered to be totally disabled for purposes of waiver of premium)</p>
Conversion	<p>Plan members, whose Life coverage ends or reduces for any reason other than at their request, can apply to convert the amount of their Life coverage (to a maximum of \$200,000 or the amount stipulated in any applicable legislation if greater, for Basic Life and Optional Life combined) to one of three Sun Life individual life insurance products (below) without proof of good health. Application must be made in writing (and the first premium paid) within 31 days of the termination or reduction date. Premium rates are based on the member's age, sex and the product selected. 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, adjustable cash values, guaranteed death benefits, no cancellation fee Sun One-Year Term: provides coverage for one year only, at which time the covered person can either let it expire or convert it to a Sun Lifetime Alternative policy Sun 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>Should a person die during the 31-day conversion period, Sun Life will pay a benefit equal to the amount that was eligible for conversion upon receipt of a proof of claim</p> <p>Conversion is also available for a plan member's spouse when their coverage terminates for reasons other than a request by the plan member</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 amount of optional coverage that was in force for less than two years in the event of suicide. All applicable premiums paid will be refunded

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%
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 is continued without payment of premiums, then the AD&D coverage will continue without payment of premiums, but not beyond age 65 <p>Optional spouse coverage:</p> <ul style="list-style-type: none"> If plan member coverage is continued without payment of premiums, then spouse coverage will continue without payment of premiums as long as the benefit remains in force but not beyond the date the spouse reaches age 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, and 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 (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 accommodations close to the hospital while the plan member is hospitalized at least 150 km from home, and for the travel expenses of an immediate family member. 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 an individual life insurance policy may also apply at that time for an accidental death benefit to be attached to 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 while sane or insane Flying in, descending from or being exposed to any hazard related to an aircraft while receiving flying lessons, being flown for a parachute jump, performing any duties in connection with the aircraft, or being a member of the armed forces if the aircraft is under the control or chartered by the armed forces 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

 [Back to Product summary](#)

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

Absence management	Includes: <ul style="list-style-type: none"> • Case management services • 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	Recurrence within two weeks for the same or related disability is considered the same claim; if after two weeks for the same or related disability, it is considered 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 agreed to with the employer will begin on the date the plan member and the employer have agreed will be the start of the plan member's leave or the date the child is born, whichever is earlier

Short-Term Disability

 [Back to Product summary](#)

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 <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	Benefits are based on calendar days (or business days) and are paid at the end of each week. If plan member is disabled for part of any week, we will pay 1/7 of the weekly benefit for each day of disability (or 1/5 if benefits are calculated based on business days)
Direct offsets	<p>Short-Term Disability benefit payments are reduced by income, benefits and payments provided to a member under: 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 the plan member is prevented by illness from performing the essential duties of their own occupation (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	Recurrence within two weeks for the same or related disability is considered the same claim; if after two weeks for the same or related disability, it is considered 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: 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 agreed to with the employer will begin on the date the plan member and the employer have agreed will be the start of the plan member's leave or the date the child is born, whichever is earlier
Subrogation	Recovering damages from a third party


 [Back to Product summary](#)


<p>Terms and conditions</p>	<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, but not beyond the end of the maximum benefit period • Is absent from Canada longer than four weeks 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 <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, while sane or insane • Participation in a criminal offence
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Long-Term Disability

 [Back to Product summary](#)

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

<p>Absence Management</p>	<p>Includes:</p> <ul style="list-style-type: none"> • Case management services • Service Provider Network <ul style="list-style-type: none"> • Rehabilitation services • Access to national occupational health service provider network • Return-to-work planning • Facilitation and mediation services
<p>Definition of <i>total disability</i></p> <p> Back to Product summary</p>	<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) during the elimination period and the following 24 months; and thereafter 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>
<p>Payment basis</p>	<p>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</p>

<p>Interrupted periods of total disability</p>	<p>Interrupted periods of total disability are treated as one continuous period of disability, unless the subsequent absence is for a totally unrelated illness or injury. In such cases a new elimination period is not required.</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
<p>Notice/proof of claim</p>	<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 this Long-Term Disability provision <p>Sun Life must receive proof of claim no later than 90 days after the end of elimination period</p>
<p>Direct offsets</p> <p> Back to Product summary</p>	<p>Long-Term Disability benefit payments are reduced by income, benefits and payments provided to a member under: CPP/QPP (Note: CPP/QPP dependent benefits are not included in the offset); 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>
<p>All-source maximum (indirect offsets)</p> <p> Back to Product summary</p>	<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 "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>
<p>Pre-existing conditions (if applicable to the plan)</p>	<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) and 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>Subrogation</p>	<p>Recovering damages from a third party</p>

<p>Maternity or parental leave</p>	<p>Maternity leave agreed to with the employer will begin on the date the plan member and the employer have agreed will be the start of the plan member's leave 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>
<p>Partial disability program (PD program)</p>	<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
<p>Rehabilitation program</p>	<p>A plan member may be required to participate in a rehabilitation program approved by Sun Life during which 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>
<p>Terms and conditions</p>	<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 or attempted suicide, while sane or insane • Participation in a criminal offence

OTHER BENEFITS

Health Spending Account

 [Back to Product summary](#)

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

 [Back to Product summary](#)

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



Covered conditions	Essential plan (three conditions)	Enhanced plan (11 conditions)	Comprehensive plan (25 conditions)
Heart attack	✓	✓	✓
Stroke	✓	✓	✓
Cancer	✓	✓	✓
Kidney failure		✓	✓
Coronary artery bypass surgery		✓	✓
Major organ transplant		✓	✓
Multiple sclerosis		✓	✓
Paralysis		✓	✓
Blindness		✓	✓
Deafness		✓	✓
Loss of independent existence due to catastrophic illness/injury		✓	✓
Loss of speech			✓
Coma			✓
Benign brain tumour			✓
Major burns			✓
Major organ failure (requiring transplant)			✓
Aorta surgery			✓
Alzheimer's disease			✓
Parkinson's disease			✓
Occupational HIV			✓
Motor neuron disease			✓
Bacterial Meningitis			✓
Aplastic anemia			✓
Loss of Limbs			✓
Heart valve replacement or repair			✓

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

 [Back to Product summary](#)

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.

<p>In-province hospital</p>	<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, 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 nursing homes, rest homes, homes for the aged or chronically ill, sanatoriums, convalescent hospitals or facilities for treating alcohol or drug abuse or beds set aside for any of these purposes in a hospital</p>
<p>Home nursing care</p>	<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>
<p>Paramedical</p> <p> Back to Product summary</p>	<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
<p>Other medical services and equipment expenses</p> <p> Back to Product summary</p>	<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
<p>Services and supplies not covered</p>	<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 FINANCIAL

A market leader in group benefits, Sun Life Financial serves more than one in six Canadians, in over 12,000 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 Financial 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.



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For more information, please contact your advisor
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