



THE CANADIAN DENTAL  
HYGIENISTS ASSOCIATION  
L'ASSOCIATION CANADIENNE  
DES HYGIÉNISTES DENTAIRES



# Canadian Dental Hygienists Association **(CDHA)** Insurance program



**Life's brighter under the sun**

Sun Life Assurance Company of Canada is the insurer of this product and is a member of the Sun Life group of companies.

# Helping protect you, your family and your finances

For more than 50 years, CDHA has been promoting and protecting the interests of dental hygienists across Canada. That includes helping you look after your family and finances with the CDHA insurance program. It's a program designed especially for dental hygienists and delivered by Sun Life.

You can choose from a suite of options to protect everything you care about – all at special savings negotiated by CDHA.

If you have questions, please call Sun Life at **1-800-669-7921**, Monday to Friday from 8 a.m. to 8 p.m. ET or visit **[sunlife.ca/cdha](http://sunlife.ca/cdha)**.



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# Overview



## A quick look at the program

### A full array of benefits

...with the advantage of group plan savings.

### Protection for yourself and your family at a glance

#### Option 1 - Bundled Plan - No medical exam required.\*

Get started with a full suite of insurance benefits at one affordable rate. Leave it as it is, or complete it with additional choices from Option 2.

Insurance products	Coverage amounts	Coverage available for
<b>Term life</b>	\$30,000	Member Only
<b>Accidental death &amp; dismemberment</b>	\$30,000	Single or Family (includes Couple and Member +1 dependent child)
<b>Long-term disability</b>	\$750 a month	Member Only
<b>Extended healthcare</b>	See <a href="#">page 17</a> for product details	Single, Couple (or Member +1 dependent child), Family

#### Option 2 - Stand-alone products for purchase\*\*

Create your own insurance coverage combination, or use these to top up your Bundled Plan.

Insurance products	Coverage amounts	Coverage available for
<b>Term life</b>	\$30,000 to \$500,000 Dependent children: \$10,000	Member, Spouse and dependent children
<b>Accidental death &amp; dismemberment</b>	\$30,000 to \$500,000	Single or Family (includes Couple and Member +1 dependent child)
<b>Long-term disability</b>	\$700 to \$5,000 per month	Member
<b>Extended healthcare</b>	See <a href="#">page 17</a> for product details	Single, Couple (or Member +1 dependent child), Family
<b>Critical illness</b>	\$30,000 to \$300,000 Dependent children: \$5,000 to \$20,000	Member, Spouse and dependent children

\* There's no medical exam, just five simple questions (some exclusions may apply).

\*\* All coverage is subject to medical underwriting. You will need to provide evidence of good health by completing a medical questionnaire. In the case of Long-term disability insurance, you will also be required to provide answers to financial and employment questions.

# Option 1

## Bundled Plan



The **Bundled Plan** is your pre-built safety net to protect against life's surprises – accidents, disabilities, and healthcare expenses. You get a full suite of benefits, providing the most commonly needed protection, at a special, affordable rate.

### Extra Advantages

- ✓ No guesswork. Get convenient core insurance coverage at one affordable rate.
- ✓ Easy to apply. The Bundled Plan involves a simplified questionnaire. There's no medical exam, just five simple questions (some exclusions may apply).
- ✓ Flexible. You can top up your coverage by adding more coverage for you or your family. Add any type of insurance in the CDHA program.

Insurance products	Overview	Coverage amounts
<b>Member Term life</b>	Helps protect your loved ones' financial future	\$30,000 See <a href="#">page 6</a> for product details
<b>Member Long-term disability (LTD)</b>	Helps cover some of your bills if you can't work	\$750 a month See <a href="#">page 11</a> for product details
<b>Accidental death &amp; dismemberment (AD&amp;D)</b> Member can purchase Single or Family coverage, Couple (includes Couple and Member +1 dependent child)	Helps with finances as you or your family cope with a serious accident	\$30,000 See <a href="#">page 8</a> for product details
<b>Extended healthcare (EHC)</b> Member can purchase Single, Couple (or Member +1 dependent child) or Family coverage	Helps with out-of-pocket medical expenses not covered by provincial plan	See <a href="#">page 17</a> for product details.

### Complement your insurance coverage

Customize the Bundled Plan to meet your needs. You can increase your coverage for Term life, AD&D and LTD insurance or cover family members. Need [Critical illness insurance](#)? Simply add it to the Bundled Plan. Additional coverage requires full medical underwriting.

### To apply for coverage you must be:

- A Canadian resident
- A CDHA member in good standing
- Under the age of 60
- Actively at work for a minimum of 18 hours a week

### You are not eligible to apply for coverage if you:

- have ever had life or disability insurance declined or postponed under any insurance plan
- are currently on disability leave (or have a disability claim pending), or
- have submitted a disability claim in the past

### INSURANCE RATES

Monthly premiums include coverage for four products:

\$30,000 of Term life insurance benefit

\$750/month of LTD insurance benefit

\$30,000 of AD&D insurance benefit

Extended healthcare insurance benefit - Option 1

Single	\$86.25	<b>Term life, LTD, Extended healthcare, AD&amp;D coverage for the Member only</b>	
Couple (or Member +1 dependent child)	\$141.58	<b>Term life and LTD coverage for the Member</b>	<b>PLUS Extended healthcare</b> for a <b>Couple</b> (or Member +1 dependent child) and <b>AD&amp;D</b> the whole <b>Family</b> .
Family	\$183.41	<b>Term life and LTD coverage for the Member</b>	<b>PLUS Extended healthcare</b> and <b>AD&amp;D</b> coverage for the whole <b>Family</b>

Rates are yearly renewable, subject to change on notice, and subject to provincial tax where applicable.

### Pre-existing conditions:

Benefits are not payable under the contract for any disability occurring within 24 months of the effective date of coverage for any illness, whether or not they are diagnosed, for which the insured:

- had symptoms,
- had consulted a doctor or any other health care practitioner,
- was provided any health-related care, advice or treatment, or that a reasonably prudent person with an illness or medical condition or symptom(s), would have consulted a doctor or any other health care practitioner during the 24 months prior to the effective date of the coverage.

# Option 2



## Term life insurance

Important people count on you. Term life insurance can help pay a mortgage, taxes, funeral costs or other bills. What's more, you can look after your partner, children, parents and other loved ones.

### Coverage

- For you: Coverage from **\$30,000** to **\$500,000**, in units of **\$10,000**
- If you apply, you can also buy Term life insurance for:
  - Your spouse: Up to the same coverage you choose for yourself
  - Your child(ren): **\$10,000** per child

### To apply for coverage you must be:

- A Canadian resident
- A CDHA member in good standing
- Under the age of 65

**Coverage for all of your children is only \$2.60 each month.**

### Extra advantages

#### ✓ Premiums disappear if you're disabled

We'll waive life insurance payments if you or your spouse is totally disabled for at least 120 days in a row before age 65. Totally disabled means you can't perform the duties of any occupation. To qualify, you'll need to provide Sun Life with proof of disability, within 12 months of becoming totally disabled.

#### ✓ An easy switch to "Term life" individual policy

If your CDHA Term life insurance ends for reasons other than your choice (e.g. if you leave CDHA), you and your spouse can ask to switch to a Term life individual policy. That policy gives you up to \$200,000 in coverage (or more – if required by law). You won't need to provide proof of good health if you apply within 31 days of your CDHA Life Insurance ending.

**TERM LIFE INSURANCE RATES – FOR MEMBER/SPOUSE**

Coverage from \$30,000 to \$500,000 is available

Monthly premium per \$10,000 of benefit

Age	Non-smoker female	Smoker female	Non-smoker male	Smoker male
<b>Under 30</b>	\$0.49	\$0.57	\$0.86	\$1.14
<b>30 - 34</b>	0.75	0.96	0.88	1.25
<b>35 - 39</b>	0.84	1.23	1.09	1.58
<b>40 - 44</b>	1.09	1.57	1.48	2.24
<b>45 - 49</b>	1.73	2.71	2.37	3.63
<b>50 - 54</b>	2.67	4.15	3.80	5.85
<b>55 - 59</b>	3.23	4.89	4.88	7.38
<b>60 - 64</b>	5.20	7.02	8.84	12.01

**DEPENDENT CHILDREN LIFE INSURANCE RATES**

Monthly premium of \$2.60

One premium covers all dependent children

Coverage Details

\$10,000 coverage per child

Sun Life calculates rates based on your age, gender and smoking status as of the Policy Anniversary. Sun Life makes the age calculation at Policy Anniversary of each year.

Sun Life reviews rates every year. Rates may change, and will increase as you move into the next age band. Rates are yearly renewable and subject to provincial tax where applicable.

**Exclusions**

We will not issue payment for a death that occurs within two years of the policy start date, if the cause of death is self-inflicted injury or suicide. That applies regardless of whether the insured person has a mental illness or intends or understands the consequences of their actions. If you add more insurance, the two-year period for that amount runs from the additional coverage's start date.



# Accidental death & dismemberment insurance



Accidents can change lives. An accident could be hard to recover from, and affect you or your family's income. Accidental death & dismemberment insurance (AD&D) helps with finances, while you or your family copes with a life-changing event.

## Coverage

- Coverage from **\$30,000** to **\$500,000**, in units of **\$10,000**
- If you buy AD&D Insurance as a standalone product, there are coverage limits. Coverage can't be over **\$200,000**, or twice the amount you've chosen for your Life Insurance coverage (whichever is greater)

## To apply for coverage you must be:

- A Canadian resident
- A CDHA member in good standing (applies to first person covered)
- Under the age of 65

## Extra advantages

### ✓ Coverage for return to home

If you die from an accident 100 or more kilometers from home, we'll deliver a payment of up to \$10,000. This would cover the cost of preparing and transporting your body for burial, or cremation. Your beneficiary can claim this payment within a year of your accident.

### ✓ Help getting back to work

If, before the age of 65, you or your spouse is injured and receives an AD&D payment, you or they could qualify for an extra payment. This payment (up to \$10,000) is for a work re-entry program (if approved by Sun Life).

## How it works

- A lump-sum payment if you or your covered family member suffers a serious injury or dies from an accident. Sun Life must approve the claim.
- You or your covered family will receive a percentage of the AD&D coverage you've selected, based on the loss. See the table on [page 9](#) for details.

## Here's how family coverage works:

- **No dependent children?** Your spouse will have insurance for 50% of your benefit amount.
- **Spouse and dependent children?** Your spouse will have insurance for 40% of your benefit and each dependent child will have insurance for 10% of your benefit, up to \$50,000 per child.
- **Dependent children, no spouse?** Each dependent child will have insurance for 20% of your benefit, up to \$50,000 per child.

<b>Table of losses</b>	<b>Amount payable (% of principal sum)</b>
Loss of life	100%
Loss of one or both arms or hands	100%
Loss of both feet	100%
Loss of sight of both eyes	100%
Loss of one foot and sight of one eye	100%
Loss of speech and hearing in both ears	100%
Loss of one hand and one foot	100%
Loss of use of one or both hands or arms	100%
Loss of use of both feet or legs	100%
Loss of use of both arms or both legs	100%
Loss of thumb or index finger of either hand	100%
Loss of use of thumb or index finger of either hand	100%
Loss of one leg or one foot or sight of one eye	75%
Loss of use of one leg	75%
Loss of hearing in both ears	75%
Loss of speech	75%
Loss of use of one foot	75%
Four fingers on the same hand	33.33%
Loss of four toes on the same foot	25%
Loss of hearing in one ear	25%
Loss of joint between two phalanges or phalange of thumb or index finger of dominant hand	10%
Loss of use of joint between two phalanges or phalange of thumb or index finger of dominant hand	10%
Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE RATES**

Monthly premium per \$10,000 benefit

Coverage from \$30,000 to \$500,000

Single – \$0.39

Family – \$0.60

Rates are yearly renewable, subject to change on notice, and subject to provincial tax where applicable.

## Exclusions

We will not make a payment if there is a loss from one or more of the following:

- Declared or undeclared war, insurrection or rebellion
- Voluntary participation in a riot or act of civil disobedience
- Intentionally self-inflicted injury or suicide, regardless of whether the insured person has a mental illness or intends or understands the consequences of their actions.
- Committing or attempting to commit a criminal offence
- The insured person riding as a passenger in, alighting from, or boarding an aircraft. They could be operating, learning to operate, or serving as a member of a crew of an aircraft. They could be crop dusting, crop spraying, seeding, sky-writing. It also includes racing, testing exploration or any other purpose except transportation.
- Full-time service in the armed forces of any country

The benefit includes all losses. Once the benefit is paid, the coverage ends.



# Long-term disability insurance



If an illness kept you from work for a long time, what would you do without your income? Your bills won't wait. In fact, you could even have extra expenses while you're recovering.

Long-term disability insurance (LTD) is your own safety net. So your long-term financial plan can stay healthy while you recover from a mental health issue, illness or accident.

## Coverage

- Coverage from **\$700** to **\$5,000** per month, in units of **\$100**
- Your maximum coverage depends on your income
- 120 days elimination period (number of days you're totally disabled before payments begin)

## To apply for coverage you must be:

- A Canadian resident
- A CDHA member in good standing
- Under the age of 65
- Actively at work for at least 18 hours a week

## INCOME RATIO GUIDE

Annual income	Monthly benefit amount
\$12,000 - \$14,999	\$700
\$15,000 - \$17,999	\$900
\$18,000 - \$23,999	\$1,100
\$24,000 - \$30,999	\$1,400
\$31,000 - \$35,999	\$1,700
\$36,000 - \$44,999	\$2,000
\$45,000 - \$59,999	\$2,400
\$60,000 - \$71,999	\$3,000
\$72,000 - \$83,999	\$3,400
\$84,000 - \$95,999	\$3,800
\$96,000 - \$109,999	\$4,200
\$110,000 - \$119,999	\$4,600
\$120,000 - \$129,999	\$4,800
\$130,000 +	\$5,000

## Extra advantages

### ✓ **Premiums disappear if you're disabled**

You get benefits if you're totally disabled at least 120 days in a row, before age 65. But, you won't have to pay the premiums as long as you're totally disabled. Sun Life must approve your claim.

### ✓ **Topping up reduced income (Residual Disability Benefit)**

If you're able to return to work at reduced pay, you may qualify for a top up of your income. You could be working in your own job or another job. This is available for up to 24 months. You must be making at least 20% less than the average monthly income you earned before your total disability. You must also be under the regular care of a physician. (Sun Life considers this a continuation of the previous period of total disability.)

### ✓ **Help getting back to work**

There's a work re-entry benefit if you participate in an approved work re-entry program while receiving medical treatment. This applies after the elimination period, in cases of total disability. Your income can't be more than you earned in the year before your disability payments began. This includes income from this benefit, your work re-entry program and other sources.

### ✓ **Payments restart if your disability returns**

If you're totally disabled within six months of returning to work, your payments restart without an elimination period. The disability must be from the same or a related issue.

### ✓ **Coverage if you can still work**

There are benefits if you totally and irrecoverably lose your ability to speak, or hearing in both ears, or the use of both your hands and feet, but are able to work. This is a monthly total disability income benefit available after the elimination period. It is available if Sun Life considers you or the insured family member totally disabled.

### ✓ **Automatic coverage for HIV, Hepatitis B or Hepatitis C**

If you totally and irrecoverably test positive for one of these conditions, you may need to disclose this to patients. This could limit your practice, even if you have no symptoms. You may qualify for a top-up of your reduced income (residual disability benefit) even if you're not totally disabled.

### ✓ **Payments made to a surviving spouse**

If you die during a period of total disability (following the elimination period), there is an additional payment. Your surviving spouse or your estate will receive a payment equal to three times your last month's disability benefit.

### ✓ **Cost of living adjustment (COLA)**

For an additional cost, you may add this rider to your LTD coverage. This adjustment keeps disability benefits in line with inflation. With it, your benefit increases each year, by the amount specified in the Consumer Price Index, up to 2%. This protects your purchasing power during a lengthy disability. Sun Life applies the COLA when a plan member has a disability for a continuous period of 12 months.

## LONG TERM DISABILITY INSURANCE RATES – MEMBER ONLY

Monthly premium per \$100 of monthly benefit

Coverage from \$700 to \$5,000 per month

120-day Elimination Period

Age	Non-smoker: premium per \$100 of LTD benefit	Non-smoker: COLA* Rider for each \$100 of LTD benefit	Smoker: premium per \$100 of LTD benefit	Smoker: COLA* Rider for each \$100 of LTD benefit
Under 30	\$1.59	\$0.44	\$1.80	\$0.50
30 - 34	2.23	0.75	2.43	0.86
35 - 39	2.80	1.04	2.91	1.14
40 - 44	4.10	1.29	4.22	1.43
45 - 49	5.25	1.75	5.28	1.96
50 - 54	7.09	2.20	7.12	2.49
55 - 59	7.36	2.07	7.68	2.33
60-64**	7.71	1.65	8.07	1.82

\*The COLA Rider is the Cost of Living Adjustment Rider, which keeps benefits in step with inflation. The premium is added to the cost of the LTD benefit.

The COLA Rider premium is payable to age 63 and the benefit terminates at age 65.

\*\*Renewal rates only

Sun Life calculates rates based on your age as of the Policy Anniversary. Sun Life makes the age calculation at Policy Anniversary of each year.

Sun Life reviews rates every year. Rates may change, and will increase as you move into the next age band. Rates are yearly renewable, subject to change on notice, and subject to provincial tax where applicable.

### Things to know

- The benefit amount is your insurance amount on your date of disability, less any other benefits payable because of your disability. This includes:
  - CPP/QPP
  - Workers' Compensation
  - Automobile insurance benefits
  - Payment or income from any employer
  - Retirement benefits
  - Disability benefits for the same or related disability, under any other association, group or individual insurance plans
- Altogether, income from all sources cannot exceed 85% of your average monthly pre-disability earned income
- There's a 60-month payment maximum for LTD coverage under the Bundled Plan (Option 1)

### Exclusions

We don't issue payment for disability that results from one or more of the following:

- Injury sustained, or sickness which first manifests itself, before coverage is in force
- Declared or undeclared war, insurrection or rebellion
- Voluntary participation in a riot or act of civil disobedience
- Intentional self-inflicted injury
- Committing or attempting to commit a criminal offence
- Uncomplicated pregnancy
- Payments are not made during any period spent in prison or a similar institution

We will not issue payment:

- Unless you are totally disabled, as defined under the Policy
- If your license to practice as a dental hygienist is revoked, unless that's solely due to the Sickness or Injury that caused Total Disability

# Critical illness insurance



Many Canadians have experienced a critical illness, such as a stroke, heart attack or cancer. Your provincial health care plan doesn't cover some expenses. That could mean dipping into your savings or retirement nest egg. This plan covers twenty-five critical illnesses.

If you get sick, Critical illness insurance (CI) helps you focus on your recovery, not your finances.

## Coverage

- For you: Coverage from **\$30,000** to **\$300,000**, in units of **\$10,000**
- If you apply, coverage is also available for:
  - Your spouse: Up to the same coverage you choose for yourself
  - Your child(ren): **\$5,000** to **\$20,000**, in units of **\$5,000**

## To apply for coverage you must be:

- A Canadian resident
- A CDHA member in good standing (applies to first person covered)
- Under the age of 65

Covered adult illnesses	Covered child illnesses
Aortic Surgery Aplastic Anemia Bacterial Meningitis Benign Brain Tumour Blindness Cancer (life-threatening) Coma Coronary Artery Bypass Surgery Deafness Dementia, including Alzheimer's Disease Heart Attack Heart Valve Replacement or Repair Kidney Failure Loss of Independent Existence Loss of Limbs Loss of Speech Major Organ Failure on Waiting List Major Organ Transplant Motor Neuron Disease Multiple Sclerosis Occupational HIV Infection Paralysis Parkinson's Disease and Specified Atypical Parkinsonian Disorders Severe Burns Stroke (cerebrovascular accident)	Cerebral Palsy Congenital Heart Disease Cystic Fibrosis Down Syndrome Muscular Dystrophy Type 1 Diabetes Mellitus

See Appendix for detailed definitions of these conditions.

## Extra advantages

- ✓ Paid in a lump-sum that you can spend any way you like, including on alternative treatment options.\*
- ✓ Paid to you regardless of whether or not you are able to work.

## CRITICAL ILLNESS INSURANCE RATES FOR MEMBER/SPOUSE

Monthly premium per \$10,000 of benefit

Coverage from \$30,000 to \$300,000

Age	Non-smoker female	Smoker female	Non-smoker male	Smoker male
Under 30	\$1.16	\$1.40	\$1.24	\$1.50
30 - 34	2.09	2.86	1.73	2.46
35 - 39	2.63	4.15	2.16	3.19
40 - 44	3.56	6.68	3.19	5.52
45 - 49	5.09	10.64	5.39	10.91
50 - 54	7.02	14.90	8.74	20.19
55 - 59	9.46	19.40	13.84	34.00
60 - 64	13.43	24.92	22.82	54.46
65 - 69**	23.27	39.40	43.83	95.36

## Monthly premium per \$5,000 of benefit

**Flat rate for all children \$3.00**

\*\* Age 65+ are renewal rates only.

Sun Life calculates rates based on your age, gender and smoking status as of the Policy Anniversary. Sun Life makes the age calculation at Policy Anniversary of each year.

Sun Life reviews rates every year. Rates may change, and will increase as you move into the next age band. Rates are yearly renewable and subject to provincial tax where applicable.

## Pre-existing conditions

- Pre-existing condition for any coverage that did not require proof of good health, no benefits are payable for any covered CI condition that occurs within 24 months of the effective date of the coverage and that resulted from any injury, illness, or medical condition (whether or not diagnosed) for which the Insured had signs, symptoms, consulted a Physician or other health care practitioner or had any health-related care, advice or treatment, or that a reasonably prudent person with such injury, illness, medical condition, signs or symptoms would have consulted a Physician or any other health care practitioner, during the 24 months prior to the effective date of the Insured's coverage.
- This exclusion does not apply where the Child Moratorium Period Exclusion applies or to any dependent child who is born or adopted later than 10 months after the date the date the member's Child Critical Illness starts.
- Death of the insured during the required survival period described in the detailed definitions table.

\*Diagnosis of a critical illness, such as cancer, heart attack or stroke must occur after the effective date of coverage and you must complete a survival period (as noted in the relevant Critical Illness definition).

## Exclusions

There is no payment for claims related to one or more of the following:

- Hostile action of any armed forces, insurrection or participation in a riot or civil commotion
- Intentionally self-inflicted injuries or attempted suicide, regardless of whether the insured person has a mental illness or intends or understand the consequences of their actions
- Participation in a criminal offence
- Any illness, disorder or surgery not specifically defined under Covered Critical Illness Conditions
- Using illegal or illicit drugs or substances, or misuse of drugs or alcohol
- Death of the insured during the required survival period described in the detailed definitions table (see Glossary)
- Coverage is on the first condition only



# Extended healthcare insurance



Extended healthcare insurance (EHC) pays off in so many ways. It could be at the pharmacy, the optician, a paramedical appointment or even if you stay in the hospital.

As an added convenience, you can access your claims and benefit information from your smartphone or tablet, using **my Sun Life mobile app**, or online at **mysunlife.ca**.

## Coverage

The table below provides some of the coverage details. To see the full list, refer to your policy.

	<b>Option 1 (included in the Bundled Plan)</b>	<b>Option 2 (available for purchase independently)</b>
<b>Evidence of good health</b>	No medical underwriting	Medical underwriting required
<b>Prescription drugs*</b>	<b>80%</b> of expenses up to a Plan Year maximum of <b>\$1,000</b> per covered person	<b>80%</b> of expenses up to a Plan Year maximum of <b>\$10,000</b> per covered person
<b>Vaccines</b>	Up to <b>\$200</b> per covered person per Plan Year	Up to <b>\$250</b> per covered person per Plan Year
<b>Paramedical</b>	<b>80%</b> up to a Plan Year combined maximum of <b>\$500</b> per covered person	<b>80%</b> up to a Plan Year combined maximum of <b>\$1,000</b> per covered person
<b>Covered paramedical services</b>	<ul style="list-style-type: none"> <li>• Massage Therapy</li> <li>• Physiotherapy</li> <li>• Psychologist</li> </ul>	<ul style="list-style-type: none"> <li>• Massage Therapy</li> <li>• Physiotherapy</li> <li>• Psychologist</li> <li>• Speech Therapy</li> <li>• Naturopath</li> <li>• Dieticians</li> <li>• Occupational Therapy</li> <li>• Osteopath</li> <li>• Chiropractors</li> <li>• Acupuncturist</li> <li>• Podiatrist / Chiropracist</li> </ul>
<b>Vision</b>	Not covered	<b>100%</b> up to a Plan Maximum of <b>\$250</b> per covered person in a 24-month period.
<b>Eye exam</b>	Not covered	<b>100%</b> up to a Plan Maximum of <b>\$100</b> per covered person in a 24-month period.
<b>Medical services &amp; equipment</b>	<b>100%</b> up to a Plan Year Maximum: <b>\$3,000</b> per covered person	<b>100%</b> up to a Plan Year Maximum: <b>\$10,000</b> per covered person
<b>Hospitalization</b> Excludes convalescent hospitalization	<b>100%</b> for a semi-private room; Maximum Per Day: <b>\$75</b> in-patient overnight stay Plan Year Maximum: <b>\$10,000</b> per covered person	<b>100%</b> for a semi-private room Maximum Per Day: <b>\$100</b> in-patient overnight stay Plan Year Maximum: <b>\$20,000</b> per covered person

\*Doesn't cover charges above the lowest priced equivalent drug unless specifically approved by Sun Life. You can submit an exception form if there is a medical need for a different prescription drug.

	<b>Option 1 (included in the Bundled Plan)</b>	<b>Option 2 (available for purchase independently)</b>
<b>Emergency out of province</b> Covered for medical expenses due to a medical emergency while travelling outside your home province, but within Canada.	<p>Covered Services</p> <ul style="list-style-type: none"> <li>• semi-private hospital room</li> <li>• out-patient services</li> <li>• other hospital services</li> <li>• doctors services</li> </ul> <p>Coinsurance: 100% Trip duration: up to a maximum of 30 days after leaving the province Travel Assistance</p>	<p>Covered Services</p> <ul style="list-style-type: none"> <li>• semi-private hospital room</li> <li>• out-patient services</li> <li>• other hospital services</li> <li>• doctors services</li> </ul> <p>Coinsurance: 100% Trip duration: up to a maximum of 30 days after leaving the province Travel Assistance</p>
<b>Emergency out of country (outside of Canada)</b>	<p>Lifetime Maximum: \$2 million per covered person Coinsurance: 100% Referral: 80% Maximum per trip: \$1 million</p>	<p>Lifetime Maximum: \$2 million per covered person Coinsurance: 100% Referral: 80% Maximum per trip: \$1 million</p>

**To apply for coverage you must be:**

- A Canadian resident
- A CDHA member in good standing (applies to first person covered)
- Under the age of 60 for option 1 and under age 65 for option 2
- Covered under provincial health insurance

**Quebec residents** must also have and continue to have health and drug coverage. This may be through a group benefit plan or through the Régie de l'assurance maladie du Québec (RAMQ). This policy doesn't cover EHC for a person without a group plan or RAMQ coverage.

**Extra advantages**

✓ **Paying for prescription drugs is easy**

With your Pay-Direct Drug card, there are no paper claim forms to complete and no waiting for a cheque. Just show your card and your pharmacy will automatically bill Sun Life. You only pay the remainder of the cost, at the pharmacy counter. The Pay-Direct network lets your pharmacist tell you about duplicate medications, early refills, and potential drug interactions.

✓ **Submit your claims on the go**

With **my Sun Life mobile app** or **mysunlife.ca**, you have benefits information at your fingertips. Check your coverage, submit benefits claims on the go and receive payment – usually within 48 hours. The app lets you:

- Submit and track claims
- View full coverage details
- Use your smartphone as your drug card

✓ **Use Provider search**

Enter your location to find dental, vision and paramedical health-care service providers in your area

✓ **Keeping your family healthy with Lumino Health Virtual Care**

You and your family can have access to health and wellness professionals from the comfort of your home or office. Your EHC coverage includes free and unlimited access to Lumino Health Virtual Care, powered by Dialogue.



**Lumino Health Virtual Care is available to you and your family 24 hours a day, seven days a week.**

It’s a platform that connects you with health-care providers to help you with your health needs.

With Lumino Health Virtual Care, you’ll be able to chat with a nurse for any questions related to your health. You can also consult a doctor through a secure video if a diagnosis or prescription is required, completely free of charge.

You can also consult other health professionals (e.g. nutritionists) for an additional fee.

Services are available through Dialogue secure platform. You can learn more about Lumino Health Virtual Care by visiting [sunlife.ca/luminovc](http://sunlife.ca/luminovc).

**Extended Health Care Insurance rates for Option 1:**

included in Bundled Plan (please see [page 5](#))

**Extended Health Care Insurance rates for Option 2:**

**Plan Member Only – Single**

Age band	AB	BC	MB	NB	NL	NS	NT	NU	ON	PE	QC	SK	YT
0 - 44	\$103.11	\$105.21	\$94.71	\$96.92	\$97.02	\$91.77	\$110.88	\$110.88	\$114.66	\$99.75	\$87.15	\$92.19	\$110.88
45 - 54	\$122.12	\$118.13	\$112.46	\$125.90	\$124.85	\$115.08	\$134.61	\$134.61	\$133.77	\$121.17	\$101.33	\$108.89	\$134.61
55 - 59	\$130.10	\$129.99	\$117.71	\$142.91	\$145.74	\$129.05	\$144.90	\$144.90	\$143.12	\$138.81	\$116.76	\$115.08	\$144.90
60 - 64	\$141.12	\$136.29	\$125.90	\$159.08	\$165.80	\$139.34	\$155.61	\$155.61	\$156.03	\$155.51	\$125.90	\$125.27	\$155.61
65 - 69	\$97.13	\$108.57	\$117.81	\$140.70	\$164.64	\$103.53	\$102.80	\$102.80	\$110.36	\$133.14	\$120.02	\$110.57	\$102.80

**Plan Memeber Plus One Eligible Family Member – Couple**

Age band	AB	BC	MB	NB	NL	NS	NT	NU	ON	PE	QC	SK	YT
0 - 44	\$187.53	\$191.52	\$172.10	\$176.30	\$176.40	\$166.64	\$202.02	\$202.02	\$208.95	\$181.44	\$158.13	\$167.58	\$202.02
45 - 54	\$222.71	\$215.46	\$204.86	\$229.85	\$227.85	\$209.79	\$245.91	\$245.91	\$244.44	\$221.03	\$184.28	\$198.24	\$245.91
55 - 59	\$237.62	\$237.51	\$214.73	\$261.35	\$266.60	\$235.62	\$264.92	\$264.92	\$261.66	\$253.58	\$212.84	\$209.79	\$264.92
60 - 64	\$257.88	\$249.06	\$229.85	\$291.17	\$303.66	\$254.73	\$284.87	\$284.87	\$285.60	\$284.55	\$229.85	\$228.69	\$284.87
65 - 69	\$176.61	\$197.82	\$214.83	\$257.15	\$301.46	\$188.48	\$187.11	\$187.11	\$201.08	\$243.29	\$218.93	\$201.50	\$187.11

**Plan Memeber Plus All Eligible Family Members – Family**

Age band	AB	BC	MB	NB	NL	NS	NT	NU	ON	PE	QC	SK	YT
0 - 44	\$252.21	\$257.46	\$231.32	\$236.88	\$236.99	\$223.86	\$271.74	\$271.74	\$281.09	\$243.92	\$212.42	\$225.12	\$271.74
45 - 54	\$299.67	\$289.91	\$275.52	\$309.33	\$306.60	\$282.24	\$330.96	\$330.96	\$328.97	\$297.47	\$247.70	\$266.70	\$330.96
55 - 59	\$319.83	\$319.62	\$288.86	\$351.86	\$358.89	\$317.10	\$356.69	\$356.69	\$352.28	\$341.46	\$286.34	\$282.24	\$356.69
60 - 64	\$347.24	\$335.37	\$309.33	\$392.18	\$408.98	\$342.93	\$383.57	\$383.57	\$384.62	\$383.25	\$309.33	\$307.76	\$383.57
65 - 69	\$237.30	\$266.07	\$289.07	\$346.29	\$406.14	\$253.37	\$251.48	\$251.48	\$270.38	\$327.39	\$294.53	\$271.01	\$251.48

Sun Life calculates rates based on your age as of the Policy Anniversary. Sun Life makes the age calculation at Policy Anniversary of each year.

Sun Life review rates every year. Rates may change, and will increase as you move into the next age band. Rates are yearly renewable and subject to provincial tax where applicable.

## Exclusions

Sun Life will not issue payment if there is a loss from one or more of the following:

- Declared or undeclared war, insurrection or rebellion
- Voluntary participation in a riot or act of civil disobedience
- Committing or attempting to commit a criminal offence
- Missed or cancelled appointments
- Examinations or services required solely for use by a third-party
- Travel to and from appointments
- Experimental (in the opinion of Sun Life's medical consultant) care services or supplies
- Services that wouldn't be charged if you didn't have this coverage or for which the person covered is not legally obligated to pay
- Dental treatment except for specified dental injuries
- Items for personal comfort or for use in connection with sports or other recreational activities
- Appliances, restorations or treatment procedures related to temporomandibular joint dysfunction
- Care, services or supplies available under Workers' Compensation
- Care, services or supplies obtained outside Canada

## Things to know

- **Lowest-priced equivalents:** The policy doesn't cover charges above the lowest priced equivalent drug unless specifically approved by Sun Life. You can submit an exception form if there is a medical need for a different prescription drug.
- **Prior authorization program:** The prior authorization (PA) program applies to a limited number of drugs and, as its name suggests you must get prior approval for coverage under the program. If a physician prescribes a drug that is included in the PA program, you and the attending physician must complete a PA form. We'll review the form to determine if you can qualify for the drug.
- **Quebec residents:** Have prescription drug insurance through the Régie de l'assurance maladie du Québec (RAMQ)? Then submit prescription drug claims to RAMQ first. You can then submit any remaining, unpaid portion eligible under this policy to us, for reimbursement. The coinsurance and deductible you must pay under your plan with RAMQ are eligible under this policy.

Have group drug coverage, but not RAMQ drug coverage? Submit your drug claims to your group policy first. You can then submit any remaining, unpaid portion eligible under this policy for reimbursement. If your group drug coverage is with Sun Life, please call **1-800-669-7921**, or send email to **servicecsc@sunlife.com**, to co-ordinate drug benefits between your group policy and this policy. If your group drug coverage ends, you must enrol in RAMQ prescription drug insurance to remain eligible under this policy.

# When does your coverage end?

## **Your coverage ends:**

- If you are no longer a CDHA member in good standing
- If the Group Policy is cancelled
- If you cancel your coverage
- On your 65<sup>th</sup> birthday for Life, LTD and AD&D or on your 70<sup>th</sup> birthday for CI and EHC
- On the premium due date if you don't pay the premium
- When you no longer live in Canada
- On the date of your death
- For Critical Illness Insurance it ends when benefit is paid

## **Your spouse's coverage ends:**

- If your coverage ends
- On your spouse's 65<sup>th</sup> birthday for Life insurance. On your spouse's 70<sup>th</sup> birthday for CI insurance and EHC insurance
- When your spouse no longer lives in Canada
- On the date of your spouse's death
- If he or she no longer meets the definition of a spouse
- For Critical illness insurance it ends when Sun Life pays the benefit

## **Your dependent child's coverage ends:**

- If your or your spouse's coverage ends (based on whether the dependent coverage is purchased under your coverage or your spouse's)
- If the policy no longer covers dependent children
- When your dependent child no longer lives in Canada
- On the date of your death
- If he or she no longer meets the definition of a dependent
- For Critical illness insurance it ends when Sun Life pays the benefit

All coverage becomes effective upon date of approval and receipt of premium payment.



# How to apply for coverage

Three easy steps to protect yourself and your loved ones today

No matter where you are in your life or career, it's important to have safeguards in place. CDHA group rates make the insurance you need more affordable. It's convenient too, thanks to the **free online quote**. You can easily pick the coverage to fit your budget.

Simply visit [sunlife.ca/cdha](https://sunlife.ca/cdha) to check your options and see the rates. Take a few minutes and apply today. You'll be glad you did!



**Download application**

**Fill it out**

**Mail it in**

## Have questions or need help applying?

Please give us a call at **1-800-669-7921**, Monday to Friday, 8 a.m. to 8 p.m. ET.

This brochure provides the highlights but not all the details of the CDHA Insurance Program. The complete terms, conditions, exclusions and limitations governing the coverage are found in the group insurance policies issued by Sun Life Assurance Company of Canada, a member of the Sun Life group of companies. You can obtain the policy by calling Sun Life at 1-800-669-7921 Monday to Friday, 8 a.m. to 8 p.m. ET or emailing [servicecsc@sunlife.com](mailto:servicecsc@sunlife.com)

# Appendix for Critical illnesses covered

## Covered illnesses

Covered illnesses – adults	Description
<p><b>Aortic surgery</b></p>	<p>Undergoing surgery for disease of the aorta requiring excision and surgical replacement of any part of the diseased aorta with a graft. Aorta means the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a specialist physician. The Insured must survive for 30 days following the date of surgery.</p> <p><b>Exclusion</b></p> <p>No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.</p>
<p><b>Aplastic anemia</b></p>	<p>Definite diagnosis of chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:</p> <ul style="list-style-type: none"> <li>a) marrow stimulating agents;</li> <li>b) immunosuppressive agents; or</li> <li>c) bone marrow transplantation.</li> </ul> <p>The diagnosis of aplastic anemia must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.</p>
<p><b>Bacterial meningitis</b></p>	<p>Definite diagnosis of meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days following the date of diagnosis. The diagnosis of bacterial meningitis must be made by a specialist physician. The Insured must survive for 90 days following the date of diagnosis.</p> <p><b>Exclusion</b></p> <p>No benefit will be payable under this condition for viral meningitis.</p>
<p><b>Benign brain tumour</b></p>	<p>Definite diagnosis of non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgical or radiation treatment or cause irreversible objective neurological deficit(s).</p> <p>The diagnosis of benign brain tumour must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.</p> <p><b>Exclusions</b></p> <p>No benefit will be payable under this condition for pituitary adenomas less than 10 mm.</p> <p>No benefit will be payable for a recurrence or metastasis of an original tumour which was diagnosed prior to the effective date of coverage.</p>

Covered illnesses – adults	Description
<b>Benign brain tumour (continued)</b>	<p><b>Moratorium period exclusions</b></p> <p>No benefit will be payable under this condition and the Insured's coverage for benign brain tumour will terminate if within the first 90 days following the later of:</p> <ul style="list-style-type: none"> <li>a) the date the application for this coverage was signed; or</li> <li>b) the effective date of the Insured's coverage, the Insured has any of the following: <ul style="list-style-type: none"> <li>i) signs, symptoms or investigations that lead to a diagnosis of benign brain tumour (covered or excluded under this policy), regardless of when the diagnosis is made; or</li> <li>ii) a diagnosis of benign brain tumour (covered or excluded under this policy).</li> </ul> </li> </ul> <p>While the Insured's insurance for benign brain tumour terminates, insurance for all other covered conditions remains in force.</p> <p>Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to the Company within 6 months of the date of diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for benign brain tumour or any Critical Illness caused by any benign brain tumour or its treatment.</p>
<b>Blindness</b>	<p>A definite diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:</p> <ul style="list-style-type: none"> <li>a) the corrected visual acuity being 20/200 or less in both eyes; or</li> <li>b) the field of vision being less than 20 degrees in both eyes.</li> </ul> <p>The diagnosis of blindness must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.</p>
<b>Cancer</b>	<p>A definite diagnosis of a tumour which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of cancer include carcinoma, melanoma, leukemia, lymphoma and sarcoma.</p> <p>The diagnosis of cancer must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.</p> <p><b>Exclusions</b></p> <p>No benefit will be payable for a recurrence or metastasis of an original cancer which was diagnosed prior to the effective date of coverage.</p> <p>No benefit will be payable under this condition for the following:</p> <ul style="list-style-type: none"> <li>a) lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in situ (Tis), or tumours classified as Ta;</li> <li>b) malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;</li> <li>c) any non-melanoma skin cancer, without lymph node or distant metastasis;</li> <li>d) prostate cancer classified as having any of the following: <ul style="list-style-type: none"> <li>i) papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis;</li> <li>ii) chronic lymphocytic leukemia classified less than Rai stage 1; or</li> <li>iii) malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2.</li> </ul> </li> </ul>

Covered illnesses – adults	Description
<b>Cancer (continued)</b>	<p><b>Moratorium period exclusions</b></p> <p>No benefit will be payable under this condition and the Insured's coverage for cancer will terminate if within the first 90 days following the later of:</p> <ul style="list-style-type: none"> <li>a) the date the application for this coverage was signed; or</li> <li>b) the effective date of the Insured's coverage, the Insured has any of the following: <ul style="list-style-type: none"> <li>i) signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under this policy), regardless of when the diagnosis is made; or</li> <li>ii) a diagnosis of cancer (covered or excluded under this policy).</li> </ul> </li> </ul> <p>While the Insured's insurance for cancer terminates, insurance for all other covered conditions remains in force.</p> <p>Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to the Company within 6 months of the date of the diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for cancer or, any Critical Illness caused by any cancer or its treatment.</p> <p>For purposes of this policy, the terms Tis, Ta, T1a, T1b, T1 and AJCC Stage 2 are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010.</p> <p>For purposes of this policy, the term Rai staging is to be applied as set out in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.</p>
<b>Coma</b>	<p>A definite diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be 4 or less.</p> <p>The diagnosis of coma must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.</p> <p><b>Exclusions</b></p> <p>No benefit will be payable under this condition for:</p> <ul style="list-style-type: none"> <li>a) a medically induced coma;</li> <li>b) a coma which results directly from alcohol or drug use; or</li> <li>c) a diagnosis of brain death.</li> </ul>
<b>Coronary artery bypass surgery</b>	<p>The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s).</p> <p>The surgery must be determined to be medically necessary by a specialist physician.</p> <p>The Insured must survive for 30 days following the date of surgery.</p> <p><b>Exclusions</b></p> <p>No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.</p>
<b>Deafness</b>	<p>A definite diagnosis of total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz. The diagnosis of deafness must be made by a specialist physician. The insured must survive for 30 days following the date of diagnosis.</p>

Covered illnesses – adults	Description
<b>Dementia, including Alzheimer's disease</b>	<p>A definite diagnosis of progressive deterioration of memory and at least one of the following areas of cognitive function:</p> <ul style="list-style-type: none"> <li>a) aphasia (a disorder of speech);</li> <li>b) apraxia (difficulty performing familiar tasks);</li> <li>c) agnosia (difficulty recognizing objects); or</li> <li>d) disturbance in executive functioning (e.g. inability to think abstractly and to plan, initiate, sequence, monitor and stop complex behaviour), which is affecting daily life.</li> </ul> <p>The Insured must exhibit:</p> <ul style="list-style-type: none"> <li>a) dementia of at least moderate severity, which must be evidenced by a Mini Mental State Exam of 20/30 or less, or equivalent score on another generally medically accepted test or tests of cognitive function; and</li> <li>b) evidence of progressive worsening in cognitive and daily functioning either by serial cognitive tests or by history over at least a 6 month period.</li> </ul> <p>The diagnosis of dementia must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.</p> <p><b>Exclusions</b></p> <p>No benefit will be payable under this condition for affective or schizophrenic disorders or delirium. For purposes of this policy, reference to the Mini Mental State Exam is to Folstein MF, Folstein SE, McHugh PR, J Psychiatr Res. 1975;12(3):189</p>
<b>Heart attack</b>	<p>A definite diagnosis of death of heart muscle due to obstruction of blood flow that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:</p> <ul style="list-style-type: none"> <li>a) heart attack symptoms;</li> <li>b) new electrocardiogram (ECG) changes consistent with a heart attack; or</li> <li>c) development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.</li> </ul> <p>The diagnosis of heart attack must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.</p> <p><b>Exclusions</b></p> <p>No benefit will be payable under this condition for:</p> <ul style="list-style-type: none"> <li>a) elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or</li> <li>b) ECG changes suggesting a prior myocardial infarction, which do not meet the heart attack definition as described above.</li> </ul>
<b>Heart valve replacement or repair</b>	<p>The undergoing of surgery to replace any heart valve with either a natural or mechanical valve or to repair heart valve defects or abnormalities. The surgery must be determined to be medically necessary by a specialist physician. The Insured must survive for 30 days following the date of surgery.</p> <p><b>Exclusion</b></p> <p>No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.</p>

Covered illnesses – adults	Description
<b>Kidney failure</b>	<p>A definite diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated.</p> <p>The diagnosis of kidney failure must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.</p>
<b>Loss of independent existence</b>	<p>A definite diagnosis of the total inability to perform, by oneself, at least 2 of the following 6 activities of daily living for a continuous period of at least 90 days with no reasonable chance of recovery. Activities of daily living are:</p> <ul style="list-style-type: none"> <li>a) bathing – the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices;</li> <li>b) dressing – the ability to put on and remove necessary clothing, braces, artificial limbs or other surgical appliances with or without the aid of assistive devices;</li> <li>c) toileting – the ability to get on and off the toilet and maintain personal hygiene with or without the aid of assistive devices;</li> <li>d) bladder and bowel continence – the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained;</li> <li>e) transferring – the ability to move in and out of a bed, chair or wheelchair, with or without the aid of assistive devices; and</li> <li>f) feeding – the ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices.</li> </ul> <p>The diagnosis of loss of independent existence must be made by a specialist physician. No additional survival period is required once the conditions described above are satisfied.</p>
<b>Loss of limbs</b>	<p>A definite diagnosis of complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.</p> <p>The diagnosis of loss of limbs must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.</p>
<b>Loss of speech</b>	<p>A definite diagnosis of total and irreversible loss of the ability to speak as the result of physical injury or disease, for a period of at least 180 days.</p> <p>The diagnosis of loss of speech must be made by a specialist physician. No additional survival period is required once the conditions described above are satisfied.</p> <p><b>Exclusion</b></p> <p>No benefit will be payable under this condition for any psychiatric related causes.</p>
<b>Major organ failure on waiting list</b>	<p>A definite diagnosis of irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ failure on waiting list, the Insured must become enrolled as the recipient in a recognized transplant centre in Canada or the United States that performs the required form of transplant surgery.</p> <p>For the purposes of the survival period, the date of diagnosis is the date of the Insured's enrolment in the transplant centre.</p> <p>The diagnosis of major organ failure must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.</p>

Covered illnesses – adults	Description
<b>Major organ transplant</b>	<p>A definite diagnosis of irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ transplant, the Insured must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities.</p> <p>The diagnosis of major organ failure must be made by a specialist physician. The Insured must survive for 30 days following the date of the transplant.</p>
<b>Motor neuron disease</b>	<p>A definite diagnosis of one of the following:</p> <p>amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy, and limited to these conditions. The diagnosis of motor neuron disease must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.</p>
<b>Multiple sclerosis</b>	<p>A definite diagnosis of at least one of the following:</p> <ol style="list-style-type: none"> <li>two or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination; or</li> <li>well-defined neurological abnormalities lasting more than 6 months, confirmed by MRI of the nervous system, showing multiple lesions of demyelination; or</li> <li>a single attack, confirmed by repeated MRI of the nervous system, which shows multiple lesions of demyelination which have developed at intervals at least one month apart.</li> </ol> <p>The diagnosis of multiple sclerosis must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.</p>
<b>Occupational HIV infection</b>	<p>A definite diagnosis of human immunodeficiency virus (HIV) resulting from accidental injury during the course of the Insured's normal occupation, which exposed the Insured to HIV contaminated body fluids. The accidental injury leading to the infection must have occurred after the later of:</p> <ol style="list-style-type: none"> <li>the date the application for this coverage was signed; or</li> <li>the effective date of the Insured's coverage.</li> </ol> <p>Payment under this condition requires satisfaction of all of the following:</p> <ol style="list-style-type: none"> <li>the accidental injury must be reported to the Company within 14 days of the accidental injury;</li> <li>a serum HIV test must be taken within 14 days of the accidental injury and the result must be negative;</li> <li>a serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive;</li> <li>all HIV tests must be performed by a duly licensed laboratory in Canada or the United States; and</li> <li>the accidental injury must have been reported, investigated and documented in accordance with current Canadian or United States workplace guidelines.</li> </ol> <p>The diagnosis of occupational HIV infection must be made by a specialist physician. The Insured must survive for 30 days following the date of the second serum HIV test described above.</p> <p><b>Exclusions</b></p> <p>No benefit will be payable under this condition if:</p> <ol style="list-style-type: none"> <li>the Insured has elected not to take any available licensed vaccine offering protection against HIV;</li> <li>a licensed cure for HIV infection has become available prior to accidental injury; or</li> <li>HIV infection has occurred as a result of non-accidental injury including, but not limited to, sexual transmission and intravenous (IV) drug use.</li> </ol>

Covered illnesses – adults	Description
<b>Paralysis</b>	<p>A definite diagnosis of total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event.</p> <p>The diagnosis of paralysis must be made by a specialist physician. The Insured must survive for 90 days following the precipitating event.</p>
<b>Parkinson's disease and specified atypical Parkinsonian disorders</b>	<p>A definite diagnosis of primary Parkinson's disease, a permanent neurologic condition which is characterized by bradykinesia (slowness of movement) and at least one of: muscular rigidity or rest tremor. The Insured must exhibit objective signs of progressive deterioration in function for at least one year, for which the treating neurologist has recommended dopaminergic medication or other generally medically accepted equivalent treatment for Parkinson's disease.</p> <p><b>Specified atypical Parkinsonian disorders</b> – A definite diagnosis of progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy.</p> <p>The diagnosis of Parkinson's disease or a specified atypical Parkinsonian disorder must be made by a neurologist or a specialist physician. The Insured must satisfy the above conditions and survive for 30 days following the date all these conditions are met.</p> <p><b>Exclusions</b></p> <p>No benefit will be payable for Parkinson's disease or specified atypical Parkinsonian disorders if, within the first year following the later of:</p> <ul style="list-style-type: none"> <li>a) the date the application for this coverage was signed; or</li> <li>b) the effective date of the Insured's coverage, the Insured has any of the following: <ul style="list-style-type: none"> <li>i) signs, symptoms or investigations that lead to a diagnosis of Parkinson's disease, a specified atypical Parkinsonian disorder or any other type of Parkinsonism (covered or excluded under this policy), regardless of when the diagnosis is made; or</li> <li>ii) a diagnosis of Parkinson's disease, a specified atypical Parkinsonian disorder or any other type of Parkinsonism (covered or excluded under this policy).</li> </ul> </li> </ul> <p>No benefit will be payable under Parkinson's disease or specified atypical Parkinsonian disorders for any other type of Parkinsonism.</p> <p>Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to the Company within 6 months of the date of the diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for Parkinson's disease or specified atypical Parkinsonian disorders or, any Critical Illness caused by Parkinson's disease or specified atypical Parkinsonian disorders or its treatment.</p>
<b>Severe burns</b>	<p>A definite diagnosis of third-degree burns over at least 20% of the body surface. The diagnosis of severe burns must be made by a specialist physician. The Insured must survive for 30 days following the date the severe burn occurred.</p>

Covered illnesses – adults	Description
<b>Stroke</b>	<p>A definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:</p> <ul style="list-style-type: none"> <li>a) acute onset of new neurological symptoms; and</li> <li>b) new objective neurological deficits on clinical examination persisting for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The diagnosis of stroke must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.</li> </ul> <p><b>Exclusions</b></p> <p>No benefit will be payable under this condition for:</p> <ul style="list-style-type: none"> <li>a) transient ischaemic attacks;</li> <li>b) intracerebral vascular events due to trauma; or</li> <li>c) lacunar infarcts which do not meet the definition of stroke as described above.</li> </ul>
<b>Cerebral palsy</b>	<p>A definite diagnosis of a non-progressive neurological defect affecting muscle control. This defect is characterized by spasticity and incoordination of movements.</p> <p>The diagnosis of cerebral palsy must be made by a specialist physician. The Insured Dependent Child must survive for 30 days following the date of diagnosis.</p>
<b>Congenital heart disease</b>	<p>A definite diagnosis of at least one of the covered heart conditions described below for which open heart surgery is performed to correct the condition. Covered heart conditions:</p> <ul style="list-style-type: none"> <li>a) coarctation of the aorta;</li> <li>b) Ebstein's anomaly;</li> <li>c) Eisenmenger syndrome;</li> <li>d) Tetralogy of Fallot;</li> <li>e) transposition of the great vessels.</li> </ul> <p>The diagnosis of the heart condition must be made by a specialist physician and be supported by cardiac imaging acceptable to the Company. The Insured Dependent Child must survive for 30 days following the date of diagnosis.</p> <p>Covered heart conditions if open heart surgery is performed (these heart conditions are covered only if open heart surgery is performed to correct at least one of them):</p> <ul style="list-style-type: none"> <li>a) aortic stenosis;</li> <li>b) atrial septal defect;</li> <li>c) discrete subvalvular aortic stenosis;</li> <li>d) pulmonary stenosis;</li> <li>e) ventricular septal defect.</li> </ul> <p>Procedures not covered by this definition are:</p> <ul style="list-style-type: none"> <li>a) percutaneous atrial septal defect closure;</li> <li>b) trans-catheter procedures which include balloon valvuloplasty.</li> </ul> <p>The diagnosis of the heart condition must be made and the surgery must be recommended and performed by a specialist physician and be supported by cardiac imaging acceptable to the Company. The Insured Dependent Child must survive for 30 days following the date of surgery.</p>

Covered illnesses – adults	Description
<b>Cystic fibrosis</b>	<p>A definite diagnosis of cystic fibrosis where the Insured Dependent Child has chronic lung disease and pancreatic insufficiency.</p> <p>The diagnosis of cystic fibrosis must be made by a specialist physician. The Insured Dependent Child must survive for 30 days following the date of diagnosis.</p>
<b>Down syndrome</b>	<p>A definitive diagnosis of Down syndrome supported by chromosomal evidence of trisomy 21.</p> <p>The diagnosis of Down syndrome must be made by a specialist physician. The Insured Dependent Child must survive for 30 days following the date of diagnosis</p>
<b>Muscular dystrophy</b>	<p>A definite diagnosis of muscular dystrophy where the Insured Dependent Child has well defined neurological abnormalities, confirmed by electromyography and muscle biopsy.</p> <p>The diagnosis of muscular dystrophy must be made by a specialist physician. The Insured Dependent Child must survive for 30 days following the date of diagnosis.</p>
<b>Type 1 diabetes mellitus</b>	<p>A definite diagnosis where the Insured Dependent Child has total insulin deficiency and continuous dependence on exogenous insulin for survival. Dependence on insulin must persist for a continuous period of at least 3 months.</p> <p>The diagnosis of type 1 diabetes mellitus must be made by a specialist physician. The Insured Dependent Child must survive for 90 days following the date of diagnosis.</p>

# Glossary

**Average monthly earned income:** The highest average of your monthly income for any consecutive 12 months within the 24-month period immediately before the date you become totally disabled. Also, see Earned income.

**Couple:** You and your spouse.

**Dependent child:** Your child who is not married or in any other formal union recognized by law, dependent on you or your spouse for support, and is under the age of 21 (age 25 if the dependent is a full-time student – age 26 in Quebec), including adopted children and stepchildren, or children of any age if incapable of supporting themselves because of physical or mental disability. Once you opt for family coverage, newborn infants are automatically covered. You must also have coverage in order to obtain dependent child coverage.

**Earned income:** the Insured Member's salary, fees, commissions and bonuses and any other income earned for services performed less any business expenses which are usual and customary business expenses which the business incurs on a regular basis and are essential to the business operations and which are deductible for income tax purposes.

Expenses which are not usual and customary business expenses include salaries, benefits and other forms of remuneration which are payable to any of the Insured Member's immediate family unless such expenses are consistent with and reasonable in relation to the expenses incurred before the Total or Residual Disability.

Earned Income does not include:

- a) income from deferred compensation plans, disability policies, or retirement plans, or
- b) interest, dividends, rents, royalties, wage continuation plans, or any other payment not related to the performance of personal services.

The accrual method of accounting for revenue and expenses will be used for calculating Earned Income.

**Elimination period:** Number of days you are disabled before payments begin.

**Family:** You, your spouse and all dependent child(ren).

**Plan year:** January 1 to December 31.

**Spouse:** The member's spouse by marriage or under any other formal union recognized by law, or a partner of the opposite sex or of the same sex who is living with the member and has been living with the member in a conjugal relationship for at least 1 year. There is no minimum cohabitation period for common-law spouses if a child is born out of their relationship.

Only one person at a time can be covered as an member's spouse under this contract.

**Term life policy:** You will be covered for a specific period and the cost of your policy is guaranteed for the entire term. If you die while the policy is in effect, your beneficiaries will receive a tax-free payment.

**Totally disabled (for purpose of Life Insurance):** For 120 days, you're not able to work at an occupation that you are or could become qualified for by education, training or experience.

**Totally disabled (for purpose of Long-term disability):** During the elimination period and for the first 24 months, you are considered totally disabled if sickness or injury prevents you from performing the essential duties of your regular occupation, you are under the regular care of a physician and you are not gainfully employed elsewhere except as allowed under a work re-entry program.

After 24 months, you are considered totally disabled if illness or injury prevents you from working at any occupation for which you are qualified by education, training or experience, you are under the regular care of a physician and are not gainfully employed elsewhere except as permitted under a work re-entry program.

**Waiver of Premium (Member):** If the Insured Member becomes Totally Disabled (unable to perform the duties of any occupation) for a continuous period of 120 days, and provides proof to Sun Life within 12 months of Total Disability, premiums for the Insured Member's Member Life, Member Accidental Death & Dismemberment and Member Extended Health insurance will be waived until the Insured Member's 65<sup>th</sup> birthday if the Insured Member remains Totally Disabled. The insurance will terminate on the date the Insured Member attains age 65.

If the Insured Member receives Total Disability benefits under the Policy, the Insured Member's Member Long Term Disability premiums will be waived until the Insured Member's 65<sup>th</sup> birthday if the Insured Member continues to receive Total Disability benefits.

**Waiver of Premium (Spouse):** If the insured Spouse becomes Totally Disabled (unable to perform the duties of any occupation) for a continuous period of 120 days, and provides proof to Sun Life within 12 months of Total Disability, premiums for the Spouse's Member Life insurance will be waived until the Spouse's 65<sup>th</sup> birthday if the Spouse remains Totally Disabled.

Spousal Member Life insurance will only continue provided the Spouse continues to be an eligible dependent.

**Waiver of Premium (Dependent Child):** The premiums for any Dependent Child insurance will be waived for any period the premiums for the Insured Member's Member Life insurance are waived. Dependent Child Member Life insurance will only continue provided the Dependent Child continues to be an eligible dependent.

Following a period of Total Disability, the Insured Member or Spouse may continue his/her insurance provided he/she resumes payment of premiums within 31 days after the date of recovery.



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