Contract Update

Sponsor Edition

Contract Revisions

We will amend the Extended Health Care benefit contract provisions outlined in the table below.

The changes set out below reflect standard contract wording that apply across some, but not all platforms. If your contract has customized wording, then this table may not reflect how we'll update your contract.

In addition, we'll update booklet wording. This table doesn't reflect the changes to booklets. If you have a long form contract with Sun Life, which includes all benefit provisions, then the contract wording prevails over the booklet. If you have a short form (or abbreviated contract), then you'll find the benefit provisions only in your booklet.

At the next contract revision, we will include the amendment that aligns with your contract's provisions.

Please contact your Group Benefits representative if you have any questions.

Current contract wording	New contract wording

Current standard wording
 	
General description of coverage
 	
Extended Health Care coverage pays for eligible expenses that a person incurs while covered under this plan.
 	
Eligible expenses mean expenses incurred for the services and supplies described below that are medically necessary for the treatment of an illness and do not exceed the reasonable and customary charges for the service or supply being claimed. However, there are additional eligibility requirements that apply to drugs (see *Prior authorization program* for details).
 	
Medically necessary means generally recognized by the Canadian medical profession as effective, appropriate and required in the treatment of an illness according to Canadian medical standards.
 	
Reasonable and customary charges mean:
 	
▪ fees and prices normally charged in the regional area where the services or supplies are provided, and
 	
▪ charges for services and supplies that represent reasonable treatment, considering
	New standard wording
	
	General description of coverage
	
	Extended Health Care coverage pays for eligible expenses that a person incurs while covered under this plan.
	
	~~*Eligible expenses* mean expenses incurred for the services and supplies described below that are medically necessary for the treatment of an illness and do not exceed the reasonable and customary charges for the service or supply being claimed. However, there are additional eligibility requirements that apply to drugs (see *Prior authorization program* for details).~~
	
	Eligible expenses mean expenses:
	
	▪ incurred for the services, drugs and supplies
	
	    ▫ medically necessary for the treatment of an illness and
	
	    ▫ meeting other requirements described below.
	
	▪ not exceeding the reasonable and customary charges for the service, drug or supply.
	
	Supplies include equipment, devices and other

the duration of services and how frequently services and supplies are provided. To qualify for this coverage the person must be entitled to benefits under a provincial medicare plan or federal government plan that provides similar benefits. **Reference to Doctor may also include a nurse practitioner** – If the applicable provincial legislation permits nurse practitioners to prescribe or order certain supplies or services, Sun Life will reimburse those eligible services or supplies prescribed or ordered by a nurse practitioner the same way as if they were prescribed or ordered by a doctor. For drugs, refer to *Other health professionals allowed to prescribe drugs*.	similar items. *Medically necessary* means generally recognized by the Canadian medical profession as effective, appropriate and required in the treatment of an illness according to Canadian medical standards. *Reasonable and customary charges* mean: ▪ fees and prices normally charged in the regional area where the services, drugs or supplies are provided, and ▪ charges for services, drugs and supplies that represent reasonable treatment, considering ~~the~~their duration, quantity and frequency. ~~of services and how frequently services and supplies are provided.~~ To qualify for this coverage the person must be covered ~~entitled to benefits~~ under a provincial medicare plan or federal government plan that provides similar benefits. *Reference to doctor ~~Doctor~~ may also include a nurse practitioner* – If the applicable provincial legislation permits nurse practitioners to prescribe or order certain supplies or services, Sun Life will reimburse those eligible services or supplies prescribed or ordered by a nurse practitioner the same way as if they were prescribed or ordered by a doctor. For drugs, refer to *Other health professionals allowed to prescribe drugs and supplies*.
Variation of current standard wording **General description of coverage** Extended Health Care coverage pays for eligible services or supplies, for a covered person, that are medically necessary for the treatment of an illness. However, there are additional eligibility requirements that apply to drugs (see *Prior authorization program* for details). To qualify for this coverage the person must be entitled to benefits under a provincial medicare plan or federal government plan that provides	Variation of new standard wording **General description of coverage** Extended Health Care coverage pays for eligible expenses that ~~services or supplies, for a covered~~ person incurs while covered under this plan.~~, that are medically necessary for the treatment of an illness. However, there are additional eligibility requirements that apply to drugs (see *Prior authorization program* for details).~~ *Eligible expenses* mean expenses:

similar benefits. **Reference to Doctor may also include a nurse practitioner** – If the applicable provincial legislation permits nurse practitioners to prescribe or order certain supplies or services, Sun Life will reimburse those eligible services or supplies prescribed or ordered by a nurse practitioner the same way as if they were prescribed or ordered by a doctor. For drugs, refer to *Other health professionals allowed to prescribe drugs*.	▪ incurred for the services, drugs and supplies ▫ medically necessary for the treatment of an illness and ▫ meeting other requirements described below. ▪ not exceeding the reasonable and usual rates in the locality where the service, drug or supply is provided. Supplies include equipment, devices and other similar items. To qualify for this coverage the person must be covered ~~entitled to benefits~~ under a provincial medicare plan or federal government plan that provides similar benefits. *Reference to doctor ~~Doctor~~ may also include a nurse practitioner* – If the applicable provincial legislation permits nurse practitioners to prescribe or order certain supplies or services, Sun Life will reimburse those eligible services or supplies prescribed or ordered by a nurse practitioner the same way as if they were prescribed or ordered by a doctor. For drugs, refer to *Other health professionals allowed to prescribe drugs and supplies*.
The following provisions reflect the current standard wording **How benefits are paid** Sun Life will pay for eligible expenses taking into account all limitations and the *Coordination of benefits* provision. An eligible expense is allocated to the benefit year in which it is incurred. The benefit year is specified in *Benefit Details*. An eligible expense is incurred on the date the services are received or on the date supplies are purchased or rented. ...	The following provisions reflect the new standard wording **How benefits are paid** Sun Life will pay for eligible expenses taking into account all limitations and the *Coordination of benefits* provision. An eligible expense is allocated to the benefit year in which it is incurred. The benefit year is specified in *Benefit Details*. An eligible expense is incurred on the date the services, drugs or supplies are received, purchased or rented, as applicable. ~~or on the date supplies are purchased or rented.~~ ...

What is covered	What is covered
All the following services and supplies are considered eligible expenses. ...	~~All the following services and supplies are considered eligible expenses.~~ The following services, drugs and supplies are considered eligible expenses, subject to all requirements described under this plan. ...
Expenses outside the province where a person lives ... Expenses for all other services or supplies eligible under this plan are also covered when they are incurred outside the province where the person lives, subject to the reimbursement level and all conditions applicable to those expenses. ***Emergency services*** ... *Emergency services* mean any reasonable medical services or supplies, including advice, treatment, medical procedures or surgery, required as a result of an emergency. When a person has a chronic condition, emergency services do not include treatment provided as part of an established management program that existed prior to the person leaving the province where the person lives. ...	**Expenses outside the province where a person lives** ... Expenses for all other services, drugs or supplies eligible under this plan are also covered when they are incurred outside the province where the person lives, subject to the reimbursement level and all conditions applicable to those expenses. ***Emergency services*** ... *Emergency services* mean any reasonable medical services, drugs or supplies, including advice, treatment, medical procedures or surgery, required as a result of an emergency. When a person has a chronic condition, emergency services do not include treatment provided as part of an established management program that existed prior to the person leaving the province where the person lives. ...
Prescription drugs Drugs covered under this plan must have a Drug Identification Number (DIN) and be approved under *Drug evaluation*. Sun Life will cover the cost of the following drugs and supplies that are prescribed by a doctor or dentist and are obtained from a pharmacist: ▪ ...	**Prescription drugs** ~~Drugs covered under this plan must have a Drug Identification Number (DIN) and be approved under *Drug evaluation*.~~ ~~Sun Life will cover the cost of the following drugs and supplies that are prescribed by a doctor or dentist and are obtained from a pharmacist:~~ To be eligible under Prescription drugs, drugs and supplies must have a Drug Identification Number (DIN) or Product Identification Number

- compounded preparations, provided that the principal active ingredient is an eligible expense and has a DIN.
- diabetic supplies.
- ...

Payments for any single purchase are limited to quantities that can reasonably be used in a 34 day period or, in the case of certain maintenance drugs, in a 100 day period as ordered by a doctor.

Sun Life will not pay for the following, even when prescribed:

- ...
- ...

Drug evaluation – The following will be evaluated and must be approved by Sun Life to be eligible for coverage:

- drugs that receive Health Canada Notice of Compliance for an initial or a new indication on or after November 1, 2017.
- drugs covered under this plan and subject to a significant increase in cost.

Drug expenses are eligible for reimbursement only if incurred on or after the date of Sun Life's approval.

Sun Life will assess the eligibility of the drug based on factors such as:

- comparative analysis of the drug cost and its clinical effectiveness.
- recommendations by health technology assessment organizations.
- availability of other drugs treating the same or similar condition(s).
- plan sustainability.

(PIN) and, when applicable, be approved under *Evaluation of drugs and supplies*.

Of these eligible drugs and supplies, Sun Life will cover the following when prescribed by a doctor or dentist and obtained from a pharmacist:

- ...
- compounded preparations, provided that the principal active ingredient is an eligible expense ~~and has a DIN~~.
- diabetic supplies. However, if a limit or other eligibility criteria are specified for certain diabetic supplies, either under this list of eligible expenses or under *Medical services and equipment*, then such limit or criteria will apply to those supplies.
- Continuous Glucose Monitoring (CGM) systems and their parts, including both intermittently scanned and real-time monitors, as determined by Sun Life, up to a combined maximum of $4,000 per person per benefit year, subject to any clinical criteria that Sun Life may require.
- ...

Payments for any single purchase are limited to quantities that can reasonably be used in a 34 day period or, in the case of certain maintenance drugs and supplies, in a 100 day period as ordered by a doctor.

Other health professionals allowed to prescribe drugs and supplies – If applicable provincial legislation allows:

- other qualified health professionals to prescribe certain drugs or supplies, or
- pharmacists, in providing pharmacy services, to recommend and dispense certain drugs and supplies,

Other health professionals allowed to prescribe drugs – Sun Life will reimburse certain drugs prescribed by other qualified health professionals the same way as if the drugs were prescribed by a doctor or a dentist if the applicable provincial legislation permits them to prescribe those drugs.

Prior authorization program – The prior authorization (PA) program applies to a limited number of drugs and, as its name suggests, prior approval is required for coverage under the program. If the covered person submits a claim for a drug included in the PA program and has not been pre-approved, the claim will be declined.

If a drug that is included in the PA program is prescribed, both the covered person and the attending doctor must complete a prior authorization form.

The covered person will be eligible for coverage for these drugs if the information provided by the covered person and the attending doctor meets Sun Life's clinical criteria based on factors such as:

- Health Canada Product Monograph.
- recognized clinical guidelines.
- comparative analysis of the drug cost and its clinical effectiveness.
- recommendations by health technology assessment organizations and provinces.
- the covered person's response to preferred drug therapy.

If not, the claim will be declined.

...

then Sun Life will reimburse these drugs and supplies prescribed by other qualified health professionals or recommended and dispensed by a pharmacist, as applicable, the same way Sun Life would if a doctor or dentist prescribed them.

Drugs and supplies excluded from coverage

Sun Life will not pay for the following, even when prescribed:

- ...
- ...

~~Drug evaluation~~ Evaluation of drugs and supplies – The following ~~drugs~~ will be evaluated and must be approved by Sun Life to be eligible or to continue to be eligible for coverage:

- drugs ~~that receive~~ when Health Canada issues a new or amended Notice of Compliance ~~for an initial or a new indication~~ on or after November 1, 2017.
- ~~drugs covered under this plan and subject to a significant increase in cost.~~
- supplies initially made available for sale on the Canadian market on or after March 1, 2026.
- drugs or supplies covered under this plan on March 1, 2026 or subsequently covered, after which, they undergo change(s) or are affected by changes relevant to Sun Life's eligibility criteria, including changes to:
  - drug or supply costs.
  - clinical guidelines.
  - new versions or modifications to a drug or supply.

Drug and supply expenses are eligible for reimbursement only if incurred on or after the date of Sun Life's approval.

	~~Sun Life will assess the eligibility of the drug based on factors such as:~~ The eligibility criteria relevant to Sun Life's initial and ongoing evaluation of drugs and supplies include: ▪ comparative analysis of the ~~drug~~ cost of the drugs or supplies and ~~its~~ their clinical effectiveness. ▪ recommendations by health technology assessment organizations ~~and provinces~~. ▪ coverage under government programs. ▪ availability of other drugs and supplies treating the same or similar condition(s). ▪ plan sustainability. ~~***Other health professionals allowed to prescribe drugs –*** Sun Life will reimburse certain drugs prescribed by other qualified health professionals the same way as if the drugs were prescribed by a doctor or a dentist if the applicable provincial legislation permits them to prescribe those drugs.~~

	Prior authorization program – ~~The prior authorization (PA) program applies to a limited number of drugs and, as its name suggests, prior approval is required for coverage under the program. If the covered person submits a claim for a drug included in the PA program and has not been pre-approved, the claim will be declined.~~ The prior authorization (PA) program applies to select drugs and supplies which require prior approval before a claim is reimbursed. For a covered person's claim to be reimbursed, they must meet the clinical criteria determined by Sun Life. ~~If a drug that is included in the PA program is prescribed, both the covered person and the attending doctor must complete a prior authorization form.~~ Sun Life will assess if the covered person meets the clinical criteria based on information provided by the covered person and the attending doctor. ~~The covered person will be eligible for coverage for these drugs if the information provided by the covered person and the attending doctor meets Sun Life's clinical criteria based on factors such as:~~ If the covered person submits a claim for a drug or supply included in the PA program without obtaining prior approval, the claim will be declined. ■ ~~Health Canada Product Monograph.~~ ■ ~~recognized clinical guidelines.~~ ■ ~~comparative analysis of the drug cost and its clinical effectiveness.~~ ■ ~~recommendations by health technology assessment organizations and provinces.~~ ■ ~~the covered person's response to preferred drug therapy.~~ ~~If not, the claim will be declined.~~ ...
Medical services and equipment	**Medical services and equipment**

Contract Update

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Sun Life will cover the costs for the medical services and equipment described below:	Sun Life will cover the costs for the medical services and equipment described below:
■ ... ■ Continuous Glucose Monitor (CGM), including receivers, transmitters, and sensors, for persons diagnosed with Type 1 or Type 2 diabetes requiring insulin use, up to a combined maximum of $4,000 per person per benefit year. Sun Life requires a doctor's note confirming both the diagnosis and insulin use. ■ ...	■ ... ~~■ Continuous Glucose Monitor (CGM), including receivers, transmitters, and sensors, for persons diagnosed with Type 1 or Type 2 diabetes requiring insulin use, up to a combined maximum of $4,000 per person per benefit year. Sun Life requires a doctor's note confirming both the diagnosis and insulin use.~~ ■ ...
Current standard wording **What is not covered** Sun Life will not pay for the costs of: ■ services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, except as described below under *Integration with government programs*. ■ ... ■ any services or supplies that are not usually provided to treat an illness, including experimental or investigational treatments. *Experimental or investigational treatments* mean treatments that are not approved by Health Canada or other government regulatory body for the general public. ■ services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada). ■ services or supplies for which no charge would have been made in the absence of this coverage. ...	New standard wording **What is not covered** Sun Life will not pay for the costs of: ■ services, drugs or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, except as described below under *Integration with government programs*. ■ ... ■ any services, drugs or supplies that are not usually provided to treat an illness, including experimental or investigational treatments. *Experimental or investigational treatments* mean treatments that are not approved by Health Canada or other government regulatory body for the general public. ■ services, drugs or supplies that do not qualify as medical expenses under the Income Tax Act (Canada). ■ services, drugs or supplies for which no charge would have been made in the absence of this coverage. ...
Variation of current standard wording	Variation of new standard wording

Contract Update

Sponsor Edition

Current contract wording	New contract wording
What is not covered Sun Life will not pay for the costs of: ▪ services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, except as described below under *Integration with government programs*. ▪ services or supplies to the extent that their costs exceed the reasonable and usual rates in the locality where the services or supplies are provided. ▪ ... ▪ any services or supplies that are not usually provided to treat an illness, including experimental treatments. ▪ services or supplies that are not approved by Health Canada or other government regulatory body for the general public. ▪ services or supplies that are not generally recognized by the Canadian medical profession as effective, appropriate and required in the treatment of an illness in accordance with Canadian medical standards. ▪ services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada). ▪ services or supplies for which no charge would have been made in the absence of this coverage. ...	**What is not covered** Sun Life will not pay for the costs of: ▪ services, drugs or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, except as described below under *Integration with government programs*. ▪ services, drugs or supplies to the extent that their costs exceed the reasonable and usual rates in the locality where the services, drugs or supplies are provided. ▪ ... ▪ any services, drugs or supplies that are not usually provided to treat an illness, including experimental treatments. ▪ services, drugs or supplies that are not approved by Health Canada or other government regulatory body for the general public. ▪ services, drugs or supplies that are not generally recognized by the Canadian medical profession as effective, appropriate and required in the treatment of an illness in accordance with Canadian medical standards. ▪ services, drugs or supplies that do not qualify as medical expenses under the Income Tax Act (Canada). ▪ services, drugs or supplies for which no charge would have been made in the absence of this coverage. ...

Emergency Travel Assistance (Medi-Passport) **Reimbursement of expenses** If a covered person obtains confirmation from Sun Life's ETA provider that a medical emergency exists and pays for services or supplies that were eligible for advances, Sun Life will reimburse the person. To receive reimbursement, the person must provide Sun Life with proof of the expenses within 30 days of returning to the province where the person lives. **A covered person's responsibility for advances** Any person who receives benefits under this plan will have to reimburse Sun Life for any of the following amounts advanced by Sun Life's ETA provider: ■ ... ■ amounts paid for services or supplies not covered by this plan. ■ ...	**Emergency Travel Assistance (Medi-Passport)** **Reimbursement of expenses** If a covered person obtains confirmation from Sun Life's ETA provider that a medical emergency exists and pays for services, drugs or supplies that were eligible for advances, Sun Life will reimburse the person. To receive reimbursement, the person must provide Sun Life with proof of the expenses within 30 days of returning to the province where the person lives. **A covered person's responsibility for advances** Any person who receives benefits under this plan will have to reimburse Sun Life for any of the following amounts advanced by Sun Life's ETA provider: ■ ... ■ amounts paid for services, drugs or supplies not covered by this plan. ■ ...

If your Extended Health Care benefit is a Clarica heritage plan

Current contract wording	New contract wording
Extended Health Insurance Provision **Payment of Benefits** To qualify for the Extended Health coverage, the member or his dependant must be entitled to benefits under a provincial medicare plan or federal government plan that provides similar benefits. ***Reference to Physician may also include a nurse practitioner*** – If the applicable provincial legislation permits nurse practitioners to prescribe or order certain supplies or services, Sun Life will reimburse those eligible services or supplies prescribed or ordered by a nurse practitioner the same way as if they were prescribed or ordered by a physician. For drugs,	**Extended Health Insurance Provision** **Payment of Benefits** To qualify for the Extended Health coverage, the member or his dependant must be covered ~~entitled to benefits~~ under a provincial medicare plan or federal government plan that provides similar benefits. *Reference to Physician may also include a nurse practitioner* – If the applicable provincial legislation permits nurse practitioners to prescribe or order certain supplies or services, Sun Life will reimburse those eligible services or supplies prescribed or ordered by a nurse practitioner the same way as if they were prescribed or ordered by a physician. For drugs,

refer to *Other Health Professionals Allowed to Prescribe Drugs*. We will reimburse a member when we receive proof that he or his insured dependant has incurred any of the eligible expenses for medically necessary services required for the treatment of disease or injury. Eligible expenses for the services of a practitioner include only those services which are performed within his area of expertise and require the skills and qualifications of such a practitioner. ... **Exclusions** No benefit is payable for 1. ... x. expenses for services and products, rendered or prescribed by a person who is ordinarily a resident in the patient's home or who is related to the patient by blood or marriage, x. expenses for services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, except as described below under *Integration with Government Programs,* x. expenses for services or supplies that are not approved by Health Canada or other government regulatory body for the general public, x. expenses for services or supplies that are not generally recognized by the Canadian medical profession as effective, appropriate and required in the treatment of an illness in accordance with Canadian medical standards, x. expenses for services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada), x. ...	refer to *Other Health Professionals Allowed to Prescribe Drugs and Supplies*. We will reimburse a member when we receive proof that he or his insured dependant has incurred any of the eligible expenses for medically necessary services required for the treatment of disease or injury. An eligible expense is incurred on the date the services, drugs or supplies are received, purchased or rented, as applicable. Eligible expenses for the services of a practitioner include only those services which are performed within his area of expertise and require the skills and qualifications of such a practitioner. ... *Eligible expenses* mean expenses: 1. incurred for the services, drugs and supplies • medically necessary for the treatment of a disease or injury and • meeting other requirements described below. 2. not exceeding the reasonable and customary charges for the service, drug or supply. Supplies include equipment, devices and other similar items. **Exclusions** No benefit is payable for 1. ... x. expenses for services, drugs and supplies ~~products~~, rendered or prescribed by a person who is ordinarily a resident in the patient's home or who is related to the patient by blood or marriage, x. expenses for services, drugs or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, except as described below under *Integration with Government Programs,* x. expenses for services, drugs or supplies that are not approved by Health Canada or other

	government regulatory body for the general public, x. expenses for services, drugs or supplies that are not generally recognized by the Canadian medical profession as effective, appropriate and required in the treatment of an illness in accordance with Canadian medical standards, x. expenses for services, drugs or supplies that do not qualify as medical expenses under the Income Tax Act (Canada), x. ...
Extended Health – Pay Direct Drug Benefit **Eligible Expenses** Eligible expenses are the reasonable and customary charges for the following items of expense, provided they are medically necessary for the treatment of disease or injury, prescribed by a physician or dentist and dispensed by a registered pharmacist or physician. *Drug evaluation*. There are additional eligibility requirements that apply, see *Prior authorization program* for details. 1. ... x. compounded preparations, provided that the principal active ingredient is an eligible expense and has a DIN. x. needles, syringes, and chemical diagnostic aids for the treatment of diabetes. x. ... ***Drug evaluation*** The following will be evaluated and must be approved by Sun Life to be eligible for coverage: 1. drugs that receive Health Canada Notice of Compliance for an initial or a new indication on or after November 1, 2017. 2. drugs covered under this plan and subject to a significant increase in cost.	**Extended Health – Pay Direct Drug Benefit** **Eligible Expenses** ~~Eligible expenses are the reasonable and customary charges for the following items of expense, provided they are medically necessary for the treatment of disease or injury, prescribed by a physician or dentist and dispensed by a registered pharmacist or physician. *Drug evaluation*. There are additional eligibility requirements that apply, see *Prior authorization program* for details.~~ To be eligible under this benefit, drugs and supplies must have a Drug Identification Number (DIN) or Product Identification Number (PIN) and, when applicable, be approved under *Evaluation of Drugs and Supplies*. Of these eligible drugs and supplies, Sun Life will cover the reasonable and customary charges for the following, when prescribed by a physician or dentist and dispensed by a registered pharmacist or physician. 1. ... x. compounded preparations, provided that the principal active ingredient is an eligible expense ~~and has a DIN~~. x. needles, syringes, and chemical diagnostic aids for the treatment of diabetes. x. Continuous Glucose Monitoring (CGM) systems and their parts, including both intermittently scanned and real-time

Drug expenses are eligible for reimbursement only if incurred on or after the date of Sun Life's approval. Sun Life will assess the eligibility of the drug based on factors such as: • comparative analysis of the drug cost and its clinical effectiveness. • recommendations by health technology assessment organizations. • availability of other drugs treating the same or similar condition(s). • plan sustainability. ***Prior Authorization Program*** The prior authorization (PA) program applies to a limited number of drugs and, as its name suggests, prior approval is required for coverage under the program. If the covered person submits a claim for a drug included in the PA program and has not been pre-approved, the claim will be declined. If a drug that is included in the PA program is prescribed, both the covered person and the attending doctor must complete a prior authorization form. The covered person will be eligible for coverage for these drugs if the information provided by the covered person and the attending doctor meets Sun Life's clinical criteria based on factors such as: • Health Canada Product Monograph. • recognized clinical guidelines. • comparative analysis of the drug cost and its clinical effectiveness. • recommendations by health technology assessment organizations and provinces.	monitors, as determined by Sun Life, limited to a combined maximum of $4,000 in a calendar year, subject to any clinical criteria that Sun Life may require. x. ... ***~~Drug evaluation~~ Evaluation of Drugs and Supplies*** – The following ~~drugs~~ will be evaluated and must be approved by Sun Life to be eligible or to continue to be eligible for coverage: 1. drugs that receive when Health Canada issues a new or amended Notice of Compliance for an initial or a new indication on or after November 1, 2017. 2. ~~drugs covered under this plan and subject to a significant increase in cost.~~ 2. supplies initially made available for sale on the Canadian market on or after March 1, 2026. 3. drugs or supplies covered under this plan on March 1, 2026 or subsequently covered, after which, they undergo change(s) or are affected by changes relevant to Sun Life's eligibility criteria, including changes to: • drug or supply costs. • clinical guidelines. • new versions or modifications to a drug or supply. Drug and supply expenses are eligible for reimbursement only if incurred on or after the date of Sun Life's approval. ~~Sun Life will assess the eligibility of the drug based on factors such as:~~ The eligibility criteria relevant to Sun Life's initial and ongoing evaluation of drugs and supplies include: • comparative analysis of the ~~drug~~ cost of the drugs or supplies and ~~its~~ their clinical effectiveness.

• the covered person's response to preferred drug therapy. If not, the claim will be declined. ***Other Health Professionals Allowed to Prescribe Drugs*** Certain drugs prescribed by other qualified health professionals will be reimbursed the same way as if the drugs were prescribed by a physician or a dentist if the applicable provincial legislation permits them to prescribe those drugs. **Limitation and Exclusions** No benefit is payable for 1. ... x. expenses for drugs which, in our opinion, are experimental, x. ...	• recommendations by health technology assessment organizations ~~and provinces~~. • coverage under government programs. • availability of other drugs and supplies treating the same or similar condition(s). • plan sustainability. ***Prior Authorization Program*** – ~~The prior authorization (PA) program applies to a limited number of drugs and, as its name suggests, prior approval is required for coverage under the program. If the covered person submits a claim for a drug included in the PA program and has not been pre-approved, the claim will be declined.~~ The prior authorization (PA) program applies to select drugs and supplies which require prior approval before a claim is reimbursed. For a covered person's claim to be reimbursed, they must meet the clinical criteria determined by Sun Life. ~~If a drug that is included in the PA program is prescribed, both the covered person and the attending doctor must complete a prior authorization form.~~ Sun Life will assess if the covered person meets the clinical criteria based on information provided by the covered person and the attending doctor. ~~The covered person will be eligible for coverage for these drugs if the information provided by the covered person and the attending doctor meets Sun Life's clinical criteria based on factors such as:~~ If the covered person submits a claim for a drug or supply included in the PA program without obtaining prior approval, the claim will be declined. ▪ ~~Health Canada Product Monograph.~~ ▪ ~~recognized clinical guidelines.~~ ▪ ~~comparative analysis of the drug cost and its clinical effectiveness.~~

	■ ~~recommendations by health technology assessment organizations and provinces.~~ ■ ~~the covered person's response to preferred drug therapy.~~ ~~If not, the claim will be declined.~~ ***Other health professionals allowed to prescribe drugs and Supplies*** **–** ~~Certain drugs prescribed by other qualified health professionals will be reimbursed the same way as if the drugs were prescribed by a physician or a dentist if the applicable provincial legislation permits them to prescribe those drugs.~~ If applicable provincial legislation allows: 1. other qualified health professionals to prescribe certain drugs or supplies, or 2. registered pharmacists, in providing pharmacy services, to recommend and dispense certain drugs and supplies, then Sun Life will reimburse these drugs and supplies prescribed by other qualified health professionals or recommended and dispensed by a registered pharmacist, as applicable, the same way Sun Life would if a physician or dentist prescribed them. **Limitation and Exclusions** No benefit is payable for 1. ... x. expenses for services, drugs and supplies which, in our opinion, are experimental, x. ...

Extended Health – Supplementary Health Care Benefit **Eligible Expenses** To be eligible, the expenses must be medically necessary for the treatment of disease or injury and prescribed by a physician, unless otherwise specified. Eligible expenses are the reasonable and customary charges for the items of expense listed below. 1. ... x. Continuous Glucose Monitor (CGM), including receivers, transmitters, and sensors, for persons diagnosed with Type 1 or Type 2 diabetes requiring insulin use, limited to a combined maximum of $4,000 in a calendar year. We require a physician's note confirming both the diagnosis and insulin use. x. ...	**Extended Health – Supplementary Health Care Benefit** **Eligible Expenses** To be eligible, the expenses must be medically necessary for the treatment of disease or injury and prescribed by a physician, unless otherwise specified. Eligible expenses are the reasonable and customary charges for the items of expense listed below. 1. ... x. ~~Continuous Glucose Monitor (CGM), including receivers, transmitters, and sensors, for persons diagnosed with Type 1 or Type 2 diabetes requiring insulin use, limited to a combined maximum of $4,000 in a calendar year. We require a physician's note confirming both the diagnosis and insulin use.~~ x. ...
Extended Health – Out-of-Province Emergency and Travel Assistance Benefit **Emergency services** mean any reasonable medical services or supplies, including advice, treatment, medical procedures or surgery, required as a result of an emergency. When a member or insured dependant has a chronic condition, emergency services do not include treatment provided as part of an established management program that existed prior to leaving his province of residence.	**Extended Health – Out-of-Province Emergency and Travel Assistance Benefit** **Emergency services** mean any reasonable medical services, drugs or supplies, including advice, treatment, medical procedures or surgery, required as a result of an emergency. When a member or insured dependant has a chronic condition, emergency services do not include treatment provided as part of an established management program that existed prior to leaving his province of residence.