



SunSolutions™

Group benefits for businesses with 50 or more employees

Life's brighter under the sun



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SunSolutions

Offering group benefits coverage for 50 or more employees

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

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

Working with you

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

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

Helping you manage your benefits investment

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

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

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

Lumino Health Pharmacy

Almost 1 in 2 Canadians need medications to manage chronic conditions¹, and ~50% of them face challenges adhering to their prescribed medication regimes². Lumino Health™ Pharmacy³, provided by Pillway⁴, offers members and their families a convenient online pharmacy experience:

- Drug adherence failure can cause diseases and health conditions to worsen
- The support provided by Pillway pharmacists, along with ease of use of the online pharmacy experience, can help employees overcome adherence challenges
- Lower-than-average dispensing fees can result in lower costs for sponsors and lower out-of-pocket costs for employees
- No-cost coaching programs help members and their dependents living with diabetes, asthma, and COPD better manage their conditions*

Helping you compete for talent

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

¹ Medication non-adherence: Tackling the "elephant in the room", Medavie Blue Cross.

² Examination of the Link Between Medication Adherence, JMCP. ³ Use of Mail-Order Pharmacies in Chronic Disease States.

³ Pharmacy services are provided by Pillway.

⁴ SHG Pharmacy Inc. and SHG West Pharmacy Inc., doing business as Pillway pharmacies, are partially owned by Simpill Health Group Inc. For your information, and as a point of disclosure, Sun Life Assurance Company of Canada has partial ownership in Simpill Health Group Inc. ™Used under license by Simpill Health Group Inc.

* Our Diabetes Care Program and Respiratory Care Program aren't currently available in Quebec.

Sun Life means Sun Life Assurance Company of Canada, a member of the Sun Life group of companies.

Bright Promise

Our Group Benefits Service Guarantee

Your needs are our focus. We aim for an exceptional Client experience from day one. Our Bright Promise Service Guarantee strengthens this commitment.

Service-first mindset

We provide you with the Best in Health through proactive, exceptional, and personalized service to meet your service expectations. Our service-first mindset allows us to put relevant and innovative solutions, tailored to you, into action. We want to ensure that your employees get the best support from us.

Our Bright Promise

If we cannot meet the service standards based on your needs, you receive compensation*.

How it works

We annually reach out to you for your reflections on the service you and your employees received over the past year.

We are confident in our ability to provide exceptional service in meeting your needs. If we fall short, we request feedback to better understand how we can improve our service. It's that simple.

We'll meet with you to discuss and develop an action plan to resolve any issues, challenges, or concerns. This ensures that we meet your service expectations in the future.

To find out more about our Bright Promise Service Guarantee, talk to your Sun Life representative.



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

*Maximum compensation of \$10 per member with a maximum of \$40,000 applies



Service summary

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

Implementation support

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

Drug cards	Sun Life provides web based cards, that can be viewed any time using the my Sun Life mobile app . It can be added to your Apple Wallet (or screenshot for Android) to be used offline. Paper versions of the drug card can be printed from mysunlife.ca .
Travel cards	Included in plan member communication on Travel Benefit and emergency travel assistance services. Information on Travel Benefit is included in the Digital Welcome Guide. Travel card can be viewed electronically on the my Sun Life mobile app and can be printed from mysunlife.ca .
Claim forms	Plan members may print personal health and dental claim forms from our Plan Member Services website. All claims, including disability, can be submitted electronically by plan members via the my Sun Life app or on mysunlife.ca . You can find fillable and savable disability claim form packages are available on our Plan Sponsor site. The packages include "Claim Guides" to help plan members submit a disability claim.
Total Benefits (for joint Group Benefits/Group Retirement Services plan sponsors)	One joint ID and password to access Group Benefits and Group Retirement Services.
Premium/deposits payment methods	Pre-authorized chequing (bank withdrawal), cheque or wire transfer.

Ongoing support

Services (if applicable)	Description of services included in our quoted rates
Plan member data updates	<p>Client-administered plans: One electronic plan member data file load per week. The feed is in standard Sun Life-compatible data format, (i.e. tape or non-tape clients) or web-eligibility file transfer (WEFT).</p> <p>Clients who administer their plans using our Plan Sponsor Services website can update via transactions on plan services site or HRIS. HRIS is for Clients with over 500 plan members or more than 100 transactions per month.</p> <p>Insurer-administered plans: Ongoing data updates as required.</p>
Administrator support	<p>Ongoing client service representative support.</p> <p>Ongoing help desk and technical support in using online benefits administration tools.</p>
Health Spending Account management	<p>Electronic data transfer, on PSS or on HRIS for plan member eligibility and credit information updates.</p> <p>Online information for plan members about HSA benefit year summaries, deposit and withdrawal details, detailed "how-to-claim" and eligibility information.</p> <p>Online HSA claim submission for plan members.</p>
Plan member communication	Standard plan member communication including digital welcome guide and email, newsletters, bulletins and web-based health information.
Reporting	<p>Web-based Group Benefits reporting services:</p> <ul style="list-style-type: none"> • Comprehensive menu of standard claim, financial and service reports. • Real-time Disability claim status available.
Online coverage information	Comprehensive group health coverage information (e.g. services covered, benefit maximums, deductibles, coinsurance, etc.) and dental coverage information displayed through simple navigation and powerful search engines. Seamless connection to related health information (some exceptions apply).
Web-based claims submission for plan members	Mobile/online submission of vision care, drugs, dental, paramedical, PSA and HSA claims (subject to controls to ensure proper claiming).

Claim payment services	Plan member choice of claim payment by electronic funds transfer (EFT) or cheque. If EFT, then choice of claim statement by email notification (directing plan member to secure website) or via mail.
Health and Wellness	<p>Manage your health. Lumino Health makes it easy for plan members to find resources and solutions to live healthier. These features are available when you sign-in to mysunlife.ca, or on the my Sun Life mobile app.</p> <p>Need to find a health-care professional? Lumino Provider Search can help. Find and book appointments. Refine your search based on cost, location and user ratings.</p> <p>Find exclusive savings and special offers through Lumino Resources & Offers*. Browse categories such as Vision & Hearing, Medical Products & Resources, and Mental Wellness.</p> <p>Discover regularly updated wellness and mental health content**. Read articles, watch videos, listen to podcasts and more.</p>
Lumino Health Virtual Care (LHVC)	<p>Lumino Health Virtual Care, from Sun Life, powered by Dialogue provides access to health and wellness professionals from the comfort of your home or workplace. You can learn more and register for Lumino Health Virtual Care at sunlife.ca/luminovc.</p> <p>Services include:</p> <ul style="list-style-type: none"> • A multidisciplinary medical team to help treat non-urgent health concerns. • Family coverage for eligible dependents. • Prescription renewals and refills when clinically indicated.*** • Private, secure medical consultations via phone, video, and text, available 24 hours a day, 7 days a week. • Specialist referrals and lab requests. • Healthcare navigation services. • Employee Assistance Program (EAP). • Stress management & well-being (SM&WB).
Mental Health Coach (MHC)	<p>Mental Health Coach (MHC), provided by Kii Health, offers organizations an innovative and personalized mental health care solution. It's tailored to employees' diverse needs and preferences. MHC is 100% operated by registered health-care practitioners. The Coaches are registered practical nurses and social workers with clinical mental health experience.</p> <p>MHC proactively engages employees experiencing mental health challenges to get support before their symptoms worsen or become severe. It helps them (and their eligible dependents 16+), get access to the right care through their benefits plan, employer programs, and/or the public healthcare system.</p> <p>Personalized action plan: The Coach and the employee work together to set specific goals based on their risks and individual preferences, following completion of a robust mental health assessment. Employees get a personalized action plan based on their unique needs. This includes finding culturally relevant care, virtual, or in-person practitioners. The action plan integrates their benefits, all the resources available through their employer, as well as the public healthcare system. The Coach provides recommendations and the employees take action to pursue their mental health journey.</p> <p>Ongoing support: Employees get personalized follow-ups with their dedicated Coach, helping them reach their goals and adjust their action plan as needed.</p>
Drug Lookup Tool	This tool is available on both the my Sun Life mobile app and mysunlife.ca , and provides you with a trusted resource to look up medications, access to your drug history, side effects, usage and contraindications, and potentially lower-cost alternatives. With this information at your fingertips, you can better manage your health and wealth, and have richer more informed conversations with your health-care providers.

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

** Only available through mysunlife.ca.

***Except for benzodiazepines, narcotics, testosterone, stimulants for ADHD, and cannabis.

Product summary

Health, drugs and dental

Extended Health Care (EHC)

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

Eligibility waiting period	By plan sponsor request (must be the same for all EHC benefits).
Benefit year	<p>Any 12-month period. We can base this on a calendar year. You can request that we lengthen or shorten your first benefit year.</p> <p>For plans with Pay-Direct Drugs (PDD): If annual deductibles, co-payments and/or maximums are combined with EHC expenses, the benefit year must be based on the calendar year.</p>
Yearly deductible	<p>Single, family as per plan sponsor request.</p> <p>Deductible typically does not apply to in-province hospital or vision care.</p> <p>Deductible typically not combined with Dental Care deductible, if dental benefits exist.</p> <p>Optional features:</p> <ul style="list-style-type: none">• Separate deductibles for EHC and drugs.• Carry over deductibles paid in the last three months of the benefit year to satisfy the annual deductible for the following year. Typically applies to all benefits where deductibles apply. <p>See Drug plans on page 11 for more information on deductibles.</p>
Reimbursement level (percentage covered)	<p>By plan sponsor</p> <p>Sliding co-payments on EHC plans</p> <p>We can administer sliding co-payments:</p> <ul style="list-style-type: none">• if benefit year is based on calendar year, or• if benefit year is a 12-month period other than calendar year, and PDD plan maximum doesn't include sliding co-payments.
Benefit year maximum	<p>Unlimited unless otherwise requested (typically applies to all EHC benefits including drugs)</p> <p>See Drug plans on page 11 for more information on benefit year maximums</p>
Lifetime maximum	<p>Unlimited unless otherwise requested (applies to all EHC benefits including drugs).</p> <p>If lifetime maximums apply, there is an automatic annual reinstatement of \$1,000, unless otherwise requested (does not apply to PDD electronic claims).</p> <p>See Drug plans on page 11 below for more information on lifetime maximums.</p>

Paramedical practitioners	<p>Benefit maximum options (per claimant, per benefit year):</p> <ul style="list-style-type: none"> • Maximum per type of practitioner, or • Combined maximum for all covered practitioners, or • Combined maximum for a select group of covered practitioners that is separate from maximum(s) for the other covered practitioners. <p>Optional features (plan sponsor request):</p> <ul style="list-style-type: none"> • Per visit maximums. • Coverage from first visit or after the provincial plan has paid its annual maximum. <p>Go to Product details on page 28</p>
In-province hospital	<p>Acute-care hospital:</p> <ul style="list-style-type: none"> • Semi-private room-and-board charges, or • Private room-and-board charges. <p>Benefit maximum options:</p> <ul style="list-style-type: none"> • With or without a daily maximum. <p>Convalescent hospital:</p> <ul style="list-style-type: none"> • Up to \$20 per day, for a maximum of 180 days, unless otherwise requested.
Vision	Maximum dollar amount and benefit period by plan sponsor request. (The typical benefit period is 24 months, or 12 months if under 18 years of age).
Private duty nursing	Up to \$25,000 over a three-year period unless otherwise requested. Other limits available upon request subject to Sun Life approval.
Custom-made orthopaedic shoes and orthotic shoe inserts	<p>Orthopaedic shoes: up to \$500 per benefit year, unless otherwise requested.</p> <p>Orthotic shoe inserts: up to \$350 per benefit year, unless otherwise requested.</p> <p>Upon plan sponsor request, we can combine maximums for shoes and inserts.</p>
Hearing aids	Maximum of \$500 per person over a period of five consecutive benefit years, unless otherwise requested. Includes cost of repairs.
Medical services, supplies and equipment	Go to Product details on page 28
Medical cannabis coverage (optional)	<p>Coverage of cannabis for medical purposes following a prior approval process applies. Plan members or dependents only have coverage if they meet clinical criteria for coverage as defined by Sun Life.</p> <p>Annual maximum choice: from \$1,500 to \$6,000 per covered person, per benefit year.</p>
Gender affirmation coverage (optional)	<p>Choice of two levels of coverage to assist gender-diverse plan members or dependents through their gender transition:</p> <p>Core level coverage: Basic surgical procedures the covered person's provincial health care plan doesn't cover. This includes, Adam's apple and voice surgery.</p> <p>Enhanced level coverage: Additional coverage for surgical procedures to align feminine or masculine features to the transitioned gender. This includes facial bone reduction or cheek augmentation.</p> <p>Note: Enhanced coverage is only available for clients who purchase Core coverage. It is not available on its own.</p>

Travel benefit (out-of-province/country coverage)	<p>100% reimbursement after deductible unless otherwise requested. Includes:</p> <ul style="list-style-type: none"> • Emergency (medical) travel assistance. • Medi-Passport (non-medical travel assistance, e.g. vehicle return, etc.), unless otherwise requested. <p>In Canada</p> <p>Hospital and doctor charges when not covered by the provincial plan.</p> <p>Out of Canada</p> <p>Emergency hospital, doctor and ambulance charges.</p> <p>Travel limit</p> <p>Travel limit of 60 days unless otherwise requested, and subject to Sun Life approval.</p> <p>Benefit maximum</p> <p>Out-of-Canada emergency medical services and emergency travel assistance combined are subject to a lifetime maximum of \$3,000,000.</p>
Out-of-province/country referral	To a maximum of 80% reimbursement for doctor and medical facilities. Subject to Sun Life approval.
Survivor benefit (without premium payment)	24 months from date of member's death.
Termination age	The date the member's employment ends or when they retire, unless otherwise requested.
Waiver of premium	Not included.
For more information on EHC	Go to Product details on page 26
Fertility Services and Surrogacy Medical (optional)	<p>Sun Life's Fertility Services benefit provides coverage for eligible fertility services and surrogacy-related medical expenses. It repays the plan member for:</p> <ul style="list-style-type: none"> • fertility expenses they or their eligible dependents incur; or • medical expenses the plan member or their spouse/partner incur for their surrogate. <p>Fertility drugs for plan members and eligible dependents are covered separately under your drug plan. Sun Life recommends per family, per lifetime maximum.</p>

Drug plans

Drug plan type	Pay-Direct Drugs
Yearly deductible	<p>Same as other EHC benefits unless otherwise requested.</p> <p>Plans that include an annual deductible for drugs cannot also include a per-DIN deductible.</p> <p>If Pay-Direct Drug (PDD) plan shares an annual deductible with EHC benefits, then the benefit year must be calendar year.</p> <p>Deductible carry-over is available on request (benefit year must be calendar year).</p>
Per-DIN deductible	Available if plan does not have annual deductible for drugs.
Dispensing fee cap	<p>Plan sponsor request</p> <p>PDD plans: Available in all provinces except Quebec. Pharmacy-submitted electronic claims indicate dispensing fees as a separate charge in all provinces except in Quebec.</p>

Reimbursement level (percentage covered)	<p>Plan sponsor request</p> <p>Sliding co-payments</p> <p>We can administer sliding co-payments:</p> <ul style="list-style-type: none"> • If benefit year is based on calendar year, or • If benefit year is based on a 12-month period other than the calendar year, and sliding co-payments are not combined with EHC plan.
Benefit year maximum	<p>Unlimited unless otherwise requested. Benefit year maximum typically applies to all EHC benefits including drugs.</p> <p>If the PDD plan shares a benefit year maximum with EHC benefits, then the benefit year must be calendar year.</p>
Lifetime maximum	<p>Unlimited unless otherwise requested.</p> <p>For annual reinstatement of lifetime maximums, see EHC on page 8.</p>
Drug plan designs	<p>Prescription: Drugs legally requiring a prescription and life-sustaining over-the-counter drugs (except as noted in Product details).</p> <p>Prescribed: Prescription drugs and therapeutic over-the-counter drugs a doctor prescribes (except as noted in Product details).</p> <p>Multi-tier plans: We can manage drug plans as single tiers and multi-tiers. There is coverage at different reimbursement levels for different drug formularies.</p> <p>Managed Drug Formularies:</p> <ul style="list-style-type: none"> • National formulary. • Frozen formularies (excludes some drugs introduced after December 31 of the selected year on which the formulary was based). • Provincial formularies. • Evidence-based Drug Plan (Reformulary Group Inc. engaged by Sun Life – innovation in drug cost management).
Lowest-Price Equivalent (LPE) options	<p>For Pay-Direct plans:</p> <ul style="list-style-type: none"> • Without LPE substitution: plan pays based on cost of drug submitted. • LPE substitution: plan pays up to cost of LPE, or to cost of brand drug when doctor indicates “no substitution”. • Mandatory LPE substitution: plan pays up to cost of LPE, even where doctor indicates “no substitution”. <p>Note: For Quebec plans, minimum RAMQ requirements take precedence.</p>
Optional features	<p>Plan sponsor request:</p> <ul style="list-style-type: none"> • With smoking cessation drugs (lifetime maximum of \$500). • With anti-obesity drugs (benefit-year maximum of \$1,800). • With sexual dysfunction drugs (benefit-year maximum of \$1,200). • With lifestyle drugs (lifetime maximum of \$2,400). <p>Plan sponsor request for PDD plans only:</p> <ul style="list-style-type: none"> • With trial prescription*. • With maintenance drugs*. <p>*Not available in Quebec</p>
Prior Authorization	<ul style="list-style-type: none"> • Requires plan members to submit information about their health to obtain prior approval that Sun Life will reimburse them for their drug expense under the plan. • Streamlined with a focus on specialty drug categories and includes a step therapy approach. • Targeting a limited number of drugs, second and third-line drug therapies. These are relatively expensive in comparison.

Preferred Pharmacy Network (PPN)	<ul style="list-style-type: none"> • Available to all plan sponsors with Prior Authorization. Plans with 100% of employees residing in Quebec are not eligible to participate. • PPN is a network of participating pharmacies across Canada (excluding Quebec), designed to reduce claim costs for plan members and plan sponsors, when plan members purchase their specialty drugs at one of the participating pharmacies.
Provincial Integration	<ul style="list-style-type: none"> • Standard plan feature for applicable provinces. • Sun Life will consider payment only on amounts not covered by provincial coverage.
Reference Drug Program (RDP)	<p>RDP aims to maintain choice for plan members while lowering costs charged to your group benefits plan. Here's how it works:</p> <ol style="list-style-type: none"> 1. A category of treatments is developed. A set of drugs is grouped together that treat the same condition in the same, or a similar, way. It's called "therapeutic category." 2. Next the most cost-effective drug is identified within the therapeutic category. This is called the "Reference Drug." 3. Reimbursements are based on this cost-effectiveness. Plan members will continue to have access to all drugs in the therapeutic category. However, reimbursements will be made to plan members up to the eligible cost of the Reference Drug. This is the "Reference Drug Limit."
Drug coverage – Quebec	<p>Private plans must at a minimum match RAMQ coverage in the following three areas:</p> <ol style="list-style-type: none"> 1. Formulary (types of drugs covered). 2. Reimbursement levels and 3. Out-of-pocket maximums. <p>The plan can pay drugs on RAMQ formulary but not otherwise covered under the contract:</p> <ul style="list-style-type: none"> • At contract reimbursement level so long as the contract reimbursement level is not lower than RAMQ, or • At RAMQ reimbursement level. <p>The plan pays drugs not on the RAMQ formulary but covered under the contract at the contract reimbursement level.</p> <p>Drugs applied to the out-of-pocket maximums:</p> <ul style="list-style-type: none"> • Reimbursement plans have two options: <ul style="list-style-type: none"> – RAMQ formulary drugs only, or – all eligible drugs • PDD plans: RAMQ formulary drugs only
For more information on Drug Plans	<p>Go to Product details on page 31</p>

Dental Care

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

Eligibility waiting period	As per plan sponsor request (must be the same for all Dental Care benefits).
Yearly deductible	<p>Single, family</p> <ul style="list-style-type: none"> • Deductible typically applies to all dental services except orthodontics. • Deductible typically not combined with EHC benefits, if EHC benefits exist. • Deductible carry-over is available on request.
Reimbursement level (percentage covered)	<p>As per plan sponsor request. Can choose different reimbursement levels for:</p> <ul style="list-style-type: none"> • Preventive services. • Basic services (different reimbursement level available on request for endodontics and periodontics). • Major services. • Orthodontic services.
Benefit year maximum	<p>By plan sponsor request.</p> <p>Per-claimant benefit maximum options:</p> <ul style="list-style-type: none"> • Combined maximum for preventive/basic/major services, or • Combined maximum for preventive/basic services and a separate maximum for major services. <p>Benefit-year maximum does not apply to orthodontics.</p>
Lifetime maximum	By plan sponsor request (typically applies only to orthodontics).
Preventive services	<p>For list of services included Go to Product details on page 31</p> <p>Recall service frequency as per plan sponsor request (typically one every five months to a maximum of two per benefit year, or one every nine months).</p> <p>Complete exam once every 24 months, or by plan sponsor request</p> <p>X-rays:</p> <ul style="list-style-type: none"> • One set of bitewing X-rays (as part of the recall services). • Complete series of X-rays every 24 months, or • One panorex every 24 months.
Basic services	For list of services included Go to Product details on page 32 .

Major services	<p>For list of services included Go to Product details on page 32.</p> <p>12-month waiting period for coverage of bridges or dentures (regardless of when teeth were extracted).</p> <p>Options: Remove or replace 12-month waiting period (above) with missing tooth exclusion. Coverage for bridges or dentures is only for teeth that were extracted after benefits took effect.</p> <p>If we include 12-month waiting period or missing tooth exclusion, we can waive it for existing plan members. If included, it can apply:</p> <ul style="list-style-type: none"> • From benefits effective date. • From date of employment. <p>We cover implant-supported crowns, bridges and dentures up to same maximum amount. These are subject to same provisions and limitations as tooth-supported crown or non-implant-related prosthesis. We do not cover the cost of implant/implant surgery, unless otherwise requested.</p>
Orthodontic services	<p>Eligibility for orthodontic services (plan sponsor request):</p> <ul style="list-style-type: none"> • Children only (typically up to age 19), or • All members and dependents. <p>Go to Product details on page 32.</p>
Alternate benefit clause	<p>We cover expenses up to the usual charge for the least expensive treatment option that will produce a professionally adequate result. This provision automatically applies to all dental services.</p>
Practitioner fee guide	<p>General practitioner fee guide or specialist fee guide or equivalent, by plan sponsor request</p> <p>Fee guide options:</p> <ul style="list-style-type: none"> • Current year. • Fixed-year fee guide (maximum of five years prior to the current year), or • Lag-year fee guide (typically one to two years behind current year). Changes annually. Available only when “province of residence” feature selected. • Percentage of fee guide or equivalent, as per plan sponsor request. <p>Additional options:</p> <ul style="list-style-type: none"> • Based on fee guide for province where treatment is performed, or • Based on fee guide for specified province.
Late applicant maximums	<p>If applying for coverage more than 31 days after becoming eligible, the maximum paid will be:</p> <ul style="list-style-type: none"> • \$300 for orthodontics in first 36 months. • \$100 for all other expenses in first 12 months. <p>unless otherwise requested, subject to Sun Life approval.</p> <p>Note: Does not apply if member participation in the dental plan is 100% (i.e. a mandatory benefit).</p>
Termination age	<p>The date the member employment ends or when they retire, unless otherwise requested.</p>
Waiver of premium	<p>Not included.</p>
Survivor benefit (without premium payment)	<p>24 months from date of member’s death.</p>
For more information on Dental Care	<p>Go to Product details on page 31.</p>

Life and Accidental Death & Dismemberment (AD&D)

Member Life

Eligibility waiting period	Plan sponsor request.
Coverage	Flat dollar amount, or Multiples of salary rounded to next highest \$1,000.
Plan maximum	Plan sponsor request, subject to Sun Life approval.
Maximum without proof of good health	Plan sponsor request, subject to Sun Life approval.
Waiver of premium	Included in the event of total disability, unless otherwise requested.
Reduction schedule	Plan sponsor request (typically 50% at age 65) subject to Sun Life approval.
Termination age	Earlier of age 70 or retirement unless otherwise requested.
For more information on Member Life	Go to Product details on page 33.

Member Optional Life

Eligibility waiting period	Plan sponsor request.
Coverage	Available in units (dollar amounts) or multiples of salary rounded to next highest \$1,000.
Plan maximum	Plan sponsor request, subject to Sun Life approval.
Proof of good health	Required on all optional amounts or on any amounts exceeding the non-evidence maximum, if applicable.
Waiver of premium	Waiver of premium applicable if it is included under Member Life.
Termination age	Earlier of age 65 or retirement, unless otherwise requested, but not beyond age 70.
Plan member awareness and education program	Personalized plan member Optional Life enrolment kits at plan implementation or for awareness campaigns.
For more information on Member Optional Life	Go to Product details on page 33.

Member Accidental Death & Dismemberment (AD&D)

Member AD&D benefits cannot be purchased independently of Member Life benefit.

Eligibility waiting period	Plan sponsor request.
Coverage	Flat dollar amount, or Multiples of salary rounded to next highest \$1,000.
Plan maximum	Plan sponsor request, subject to Sun Life approval.
Waiver of premium	We waive the premium if it is included under Member Life.
Reduction schedule	Plan sponsor request (typically 50% at age 65), subject to Sun Life approval.
Termination age	Earlier of age 70 or retirement, unless otherwise requested.
Optional features	Home & vehicle modification, day-care benefit, seatbelt benefit.
For more information including <i>Schedule of losses</i>	Go to Product details on page 34.

Member Optional Accidental Death & Dismemberment (AD&D)

Eligibility waiting period	Plan sponsor request.
Coverage	Available in units (dollar amounts) or multiples of salary rounded to next highest \$1,000.
Plan maximum	Plan sponsor request, subject to Sun Life approval.
Waiver of premium	Waiver of premium applies if it is included under Member Life.
Termination age	Earlier of age 65 or retirement, unless otherwise requested.
Optional features	Home & vehicle modification, day-care benefit, seatbelt benefit.
For more information including <i>Schedule of losses</i>	Go to Product details on page 34.

Dependent Life

Must have Member Life benefits to purchase Dependent Life

Eligibility waiting period	Plan sponsor request.
Coverage	Flat dollar amount for spouse or child.
Waiver of premium	Waiver of premium applies if it is included under Member Life.
Survivor benefit (without premium payment)	24 months from date of death, unless otherwise requested.
Termination age	Earlier of age 70 or retirement of plan member, unless otherwise requested.
For more information on Dependent Life	Go to Product details on page 33.

Spouse Optional Life

Eligibility waiting period	Plan sponsor request.
Coverage	Available in units (dollar amounts).
Plan maximum	As per plan sponsor request, subject to Sun Life approval.
Proof of good health	Required for all coverage amounts or on any amounts exceeding the non-evidence maximum, if available on this plan.
Waiver of premium	Waiver of premium applies if it is included under Member Life.
Termination age	The earlier of: when the plan member retires or reaches age 65, or when the spouse reaches age 65, unless otherwise requested.
For more information on Spouse Optional Life	Go to Product details on page 33.

Spouse Optional Accidental Death & Dismemberment (AD&D)

Eligibility waiting period	Plan sponsor request.
Coverage	Available in units (dollar amounts).
Plan maximum	As per plan sponsor request, subject to Sun Life approval.
Waiver of premium	Waiver of premium applies if it is included under Member Life.
Termination age	The earlier of: when the plan member retires or reaches age 65, or when the spouse reaches age 65, unless otherwise requested.
For more information including <i>Schedule of losses</i>	Go to Product details on page 34.

Absence and Disability Management

Salary Continuance Services

Disability management	Managed according to Plan sponsor policies and procedures or through Sun Life assessment guidelines.
Maximum benefit	N/A
Direct offsets	N/A
Tax status	N/A
Elimination period	N/A – Plan Sponsor to follow their policies and procedures.
Maternity-related disability	For absences relating to childbirth or recovery from childbirth, we will consider a plan member totally disabled during the health-related portion of the absence.
All-source maximum	N/A
Termination age	Plan sponsor policies and procedures or Sun Life assessment guidelines.
For more information on Salary Continuance Services	Go to Product details on page 36.

Short-Term Disability

Eligibility waiting period	Plan sponsor request.
Coverage	<ul style="list-style-type: none">• Percentage of eligible weekly earnings.• Flat amount, or• Graded schedule (up to a maximum of five grades). For example, 66.67% of first \$1,000 and 50% of the remainder.
Maximum benefit	Plan sponsor request, subject to Sun Life approval.
Direct offsets	Go to Product details on page 36.
Tax status	Taxable or non-taxable benefits, based on plan sponsor request.
Elimination period	With or without first day hospitalization, based on plan sponsor request. Accident, sickness: Plan sponsor request.
Maternity-related disability benefits	The Short-Term Disability (STD) plan is first payor during the health-related portion of the leave only in those provinces where we must comply with employment standards, human rights, etc. Optional features: <ul style="list-style-type: none">• The STD plan is first payor for all members covered under the contract.• The STD plan “tops up” Employment Insurance only in those provinces where we must comply with employment standards, human rights, etc. This includes the supplemental unemployment benefit (SUB) plan.• The STD plan “tops up” Employment Insurance for all members covered under the contract (SUB plan).
Maximum benefit period	Up to 52 weeks or by plan sponsor request.
Termination age	Earlier of age 70 or retirement.
For more information on Short-Term Disability	Go to Product details on page 36.

Long-Term Disability

Eligibility waiting period	Plan sponsor request.
Elimination period	Plan sponsor request (up to 52 weeks), and equal to the STD maximum benefit period if applicable. This is typically four or six months.
Coverage	<ul style="list-style-type: none"> • Percentage of eligible monthly earnings. • Flat amount, or • Graded schedule (up to a maximum of five grades). For example, 66.67% of first \$2,625, and 50% of the remainder.
Maximum benefit	Plan sponsor request, subject to Sun Life approval.
Maximum without proof of good health	Plan sponsor request, subject to Sun Life approval.
Maximum benefit period (if disabled)	To age 65.
Direct offsets	Go to Product details on page 38.
Tax status	Taxable or non-taxable benefits, based on plan sponsor request.
All-source maximum	<ul style="list-style-type: none"> • If non-taxable benefit: 85% of pre-disability net income. • If taxable benefit: 85% of pre-disability gross income. <p>For items included in “all-source maximum”</p> <p>Go to Product details on page 38.</p>
Pre-existing condition limitation	Subject to pre-existing condition limitation.
Cost-of-living adjustment (COLA – January 1)	Without COLA, unless otherwise requested.
Termination age	Earlier of age 65 or retirement (other options available subject to Sun Life approval).
Survivor benefit	Plan sponsor request (typically three or six months).
Pension plan contribution	Plan sponsor request.
Definition of <i>total disability</i>	Based on “own occupation” for 24 months, and “any occupation” thereafter.
For more information on Long-Term Disability	Go to Product details on page 37.

Health and Wellness

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

Employee Assistance Program (EAP)

Service partner	EAP provided by Dialogue.
Member services included	<ul style="list-style-type: none"> • Mental Health • Legal • Finance • Family and Relationships • Work and Career <p>Additional services available (additional charges may apply):</p> <ul style="list-style-type: none"> • Critical Incident Response (CIR) • Health and Wellness Seminars

Other Benefits

Health Spending Account (HSA)

Eligibility waiting period	Same as Extended Health Care.
Credit allocation amounts (per member)	<p>Plan sponsor request.</p> <p>Credit allocation pro-rating available (monthly).</p>
Account allocation frequency	<p>Annually or monthly, by plan sponsor request.</p> <p>For plans that are administered on Sun Life administration systems:</p> <ul style="list-style-type: none"> • For monthly allocations: plan members must be eligible on the first day of the month to receive allocation for that month. • For annual allocations: if the plan sponsor requests pro-rating, Sun Life will pro-rate monthly or daily. • Pro-rating is offered for annual allocation frequency only. <p>For plans that are not administered on Sun Life administration systems:</p> <ul style="list-style-type: none"> • Annual or monthly allocation frequency is available for tape clients (i.e. clients who submit eligibility information by an eligibility file). • Annual allocation frequency is the only frequency available for list clients (i.e. clients who submit eligibility information by list update).
Benefit year	Same as Extended Health Care.
Re-enrolment effective date	Same as benefit year start date.
Carry-forward options	<p>Plan sponsor request:</p> <ul style="list-style-type: none"> • Balance carry-forward (plan member must use credits allocated in one benefit year by end of following benefit year), or • Expense carry-forward (plan member can pay expenses incurred in one benefit year with credits received the following benefit year), or • No carry-forward.
Termination age	Same as Extended Health Care.
Survivor benefit	No continuation of HSA coverage for dependents after plan member's death.
For more information on HSA	Go to Product details on page 40.

Personal Spending Account (PSA)

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

Critical Illness Insurance (CII)

Plan options	Basic (mandatory) plan Typically, available without proof of good health. Optional plan Typically, available with and without proof of good health. Combined basic and optional plan
Coverage options	Three coverage options: Essential (3 covered conditions), Enhanced (11 covered conditions) or Comprehensive (25 covered conditions). For a list of covered conditions Go to Product details on page 40.
Termination age	For plan member: coverage terminates the earlier of retirement or the member reaches age 65 or age 70. For spouse: the earlier of the date the member retires, or spouse reaches age 65 or 70.
Transferring coverage (portability)	On termination of employment, the plan member, their spouse and dependent children (children may be able to maintain up to \$20,000 in coverage) can transfer coverage to another Sun Life CII plan. This is subject to certain terms and conditions.

Plan member awareness and education program	Personalized plan member CII enrolment kits may be available at the start of the plan or for awareness.
Sun Life Medical Second Opinion by Dialogue	<p>Accessible through Lumino Virtual Health Care platform provides:</p> <p>Expert Second Opinion: A medical expert will provide plan members with a second opinion on an existing and active diagnosis and treatment plan. This includes both physical and mental health conditions.</p> <p>Mental Health Care Navigation: provides plan members with an appointment with a mental health specialist. The specialist will help plan members better understand their mental health needs and provide navigation support. All mental health conditions are covered, including crisis situations and emergencies.</p> <p>Find a Medical Specialist: a navigation service that helps plan members locate appropriate medical specialists and facilities across North America.</p>
For more information on CII	Go to Product details on page 40.

My CHOICE Plans for plan members losing coverage

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

My Life Choice	A yearly renewable term insurance plan available to members and spouses from age 18 to 65. May apply within 60 days of when the workplace coverage ends. It will be for the same amount of coverage as under the workplace plan, up to \$1,000,000. A licensed financial security consultant (registered as financial security advisor in Quebec) will ask a few simple health questions. There's no need for any medical tests.
Choices CII	Members and their spouses are eligible to maintain up to \$100,000 (\$20,000 for each dependent child) of their Sun Life Group Critical Illness Insurance coverage when leaving the workplace plan. There are no health questions or medical tests. They must request to transfer their coverage within 60 days of when the workplace coverage ends.
My Health Choice	Coverage is available to members age 18 to 74 and to their spouse (18 to 74) and dependent children. Dental coverage is available if they selected dental under the previous group plan. Call to enrol within 60 days of the date that the active group coverage ends to qualify without medical evidence. If the 60 days has passed the member may be eligible for coverage under Personal Health Insurance Direct. There are some medical questions.

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

International benefits

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

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

Expatriates – Canadians working outside Canada.

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

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

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

Inpatient Health Plan

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

Eligibility	<p>Active employees (Canadian citizens) under age 75 and their dependents. They are returning from a foreign assignment and are satisfying a waiting period for provincial health care coverage, or</p> <p>Active foreign employees working in Canada under age 75, and their dependents. They are satisfying a waiting period for provincial health care coverage. Foreign employees require a valid work permit to be eligible for coverage.</p>
Late applicants	<p>Employees and dependents: enrolment received more than 60 days after the employee's first day of work in Canada.</p> <p>Note: If an employee's dependents do not arrive in Canada with the employee, but after the employee's first day of work, the dependents are considered late applicants if enrolment for any of them is received more than 60 days from the date of their arrival.</p>
Plan design	
In-province hospital	<p>In-patient services</p> <p>Standard ward room and meals.</p> <p>Charges are based on interprovincial rates.</p> <p>Includes:</p> <ul style="list-style-type: none"> • Use of operating rooms, radiotherapy facilities, respiratory equipment, anaesthetic and surgical supplies. • Prescription drugs prescribed by a doctor during an in-hospital stay. <p>Out-patient services</p> <p>Charges are based on interprovincial rates.</p>
Doctor's services	The same limitations as defined by the provincial health-care plan in the plan member's province of residence. Expenses are payable on a usual and reasonable basis.
Midwife services	The same limitations as defined by the provincial health-care plan in the plan member's province of residence. Expenses are payable on a usual and reasonable basis.
Home nursing care	<p>Expenses based on usual and reasonable expenses with a \$5,000 lifetime maximum.</p> <p>Sun Life must pre-approve expenses.</p>

Paramedical practitioner services	<p>Must be registered and practicing with a license. Usual and reasonable charges per visit apply. Includes:</p> <ul style="list-style-type: none"> • Physiotherapists • Speech therapists • Psychologists • Osteopaths • Chiropractors • Podiatrists • Chiropodists. <p>Maximum: \$500 per calendar year for all services combined.</p> <p>Go to Product details on page 41.</p>
Ambulance	Usual and reasonable charges apply
Rental of durable medical equipment for temporary use and other medical services	<p>Type of equipment, service and limitations as defined under the provincial health-care plan in the member's province of residence.</p> <p>For definition Go to Product details on page 41.</p>
Dental surgery when performed in a hospital	<p>Expenses for dental surgery when performed in a hospital and only if the patient is at medical risk. Sun Life must pre-approve services.</p> <p>A doctor or a dental surgeon must recommend as medically necessary.</p> <p>Expenses for in-hospital services (in province of residence) based on interprovincial rates.</p> <p>Dental expenses are based on current provincial fee guide for general practitioners.</p>
Out-of-province/Canada emergency care	<p>Includes:</p> <ul style="list-style-type: none"> • Emergency hospitalization, other hospital services provided outside of Canada. • Doctors' fees. • Licensed ambulance. <p>Coverage is only available for emergency care. Does not cover services performed on a referral basis.</p> <p>The member's provincial health-care plan in their province of residence determines travel duration limit, covered expenses and their maximums. Charges are based on interprovincial rates.</p> <p>Hospital room limit: standard ward bookings.</p>
Plan maximum	Calendar year maximum for plan member and each eligible dependent: \$500,000.

Lifetime maximum	Per person overall lifetime maximum: \$1,000,000.
Evidence of insurability	Required only if employee or dependent are late applicants for coverage under this plan as described above.
Applications accepted	To age 75.
Effective date of coverage	<p>Coverage for the employee will begin on the later of:</p> <ul style="list-style-type: none"> • Their first day of work in Canada, • The employer's participation effective date, or • The day following Sun Life's approval of evidence of good health. <p>Coverage for the employee's eligible dependents will begin on the later of:</p> <ul style="list-style-type: none"> • The date the employee's coverage begins, if they arrived in Canada. They must all enroll within the 60 days, • The date the dependents arrived in Canada, if they arrived after the plan member, or • The day following Sun Life's approval of evidence of the dependent's good health.

Product details

Health, drugs and dental

Extended Health Care (EHC)

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

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

<p>Gender affirmation coverage</p>	<p>Sun Life's gender affirmation coverage will help your gender-diverse employees, and their dependents, embody their authentic selves.</p> <p>This optional coverage, available through Extended Health Care (EHC), helps to supplement the coverage for surgeries with additional financial support.</p> <p>Although most provincial or territorial health-care plans pay for surgery for those who meet the plan's requirements, coverage levels are not all the same. As well, many public health-care plans don't cover surgeries that feminize or masculinize an individual's features. Sun Life's coverage helps to fill in these gaps.</p> <p>Coverage overview: We offer two levels of coverage, giving you the opportunity to enhance what you offer your employees.</p> <p>Core Coverage: Covers certain basic surgical procedures not available under the individual's provincial or territorial health-care plan. Examples include the reduction of the Adam's apple and voice surgery.</p> <p>Enhanced Coverage: Additional coverage for surgical procedures to align feminine or masculine features to the individual's gender identity, such as facial bone reduction, cheek augmentation or adding pectoral implants.</p> <p>To add Enhanced Coverage to a plan, you must also add Core Coverage.</p> <p>Eligibility: This coverage is for all plan members, which includes eligible dependents.</p> <p>To be eligible the minimum age is 18 and requires a diagnosis of gender dysphoria from a doctor. If these conditions are met, we'll review the application for individual consideration. All procedures must be performed in Canada to be eligible for reimbursement.</p>
<p>Pharmacogenomics</p>	<p>Finding the right drug treatment can be very expensive and stressful. It takes time and slows recovery. Fortunately, your group plan can cover a test that can help plan members find the right prescription drug for their specific health needs. The test results can help find the right medication for many conditions including: anxiety, depression, pain management, cancer and more. Pharmacogenomic testing costs can be claimed through Extended Health Care (EHC) benefits if the test is added to your plan. If you don't cover the test through your EHC benefits, the test can also be claimed through your plan's Health Spending Account (HSA), if you have one.</p>
<p>Fertility Services</p>	<p>Physician and lab services:</p> <ul style="list-style-type: none"> • Physician block fees and monitoring fees. • Medical imaging (including ultrasound/nuchal translucency ultrasound, Spindleview, embryo-scope, Matris test, non-invasive analysis of embryo culture media, Sonohysterogram). • Diagnostic lab tests and screening of the gestational carrier (including prenatal screening, Endometrial Receptivity Analysis, FSH, AMH). • Fees for services related to donated reproductive materials from a Canadian fertility clinic or donor bank. <p>Expenses related to the egg, embryo and sperm:</p> <ul style="list-style-type: none"> • Screening tests. • Cryopreservation and thawing. • Transfer and storage fees. • Egg retrieval. • Sperm retrieval and function testing. • Sperm selection, wash and preparation. <p>Genetic testing:</p> <ul style="list-style-type: none"> • Includes PGT-A, PGT-SR, PGT-M, products of conception analysis, sperm chromatin assay

Fertility Services	<p>Insemination and fertilization:</p> <ul style="list-style-type: none"> • In-vitro maturation. • Assisted hatching. • Intra-cytoplasmic sperm injection (ICSI). • In-vitro fertilization (IVF) (including standard, natural, stimulated, antagonist, and reciprocal). • Intrauterine insemination (IUI). • Artificial insemination (AI). <p>Fertility drug coverage:</p> <ul style="list-style-type: none"> • Fertility drugs are part of your EHC offering and may already be included on the list of eligible drugs. • Surrogacy fertility drugs are paid through this benefit and not a separate fertility drug benefit.
Surrogacy Medical	<p>Eligible expenses include:</p> <ul style="list-style-type: none"> • Obtaining medical or other records • Midwife/doula/lactation consultant • Child care (for surrogate's children) • Pet care (for surrogate's pets) • Vitamins, minerals, herbal supplements • Pre-natal specific fitness services • Nutrition counselling services (excludes the cost of food) • Legal services • Educational courses and materials related to surrogacy
Adoption expenses eligible for coverage	<p>We'll pay eligible expenses that we approve, directly to the plan member or their eligible spouse/partner for:</p> <ul style="list-style-type: none"> • Transportation and accommodation expenses for adopting parent and/or child if travel is required for the adoption process. • Educational courses and materials related to adoption. • Criminal record checks. • Post-placement visits. • Registration fees from local, provincial, or national governmental agencies. • Legal fees (within or outside Canada). • Home study fees. • Adoption agency or consulting fees from an established commercial organization or agency with a valid business license that provides adoption services (within or outside Canada). • Document and translation fees.

<p>Paramedical practitioner services covered</p>	<ul style="list-style-type: none"> • Speech therapist • Psychologist (solo and group therapy) or social worker • Physiotherapist • Acupuncturist • Massage therapist/orthotherapist • Podiatrist/chiropractist (includes one X-ray per benefit year) • Naturopath • Chiropractor (includes one X-ray per benefit year) • Osteopath (includes one X-ray per benefit year) • Audiologist • Dietician • Occupational therapist. <p>Note: Practitioner must be licensed, registered or certified by a government recognized regulatory body, subject to usual and reasonable charges.</p>
<p>Paramedical practitioner services NOT covered</p>	<ul style="list-style-type: none"> • Athletic therapist • Christian Science practitioner • Nutrition counsellor • Electrologist (electrolysis) • Homeopath • Kinotherapist/kinesiologist • Visual therapist • Ergonomist • Rehabilitation therapist • Reflexologist • Sexologist/sex therapist • Shiatsu specialist • Registered clinical counsellor (British Columbia) • Family therapist.
<p>Medical services, supplies and equipment covered (doctor's referral may be required)</p>	<p>We may consider changes in benefit maximums, subject to Sun Life approval and usual and reasonable charges.</p> <p>Items covered:</p> <ul style="list-style-type: none"> • Private duty nurse (out-of-hospital), registered nursing assistant (out-of-hospital) and practical nurse, when medically necessary. Must be licensed and registered and not normally resident in the member's home. • Transportation in a licensed ambulance (local by land), if medically necessary, to and from nearest hospital where treatment is available. • Transportation in a licensed air ambulance, if medically necessary, to nearest hospital where treatment is available. • Laboratory tests and ultrasounds in Quebec only. • Magnetic resonance imaging (MRI), computerized tomography (CT) scans, electrocardiograms, mammograms and thermographies performed outside of a hospital. Treatment is up to a maximum of \$1,000 per benefit year, in Quebec only. • Dental care (including braces and splints) to repair damage to natural teeth from an external blow due to accident. The Plan member must receive treatment within 12 months of accident. • Diagnostic services rendered outside a hospital, except where the provincial plan of the covered person considers the expense to be an insured service.

Medical services, supplies and equipment covered (doctor's referral may be required)

- Optometrist/ophthalmologist (eye exams), up to \$50 over two benefit years if by ophthalmologist or licensed optometrist (where not covered by provincial plan).
- Wig/hairpiece, up to \$300 per benefit year following chemotherapy (does not require a doctor's recommendation).
- Wheelchair rental, purchase or repair. Requires doctor's recommendation and diagnosis. Electric wheelchair (or scooter) eligible if medically justified.
- Mammary prosthesis (external) required as a result of surgery, up to a maximum of \$200 per benefit year.
- Surgical/mastectomy brassiere if required due to surgery (maximum two brassieres per benefit year).
- Prosthesis (artificial limbs and eyes). Initial purchase.
- Prosthesis replacement or repair.
- Stump socks, up to five pairs per benefit year.
- Stockings, elastic or surgical (including pressure gradient hose), up to two pairs per benefit year.
- Casts, splints, trusses, braces or crutches.
- Custom-made orthotic shoe inserts required due to foot abnormalities.
- Custom-made orthopaedic shoes, shoe modifications and shoes that form part of a brace required due to foot abnormalities, i.e. club foot or other abnormality due to polio or major foot trauma. Shoes must have a unique last, and a doctor, podiatrist or chiropodist must prescribe them.
- Hearing aids. Repairs included. Batteries included if initial purchase.
- Oxygen (in provinces where covered by medicare, plan pays amount in excess of medicare coverage only).
- Continuous Glucose Monitor (CGM) receivers, transmitters or sensors for persons diagnosed with Type 1 and /or Type 2 diabetes and are insulin dependent. Up to a combined maximum of \$4,000 per person per benefit year.
- Glucose monitors, glucometers/dextrometer, to a lifetime maximum of \$700 if prescribed by a doctor.
- Contact lenses or intraocular lenses following cataract surgery, one lens per eye per lifetime.

Other medically necessary equipment:

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

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

Travel benefit

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

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

Drug plans

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

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

Dental Care

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

Eligible practitioners	A licensed dentist, denturist, dental hygienist or anaesthetist must perform the services.
Preventive services	<ul style="list-style-type: none"> • Recall services, including: recall examination, bitewing X-rays, polishing/cleaning, topical fluoride treatment. • Complete examination. • Emergency or specific exams. • X-rays or panorex. • Radiograph to diagnose or examine progress. • Required consultations with another dentist. • Emergency or palliative services. • Diagnostic tests and lab exams. • Removal of impacted teeth, including anaesthesia. • Space maintainers for primary teeth. • Pit and fissure sealants.

Basic services	<ul style="list-style-type: none"> • Fillings, including amalgam (silver), composite (white) on all teeth. • Removal of teeth (except impacted teeth). • Prefab metal restorations/crowns and repairs (not custom made). • Endodontics (root canal therapy/fillings, treatment for disease of pulp tissue). • Periodontics, including root planing, scaling, occlusal equilibration/adjustment (shaving teeth with bad bite), and appliances for temporomandibular joint dysfunction (TMJ) and bruxism (grinding of teeth). • Surgery and related anaesthesia (except removal of impacted teeth).
Major services	<ul style="list-style-type: none"> • Inlays and onlays. • Crowns and repairs to crowns (not prefab metal) on molars (white covered on non-molars). • Implant-related crowns, bridges and dentures do not include cost of implant or charges related to its installation, including surgery charges. • Repair of bridges or dentures. • Rebase or reline denture. • Bridges and dentures (prosthodontic). Construction and bridge insertion or standard dentures limited to teeth extracted while covered under this provision or after a 12-month waiting period. This does not include dentures with precision attachments. Replacement after five years only.
Orthodontic services (if included in plan)	<ul style="list-style-type: none"> • Interceptive, interventive or preventive services. • Comprehensive treatment. • Habit-breaking appliances.
Items and services NOT covered	<p>We will not pay benefits for:</p> <ul style="list-style-type: none"> • Procedures performed primarily to improve appearance. • Replacing lost, misplaced or stolen dental appliances. • Missed appointments. • Completing claim forms. • Services or supplies for which no charge would have been made in the absence of this coverage. • Sports or home-use supplies (example: mouth guards). • Full-mouth reconstruction, vertical dimension corrections, attrition, alteration or restoration of occlusion, and prosthetic splinting. • Implants and transplants, and jaw repositions, including surgery charges. • Experimental treatments. • Services or supplies payable in whole or in part under any government sponsored plan or program. Does not include user fees, extra billing and other expenses in excess of those the government-sponsored plan or program pays. This applies if legislation allows their payment under private plans. • Dental services resulting from hostile action of any armed forces, insurrection, participation in a riot/civil commotion or a criminal offence. • Dental services required due to congenital malformations.
Proof of claim	<p>Sun Life must receive proof of claim no later than:</p> <ul style="list-style-type: none"> • 90 days following the end of the benefit year in which the plan member incurred the claim. • 90 days following termination of the plan member coverage or of the contract provision.

Life (applies to all Life benefits)

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

Proof of good health	Required on all optional amounts or on any amounts exceeding the non-evidence maximum, if available on this plan.
Waiver of premium during total disability	<p>Plan member coverage:</p> <ul style="list-style-type: none"> • Coverage continues without payment of premiums after an uninterrupted period of six months or the elimination period for Long-Term Disability, whichever is shorter. <p>Dependent coverage:</p> <ul style="list-style-type: none"> • If we continue plan member coverage without premium payments, dependent coverage will continue without premium payments. This is as long as the benefit remains in force. <p>We must receive proof of total disability within 12 months following the date the plan member's disability begins.</p> <p>Definition of <i>total disability</i>: An illness prevents the plan member from performing any occupation they are or may become reasonably qualified for by education, training or experience. (However, if a plan member is totally disabled for Long-Term Disability, we automatically consider them totally disabled for purposes of waiver of premium).</p>
Conversion	<p>Plan members whose Life coverage ends or reduces, other than at their request, can apply to convert the coverage. This is up to a maximum of \$200,000 or the amount stipulated in any applicable legislation if greater, for Basic Life and Optional Life combined. They can apply for one of three Sun Life individual life insurance products (below) without proof of good health.</p> <p>They must apply in writing (and pay the first premium) within 31 days of the termination or reduction date. We base premium rates on the member's age, sex and the product they select.</p> <p>The three individual life insurance products available for conversion are:</p> <ul style="list-style-type: none"> • Sun Lifetime Alternative: provides guaranteed premiums in the first 10 years of the policy. Also offers adjustable cash values and guaranteed death benefits. There is no cancellation fee. • Sun One-Year Term: provides coverage for one year only. Then the covered person can either let it expire or convert it to a Sun Lifetime Alternative policy. • Sun Term to 65: provides coverage until the policy anniversary date following the covered person's 65th birthday. The person can then let the policy expire or convert it to a Sun Lifetime Alternative policy. <p>If they die during the 31-day conversion period, Sun Life will pay a benefit equal to the amount that was eligible for conversion. Sun Life requires proof of claim.</p> <p>A plan member's spouse can also convert coverage if their coverage terminates other than at the plan member's request.</p>
Living Benefits	Plan members who are terminally ill can apply for Living Benefits. Some conditions apply.
Terms and conditions	Sun Life will not pay any optional coverage that was in force for less than two years in the event of suicide. We will refund all applicable premiums paid.
Late applicant	<p>For employee coverage, an employee is a late applicant if their enrolment is received more than 31 days after the later of:</p> <ul style="list-style-type: none"> • the effective date of this contact • the day the employee becomes eligible for coverage. <p>We require proof of good health for late applicants.</p>

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

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

Schedule of losses	Benefit amount
Loss of life	100%
Loss of both arms or both legs	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of one hand or one foot, and entire sight of one eye	100%
Loss of one arm or one leg	75%
Loss of one hand or one foot	75%
Loss of four fingers on the same hand	33-1/3%
Loss of thumb and index finger on the same hand	33-1/3%
Loss of four toes on the same foot	25%
Loss of use of both arms or both legs	100%
Loss of use of both hands or both feet	100%
Loss of use of one arm or one leg	75%
Loss of use of one hand or one foot	75%
Loss of entire sight of both eyes	100%
Loss of speech and loss of hearing in both ears	100%
Loss of entire sight of one eye	75%
Loss of speech	75%
Loss of hearing in both ears	75%
Loss of hearing in one ear	25%
Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%

Waiver of premium during total disability	<p>Plan member coverage:</p> <ul style="list-style-type: none"> If a plan member's Life coverage is continued without payment of premiums, then the AD&D coverage will continue without payment of premiums. This does not apply beyond age 65. <p>Optional spouse coverage:</p> <ul style="list-style-type: none"> If plan member coverage continues without premium payments, then spouse coverage continues without premium payments. This is as long as the benefit remains in force. This does not apply beyond the date the spouse reaches 65.
Proof of claim	One year from the date of loss except for loss of life.
Definition of accident	A bodily injury that occurs solely as a direct result of a violent, sudden and unexpected action from an outside source.
Disappearance while traveling	Transportation used by the covered person disappears, sinks, is wrecked, forced to land or stranded. Also, the body of the person is not found within one year.
Aggregate limit	If more than one covered person is involved in an accident: maximum amount payable is \$3,000,000 for all claims related to the same accident.

Repatriation benefit	If plan member dies 100 km or more from home: usual and reasonable expenses for the preparation and transportation of the body for burial or cremation (maximum \$10,000)
Rehabilitation program	Up to \$10,000 of plan member's expenses in a rehabilitation program
Spouse occupational training benefit	If plan member dies as a direct result of an accident: up to \$5,000 to member's spouse for occupational training. This applies where he or she was not previously qualified
Child education benefit	If a plan member dies as a direct result of an accident, Sun Life will pay for a dependent child's tuition fees in a post-secondary school. Five per cent of the amount of coverage up to \$5,000 each year to a maximum of four years
Family transportation benefit	Up to \$5,000 for the usual and reasonable cost of hotel bookings close to the hospital while the plan member is in hospital at least 150 km from home. This includes travel expenses of an immediate family member and must be usual and reasonable costs. Sun Life will also pay for car travel at a rate of \$0.20 per km
Conversion	Plan members and spouses applying to convert their group Life coverage to an individual life insurance policy may also apply at that time for an accidental death benefit to be attached to the individual policy
Terms and conditions	<p>Sun Life will not pay for any losses that are the result of:</p> <ul style="list-style-type: none"> • Self-inflicted injuries, by firearm or otherwise • Drug overdose or carbon monoxide inhalation • Attempted suicide or suicide, regardless of whether the person has a mental illness or intends or understands the consequences of their actions • Flying in, descending from or being exposed to any hazard related to an aircraft. This includes receiving flying lessons or flying for a parachute jump or performing any duties related to the aircraft. It also includes being a member of the armed forces (if the armed forces controls or charters the aircraft). • Hostile action of any armed forces, insurrection, or participation in riot or civil commotion • Full-time service in the armed forces of any country • Participation in a criminal offence

Absence and Disability Management

Salary Continuance Services

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

Absence management	<ul style="list-style-type: none"> • Case management services (All vs. Select Absences) • Return to Work Advisory • Chronic Casual Absence Services • Service Provider Network, which includes: <ul style="list-style-type: none"> – Physical/mental health/functional assessment and treatment. – Vocational services. – Return-to-work coordination. • Accommodation services
Benefit payment basis	N/A
Definition of total disability	Total disability means the plan member is continuously unable due to an illness or injury to do the essential duties of the plan member's own occupation.
Interrupted periods of total disability	If the same or related disability recurs within two weeks we consider it the same claim. If it recurs after two weeks, it is a new claim.
Rehabilitation program	Where appropriate, Sun Life may recommend a health management program (rehabilitation), and/or facilitated return-to-work program.
Proof of claim	Sun Life must receive proof of absence no later than 10 days after total disability begins.
Maternity or parental leave	Maternity leave will begin on the date agreed to by the plan member and the employer or the date the child is born whichever is earlier.

Short-Term Disability

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

Absence Management	<ul style="list-style-type: none"> • Case management services. • Rehabilitation Services. • Return-to-work coordination. • Physical/mental health/functional assessment and treatment.
Benefit payment basis	We base benefits on calendar days (or business days) and pay benefits at the end of each week. If the plan member is disabled for part of any week, we pay 1/7 of the weekly benefit for each day of disability. (Or 1/5 if the plan based benefits on business days).
Direct offsets	<p>We reduce Short-Term Disability benefit payments by income, benefits and payments the plan member gets under the following. Any motor vehicle insurance plan where permitted by law, group plans including multiple employer group plans, salary continuance plans and the Quebec Parental Insurance Plan.</p> <p>Additional direct offsets after 17 weeks of disability: CPP/QPP benefits (Note: CPP/QPP dependent benefits are not included in the offset and all-source maximum), any other government plans, retirement or pension plans and association plans.</p>
Definition of <i>total disability</i>	<p><i>Total disability</i> means an illness prevents the plan member from performing the essential duties of their own occupation (not just their own job).</p> <p><i>Illness</i> means a bodily injury, disease, mental infirmity or sickness. Any surgery to donate a body part to another person that causes total disability is an illness.</p>

Interrupted periods of total disability	If the same or related disability recurs within two weeks, we consider it the same claim. If it recurs after two weeks, it is a new claim.
Rehabilitation program	Plan members who are required to participate in a rehabilitation program approved by Sun Life may be eligible to receive up to 100% of pre-disability earnings calculated based on the following: net earnings if benefit is nontaxable; gross earnings if benefit is taxable. Some conditions apply. Offered if Long-Term Disability (LTD) is insured by Sun Life or the LTD maximum benefit period is equal to or greater than 52 weeks.
Proof of claim	Sun Life must receive proof of claim no later than 30 days after total disability begins.
Maternity or parental leave	Maternity leave will begin on the date agreed to by the plan member and the employer or the date the child is born whichever is earlier.
Subrogation	Recovering damages from a third party.
Terms and conditions	Sun Life will not pay benefits for any period the plan member: <ul style="list-style-type: none"> • Is not receiving appropriate treatment. • Is not participating in an approved rehabilitation program, if required by Sun Life. • Is on a leave of absence, strike or layoff. However, if the plan member becomes totally disabled before a notice of separation is given, payments continue while the plan member is totally disabled. This does not apply to beyond the end of the maximum benefit period. • Is absent from Canada longer than four weeks. Non-payment is waived if Sun Life agrees in writing in advance to pay benefits during such period or unless the absence is for the purpose of obtaining medical treatment and would be permitted under the Employment Insurance regulations. • Is serving a prison sentence or is confined in a similar institution. • Does any work for wage or profit except as approved by Sun Life. Sun Life will not pay if benefits are payable under workers' compensation or similar legislation. Sun Life will not pay for total disability resulting from: <ul style="list-style-type: none"> • Hostile action of any armed forces, insurrection or participation in a riot or civil commotion. • Intentionally self-inflicted injuries or attempted suicide. • Participation in a criminal offence.

Long-Term Disability

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

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

Payment basis	Benefits are paid monthly. If the plan member is totally disabled for part of any month, Sun Life will pay 1/30 of the monthly benefit for each day the plan member is totally disabled.
Interrupted periods of total disability	<p>Interrupted periods of total disability are treated as one continuous period of disability. This does not include if the subsequent absence is for a totally unrelated illness or injury. Such cases do not require a new elimination period.</p> <p>During the elimination period:</p> <ul style="list-style-type: none"> • Initial period of total disability must last for at least 30 days without interruption. • Afterwards, there is no interruption of more than 30 days. • Each period of total disability is due to the same or related causes. • Each period of total disability is completed within 12 months after the start of the elimination period, or as approved by Sun Life in advance in cases where the elimination period is 365 days or more. • After benefit payments begin: must be for the same or related causes, and must occur within six months of the end of the previous disability.
Notice/proof of claim	<p>Sun Life must receive notice on the earlier of:</p> <ul style="list-style-type: none"> • 60 days after total disability begins, or • 30 days after termination of Long-Term Disability provision. <p>Sun Life must receive proof of claim no later than 90 days after the end of the elimination period.</p>
Direct offsets	We reduce Long-Term Disability benefit payments by income, benefits and payments provided to a member under the following. CPP/QPP (Note: The offset does not include CPP/QPP dependent benefits). Any other government plans and workers' compensation benefits for the same or a subsequent disability. Any motor vehicle insurance plan where permitted by law. Group plans including association plans, retirement or pension plans. The Quebec Parental Insurance Plan.
All-source maximum (indirect offsets)	<p>Long-Term Disability benefit payments are further reduced if a member's total income from all sources exceeds the "all-source maximum" shown in the Product summary. The following are included in the "all-source" calculation: workers' compensation benefits for another disability (excluding automatic cost-of-living increases that occur after benefits begin) and amounts paid under the Criminal Injuries Compensation Act.</p> <p>Note: CPP/QPP dependent benefits are not included in the "all-source" calculation.</p>
Pre-existing conditions (if applicable to the plan)	<p>Sun Life will not pay benefits if a plan member's disability results directly or indirectly from a condition that existed on or before the date the member's coverage began. However, this limitation will not apply if:</p> <ul style="list-style-type: none"> • The member has been covered for Long-Term Disability with the plan sponsor for at least 13 weeks during which the plan member has been actively working continuously (up to three days of absence does not count) and the plan member has not been treated by a doctor, or any medical personnel under the direction of a doctor, for the condition, or • The member becomes totally disabled more than 12 months after their coverage begins. <p>If the member's coverage ends but they become covered again under the group plan, we will use the latest date their coverage began when applying the pre-existing conditions limitation.</p> <p>However, if a plan member returns from an unpaid medical leave within 6 months of their disability coverage termination date, we will consider their original date of coverage when applying the standard contract Pre-existing limitation provision.</p>
Subrogation	Recovering damages from a third party.

<p>Maternity or parental leave</p>	<p>Maternity leave will begin on the date agreed to by the plan member and the employer or the date the child is born whichever is earlier.</p> <p>Sun Life Long-Term Disability benefits will be paid only for health-related portions of the leave provided coverage has been continued for the member. If the employer has a Supplemental Unemployment Benefits (SUB) plan covering the health-related portion of the maternity/parental leave, Sun Life will not pay any benefits during the period benefits are payable under the SUB plan.</p>
<p>Partial disability program (PD program)</p>	<p>During the partial disability program, the plan member may receive regular salary from the employer for any hours worked plus Long-Term Disability payments reduced by the percentage of the plan member's normal work week represented by the PD program.</p> <ul style="list-style-type: none"> • Total income, benefits and payments from all sources cannot exceed 100% of pre-disability basic earnings, indexed for inflation (after income tax, if the benefit is non-taxable). • Consideration is granted for PD program when a plan member returns to their own occupation for a reduced number of hours per week. • Partial disability is limited to the own occupation period.
<p>Rehabilitation program</p>	<p>A plan member may be required to participate in a rehabilitation program approved by Sun Life. During this time the plan member may receive income from all sources up to 100% of pre-disability basic earnings, indexed for inflation (after income tax if the benefit is non-taxable). Services may include involvement of a rehabilitation specialist, part-time work, working in another occupation or vocational training to help plan members become gainfully employed.</p>
<p>Terms and conditions</p>	<p>Sun Life will not pay benefits for any period the plan member:</p> <ul style="list-style-type: none"> • Is not receiving appropriate treatment. • Is on a leave of absence, strike or lay-off, except where specifically agreed to by Sun Life. • Is absent from Canada longer than four months due to any reason, unless Sun Life agrees in writing in advance to pay benefits during the period. • Is serving a prison sentence or is confined in a similar institution. • Does any work for wage or profit except as approved by Sun Life. • Is not participating in an approved partial disability or rehabilitation program, if required by Sun Life. <p>Sun Life will not pay for total disability resulting from:</p> <ul style="list-style-type: none"> • Hostile action of any armed forces, insurrection or participation in a riot or civil commotion. • Intentionally self-inflicted injuries. • Participation in a criminal offence.

Other Benefits

Health Spending Account

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

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

Critical Illness Insurance

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

Covered conditions	Essential plan (3 conditions)	Enhanced plan (11 conditions)	Comprehensive plan (25 conditions)
Heart attack	✓	✓	✓
Stroke	✓	✓	✓
Cancer (life threatening)	✓	✓	✓
Kidney failure		✓	✓
Coronary artery bypass surgery		✓	✓
Major organ transplant		✓	✓
Multiple sclerosis		✓	✓
Paralysis		✓	✓
Blindness		✓	✓
Deafness		✓	✓
Loss of independent existence		✓	✓
Loss of speech			✓
Coma			✓
Benign brain tumour			✓
Severe burns			✓
Major organ failure, on waiting list			✓
Aortic surgery			✓
Dementia, including Alzheimer's disease			✓
Parkinson's disease and specified atypical parkinsonian disorders			✓
Occupational HIV infection			✓
Motor neuron disease			✓
Bacterial meningitis			✓
Aplastic anaemia			✓
Loss of limbs			✓
Heart valve replacement or repair			✓

Child illnesses	<p>Your children are covered for the conditions in the plan you choose, plus these 6 child-specific conditions:</p> <ul style="list-style-type: none"> • Cerebral palsy • Congenital heart disease • Cystic fibrosis • Down syndrome • Muscular dystrophy • Type 1 diabetes mellitus.
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Based on current tax laws, we believe that any cash benefit from a group critical illness insurance plan will not presently be taxed when the premiums are paid by the plan member and the benefit is payable to the plan member.

Inpatient Health Plan

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

In-province hospital	<p>Room and board and out-patient services in a hospital, in and outside the person's home province and outside Canada for emergency care only. This applies up to the limit specified in the interprovincial rate schedule in the member's province of residence. Travel duration limitations and other maximums for out-of-province and country coverage will apply as defined by the government plan of the person's home province.</p> <p>Hospital is a public facility licensed to provide care and treatment for sick or injured patients, primarily while they are acutely ill. It must have facilities for diagnostic treatment and major surgery. Nursing care must be available 24 hours a day. Our definition of hospital does not include the following: Nursing homes, rest homes, homes for the aged or chronically ill, sanatoriums, convalescent sanatoriums, convalescent hospitals, facilities for treating alcohol or drug abuse, or beds set aside for any of these purposes in a hospital.</p>
Home nursing care	<p>Care by a nurse or nursing assistant who is licensed, certified or registered in the province where the person lives and who does not normally live with the person. The services of a registered nurse (RN), registered practical nurse (RPN) or a personal support worker (PSW) are eligible only when medically necessary and pre-approved by Sun Life. The nursing care must be performed in the covered person's primary residence.</p>
Paramedical practitioner services	<p>Up to the limit specified noted in the Product summary, the costs for each category of licensed paramedical specialists listed, when they are a covered service under the member's provincial health care plan:</p> <ul style="list-style-type: none"> • Physiotherapist, speech therapist, psychologist, osteopath, chiropractor, podiatrist and chiropodist.
Other medical services and equipment expenses	<p>Only if ordered by a doctor and rented for temporary therapeutic use, and when covered under the member's provincial health care plan. (The services of a licensed optometrist do not require a doctor's order):</p> <ul style="list-style-type: none"> • Casts, splints, trusses, braces or crutches. • Artificial limbs and eyes, excluding myoelectric appliances. • Diagnostic services – laboratory tests performed by a commercial laboratory for the diagnosis of an illness. Tests performed in a doctor's office or by a pharmacy are not covered. • Eye exams – charges for the services of a licensed optometrist are covered to the same level and limitations as the provincial health care plan in the member's province of residence. • Hearing aids.

Services and supplies not covered

- Services that are not covered under the government health care plan in the plan member's province of residence.
- Expenses or supplies that are covered under any provincially sponsored drug insurance plan.
- Services or supplies payable by any government or group medical plan.
- Expenses required for an organ transplant as a donor or recipient.
- Injuries incurred due to civil disorder or war, whether or not war is declared.
- Services for out-of-province expenses for elective or non-emergency medical treatment or surgery.
- Injuries incurred due to high-risk sports activities.
- Services incurred after the date of termination of coverage.

About Sun Life

A market leader in group benefits, Sun Life serves more than 1 in 6 Canadians, in over 16,000 corporate, association, affinity and creditor groups across Canada.

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

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



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



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

Life's brighter under the sun

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