Sun Life Financial

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

CANADIAN DENTAL HYGENISTS ASSOCIATION (CDHA)

INSURANCE PROGRAM

Sun Life Assurance Company of Canada is the insurer and a member of the Sun Life Financial Group of Companies.

Helping protect you, your family and your finances

For more than 50 years, the Canadian Dental Hygienists Association (CDHA) has been a strong voice to promote and protect the interests of dental hygienists across Canada.

That includes helping you look after your family and finances with the CDHA insurance program. It's a program designed especially for dental hygienists and delivered by Sun Life Financial.

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

What's inside

A quick look at the program

A full array of benefits

...with the advantage of group plan savings.

Exclusive to dental hygienists who are:

- CDHA members in good standing
- Under 65 (or age 60 for Office Overhead Expense)
- Canadian residents
- Actively at work for at least 18 hours a week (only applies to Long Term Disability and Office Overhead Expense)

Protection for yourself and your family at a glance

TYPE OF INSURANCE	COVERAGE FOR
Term Life	Member, spouse and all dependent children
Accidental Death & Dismemberment (AD&D)	Member can purchase either Single or Family Coverage (Single coverage provides coverage for the Member only)
Long Term Disability (LTD)	Member
Critical Illness (CI)	Member, spouse and dependent children
Extended Health Care (EHC)	Single Coverage (covers Member Only), Single + One Child (covers Member + One Child), Couple - (covers Members & Spouse), Family - (covers Members + all eligible dependents including Spouse)
Dental Care	Single Coverage (covers Member Only), Single + One Child (covers Member + One Child), Couple - (covers Members & Spouse), Family - (covers Members + all eligible Deps including Spouse)
Office Overhead Expense (OOE)	Member

Evidence of good health

All coverage is subject to medical underwriting. You will need to provide evidence of good health by completing a medical questionnaire. In the case of Long Term Disability Insurance, you will also be required to provide answers to financial and employment questions.

This brochure provides the highlights but not all the details of the CDHA Insurance Program. The complete terms, conditions, exclusions and limitations governing the coverage are found in the group insurance policies issued by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Term Life Insurance

Important people count on you. Term Life Insurance can help pay a mortgage, taxes and funeral costs or other bills. Most importantly, you can look after a partner, children, parents or any other loved ones.

Coverage

- For you: Coverage from **$30,000** to **$500,000**, in units of **$10,000**
- If you apply and are approved, coverage is also available for:
  - Your spouse: Up to the same coverage you choose for yourself
  - Your child under 15 days: **$1,000**
  - Your child 15 days or older: **$10,000**

Coverage for all of your children is only $2.60 per month.

Qualifying for coverage

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

Extra advantages

✓ **Premiums disappear if you're disabled**
If you or your spouse becomes totally disabled (unable to perform the duties of any occupation) for a continuous period of 180 days and you provide proof to Sun Life Financial within 12 months of becoming totally disabled, life insurance payments will be waived for the totally disabled person until their 65th birthday.

✓ **An easy switch to "Term life" individual policy**
If your CDHA Term Life Insurance ends other than by your choice (for example, if you leave CDHA), you and your spouse can request to switch to a Term Life individual policy. That policy gives you up to $200,000 in coverage (or more, if legislation requires). You don't need to provide any proof of good health, as long as you apply within 31 days of your CDHA Life Insurance coverage ending.

TERM LIFE INSURANCE RATES – FOR MEMBER/SPOUSE

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

Monthly premium per $10,000 of benefit				
	FEMALE		MALE	
AGE	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
Under 30	$0.49	$0.57	$0.86	$1.14
30 - 34	0.75	0.96	0.88	1.25
35 - 39	0.84	1.23	1.09	1.58
40 - 44	1.09	1.57	1.48	2.24
45 - 49	1.73	2.71	2.37	3.63
50 - 54	2.67	4.15	3.80	5.85
55 - 59	3.23	4.89	4.88	7.38
60 - 64	5.20	7.02	8.84	12.01

DEPENDENT CHILD LIFE INSURANCE	
Monthly premium of $2.60 **One premium covers all dependent children**	
Coverage Details	
Less than 15 days old	$1,000 coverage per child
15 days old or more	$10,000 coverage per child

Renewal rates only
Rates are calculated based on your age, gender and smoking status as of the Policy Anniversary. Age calculation is made at Policy Anniversary of each year. Rates are reviewed every year, may change, and will increase as you move into the next age band.
Rates are yearly renewable and subject to provincial tax where applicable.

Exclusions

There is no payment for a death within two years of the policy start date if the death is caused by self-inflicted injury or attempted suicide, regardless of whether you have the ability to form the requisite intent or regardless of whether you have a mental illness such that you do not know or understand the consequences of your action(s). If you add more insurance, the two-year period for that amount runs from the additional coverage's start date.

Accidental Death & Dismemberment Insurance

Accidents can change lives. An accident that will affect you or your family's income could be hard to recover from. Accidental Death & Dismemberment Insurance (AD&D) will help with finances while you or your family copes with a life-changing event.

Coverage

- Coverage from **$30,000** to **$500,000,** in units of **$10,000**
- Your AD&D Insurance coverage cannot be more than **$200,000** or twice the amount you have chosen for your Life Insurance coverage (whichever is greater)
- Individual and family coverage is available
- In order to have AD&D coverage you must have CDHA Term Life Insurance

Qualifying for coverage

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

Extra advantages

✓ **Coverage for return to home**
If you die from an accident 100 or more kilometers from home, there's a payment of up to $10,000 for the cost of preparing and transporting your body for burial or cremation that can be claimed within a year of the accident.

✓ **Help getting back to work**
If, before the age of 65, you or your spouse is injured and receives an AD&D payment, you or your spouse could be eligible for a payment of up to $10,000 for a work re-entry program (as approved by Sun Life Assurance Company of Canada).

How it works

- A lump-sum payment, upon approval of the claim, is paid if you or your covered family member suffers a serious injury or dies due to an accident.
- The amount is a percentage of the AD&D coverage you've selected, based on the loss (see the table on page 6 for details).

Here's how family coverage works:

- **No dependent children?** Your spouse will be insured for 50% of your benefit amount.
- **Spouse and dependent children?** Your spouse will be insured for 40% of your benefit and each dependent child, regardless of the number, will be insured for 10% of your benefit, to a maximum of $50,000 per child.
- **Dependent children, no spouse?** Each dependent child will be insured for 20% of your benefit up to a maximum of $50,000 per child.

TABLE OF LOSSES	AMOUNT PAYABLE (% OF PRINCIPAL SUM)
Loss of life	100%
Loss of one or both arms or hands	100%
Loss of both feet	100%
Loss of sight of both eyes	100%
Loss of one foot and sight of one eye	100%
Loss of speech and hearing in both ears	100%
Loss of one hand and one foot	100%
Loss of use of one or both hands or arms	100%
Loss of use of both feet or legs	100%
Loss of use of both arms or both legs	100%
Loss of thumb or index finger of either hand	100%
Loss of use of thumb or index finger of either hand	100%
Loss of one leg or one foot or sight of one eye	75%
Loss of use of one leg	75%
Loss of hearing, both ears	75%
Loss of speech	75%
Loss of use of one foot	75%
Four fingers on the same hand	33.33%
Loss of four toes on the same foot	25%
Loss of hearing, one ear	25%
Loss of joint between two phalanges or phalange of thumb or index finger of dominant hand	10%
Loss of use of joint between two phalanges or phalange of thumb or index finger of dominant hand	10%
Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE			
Monthly premium per $10,000 benefit			
Coverage from $30,000 to $500,000			
Single	$0.39	Family	$0.60

Rates are calculated based on your age, gender and smoking status as of the Policy Anniversary. Age calculation is made at Policy Anniversary of each year.
Rates are reviewed every year, may change, and will increase as you move into the next age band.
Rates are yearly renewable and subject to provincial tax where applicable.

Exclusions

There is no payment if there is a loss from one or more of the following:

- Declared or undeclared war, insurrection or rebellion
- Voluntary participation in a riot or act of civil disobedience
- Suicide or intentional self-inflicted injury
- Committing or attempting to commit a criminal offence
- The insured member, spouse or dependent child riding as a passenger in, alighting form, or boarding an aircraft while operating, learning to operate, or serving as a member of a crew of an aircraft or while crop dusting, crop spraying, seeding, sky-writing, racing, testing exploration or any other purpose except transportation
- Full-time service in the armed forces of any country

The benefit includes all losses and once the benefit is paid the coverage terminates

Long Term Disability Insurance

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

Long Term Disability (LTD) Insurance is your own safety net so your long-term financial plan stays healthy while you recover from a mental health issue, illness or accident.

Coverage

- Coverage from **$500** to **$5,000** per month, in units of **$100**.
- Your maximum coverage depends on your income.
- The amount of disability benefits payable will be the amount for which you are insured on the date you become disabled, reduced by any benefit payable as a result of your disability under any other income sources, including CPP/QPP; Workers' Compensation and automobile insurance benefits; payment or income from any employer, retirement benefits, or disability benefits for the same or related disability, under any other association, group or individual insurance plans; but only to the extent necessary so that total income from all sources does not exceed 85% of your average monthly pre-disability earned income.
- You choose from 45, 60 or 120 days elimination period (number of days you are totally disabled before payments begin). Usually a longer elimination period lowers the premium.
- There is a 24-month payment maximum.

INCOME RATIO GUIDE

Annual income	Monthly maximum benefit amount
$12,000 - $14,999	$500
$15,000 - $17,999	$900
$18,000 - $23,999	$1,100
$24,000 - $30,999	$1,400
$31,000 - $35,999	$1,700
$36,000 - $44,999	$2,000
$45,000 - $59,999	$2,400
$60,000 - $71,999	$3,000
$72,000 - $83,999	$3,400
$84,000 - $95,999	$3,800
$96,000 - $109,999	$4,200
$110,000 - $119,999	$4,600
$120,000 - $129,999	$4,800
$130,000 +	$5,000

Qualifying for coverage

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

Extra advantages

✓ **Premiums disappear if you're disabled**
With this program, if you're totally disabled continuously for a period of 180 days before you are 65 years old and your claim is approved, your payments continue, but you don't have to pay the premiums as long as you are totally disabled.

✓ **Topping up reduced income (Residual Disability Benefit)**
If you are able to return to work at your own occupation, or can work at another job but it pays at least 20% less than the average monthly earned income you made before your total disability and you are under the regular care of a physician, you may qualify for a top up of your lost income for up to 24 months (this would be considered a continuation of the previous period of total disability).

✓ **Help getting back to work**
If you participate in an approved work re-entry program while receiving medical treatment for the total disability, you will be eligible for the work re-entry benefit following the elimination period. Your income (from this benefit, from your work re-entry program and other sources) cannot be more than you earned in the year before your disability began.

✓ **Payments restart if your disability returns**
If you are totally disabled from the same or a related issue within six months of returning to work, your payments will resume without an elimination period.

✓ **Coverage if you can still work**
If you totally and irrecoverably lose your ability to speak or hearing in both ears or the use of both hands and feet, but are able to work, you will receive benefits after the elimination period. This is a monthly total disability income benefit and the insured would need to be considered totally disabled.

✓ **Automatic coverage for HIV, Hepatitis B or Hepatitis C**
If you totally and irrecoverably test positive for one of these conditions you may be required to disclose this condition to patients and to limit your practice even if you have no symptoms. In this case, you may be eligible for a topping up reduced income benefit (residual disability benefit) even if you're not totally disabled.

✓ **Payments made to a surviving spouse**
If you die during a period of total disability (following the elimination period) your surviving spouse or your estate will receive a payment equal to three times your last month's disability benefit.

You can purchase these options for your LTD coverage

- **Own occupation to 65**
  If you're between 50 and 64 years old and you cannot work due to sickness or injury preventing you from performing the essential duties of your own occupation, you are not gainfully employed elsewhere and are under the regular care of a physician. This rider replaces the 24-month total disability definition except as permitted under the Work Re-Entry Benefit, you'll receive LTD benefits until you turn 65 as long as your claim for total disability is approved. The 24-month payment maximum no longer applies. The cost will be added to your premium.

- **Cost of living adjustment**
  The COLA Rider keeps disability benefits in step with inflation. It increases your benefit each year by the increase in the Consumer Price Index, up to five per cent, to protect your purchasing power during a lengthy disability. COLA applies after the member is disabled for a continuous period of 12 months.

LONG TERM DISABILITY INSURANCE PLAN – MEMBER ONLY

Monthly premium per $100 of monthly benefit

Coverage from $500 to $5,000 per month						
	NON-SMOKER			SMOKER		
Age	Premium per $100 of LTD benefit	Own Occupation* Rider for each $100 of LTD benefit	COLA** Rider for each $100 of LTD benefit	Premium per $100 of LTD benefit	Own Occupation* Rider for each $100 of LTD benefit	COLA** Rider for each $100 of LTD benefit
45-day Elimination Period						
Under 30	$2.37	$0.47	$0.40	$2.67	$0.54	$0.46
30 - 34	3.20	0.64	0.69	3.60	0.72	0.79
35 - 39	3.85	0.77	0.95	4.33	0.87	1.05
40 - 44	5.58	1.11	1.18	6.27	1.26	1.31
45 - 49	6.98	1.40	1.61	7.83	1.56	1.80
50 - 54	9.42	1.88	2.02	10.57	2.11	2.28
55 - 59	10.17	2.04	1.90	11.42	2.29	2.14
60-64***	10.69	2.14	1.51	11.99	2.39	1.67
60-day Elimination Period						
Under 30	$1.97	$0.40	$0.40	$2.23	$0.44	$0.46
30 - 34	2.68	0.54	0.69	3.00	0.60	0.79
35 - 39	3.21	0.64	0.95	3.60	0.72	1.05
40 - 44	4.65	0.93	1.18	5.22	1.04	1.31
45 - 49	5.82	1.17	1.61	6.53	1.30	1.80
50 - 54	7.85	1.58	2.02	8.81	1.76	2.28
55 - 59	8.48	1.69	1.90	9.51	1.90	2.14
60 - 64***	8.90	1.79	1.51	9.99	2.00	1.67
120-day Elimination Period						
Under 30	$1.46	$0.29	$0.40	$1.65	$0.33	$0.46
30 - 34	2.05	0.41	0.69	2.23	0.44	0.79
35 - 39	2.57	0.51	0.95	2.67	0.54	1.05
40 - 44	3.76	0.76	1.18	3.87	0.78	1.31
45 - 49	4.82	0.97	1.61	4.84	0.97	1.80
50 - 54	6.50	1.29	2.02	6.53	1.30	2.28
55 - 59	6.75	1.35	1.90	7.05	1.41	2.14
60 - 64***	7.07	1.42	1.51	7.40	1.48	1.67

*Own Occupation to 65 rider is an option for members under age 50 and replaces the 24-month disability definition. The premium is added to the cost of the LTD benefit.
**The COLA Rider is the Cost of Living Adjustment Rider which keeps benefits in step with inflation. The premium is added to the cost of the LTD benefit. See your benefits brochure for details.
The COLA rider premium is payable to age 63 and the benefit terminates at age 65. The Own Occupation rider premium is payable to age 64 and the benefit will terminate at age 65.
***Renewal rates only
Rates are calculated based on your age, gender and smoking status as of the Policy Anniversary. Age calculation is made at Policy Anniversary of each year.
Rates are reviewed every year, may change, and will increase as you move into the next age band.
Rates are yearly renewable and subject to provincial tax where applicable.

Exclusions

There is no payment for disability resulting from one or more of the following:

- Declared or undeclared war, insurrection or rebellion
- Voluntary participation in a riot or act of civil disobedience
- Intentional self-inflicted injury
- Committing or attempting to commit a criminal offence
- Uncomplicated pregnancy
- Payments are not made during any period in prison or a similar institution.

Critical Illness Insurance

Many Canadians have experienced a critical illness like a stroke, heart attack or cancer. Some expenses aren't covered by your provincial health care plan. It could mean dipping into your savings or retirement nest egg. Twenty-five Critical Illnesses (CI) are covered with this plan.

If you get sick, Critical Illness Insurance helps you focus on your recovery, not your finances.

Coverage

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

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

See Appendix for detailed definitions of these conditions.

Qualifying for coverage

- A CDHA member in good standing (applies to first person covered)
- Under the age of 65
- A Canadian resident
- Actively at work for at least 18 hours a week

Extra advantages

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

CRITICAL ILLNESS INSURANCE FOR MEMBER/SPOUSE

Monthly premium per $10,000 of benefit

Coverage from $30,000 to $300,000

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

** Age 65+ are renewal rates only.
Rates are calculated based on your age, gender and smoking status as of the Policy Anniversary. Age calculation is made at Policy Anniversary of each year.
Rates are reviewed every year, may change, and will increase as you move into the next age band.
Rates are yearly renewable and subject to provincial tax where applicable.

Pre-existing condition clause

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

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

Exclusions

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

- Declared or undeclared war, insurrection or rebellion
- Voluntary participation in a riot or act of civil disobedience
- Attempted suicide or intentional self-inflicted injury while sane or any self-inflicted injury while insane
- Committing or attempting to commit a criminal offence
- Using illegal or illicit drugs or substances, or misuse of drugs or alcohol
- Death of the insured during the required survival period described in the detailed definitions table (see Glossary)
- Coverage is on the first condition only

Extended Health Care Insurance

Extended Health Care (EHC) Insurance pays off at the drug store, the optician, a paramedical appointment or even if you have a stay in the hospital.

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

Coverage

Choose from two coverage options to cover you, a couple, single (parent with one child) or family. The table below provides some of the coverage details to see the full list refer to the policy.

	OPTION 1 ENHANCED HEALTH CARE PLAN	OPTION 2 BASIC HEALTH CARE PLAN
Deductible (per plan year)	No deductible	**$100** for single coverage, **$200** for single + one child, couple or family coverage
Major Medical Expenses*	80% of most expenses, including: • prescription plan maximum of $ 10,000 per benefit year • up to $375 each plan year (per healthcare service provider) for: - massage therapists - physiotherapists - speech therapists - chiropractors podiatrists/ chiropodists - osteopaths Plus one x-ray per year for podiatrists, chiropractors, osteopaths	80% of most expenses, including: • prescription plan maximum of $ 10,000 per benefit year • up to $250 each plan year (per healthcare service provider) for: - massage therapists - physiotherapists - speech therapists - chiropractors podiatrists chiropodists - osteopaths Plus one x-ray per year for podiatrists, chiropractors, osteopaths
Vision Care	Up to $200 every 3-plan years for laser correction surgery, purchase of contacts or glasses	No coverage
Hospital	Semi-private or private hospital accommodation (up to $75/day and a maximum continuous stay of 365 days) with 100% co-insurance No deductible for in-patient charges	
Medical Services and Equipment	Private duty nursing (up to $25,000 every 3 plan years), ambulance, laboratory tests, prosthetic devices, hearing aids (up to $500 per lifetime) and orthopaedic shoes and alterations (up to $500 per plan year)	

*For prescription drugs, amounts above the lowest-priced equivalent drug are not covered unless approved by Sun Life. You can submit an exception form if there is a medical need for a different prescription drug.

Qualifying for coverage

Each person applying for coverage will need to be:

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

Quebec residents must also have and continue to have health and drug coverage through a group benefit plan or through the Régie de l'assurance maladie du Québec (RAMQ). A person not covered under a group benefit plan or through RAMQ, is not eligible for EHC coverage under this policy.

Extra advantages

✓ **Paying for prescription drugs is easy**

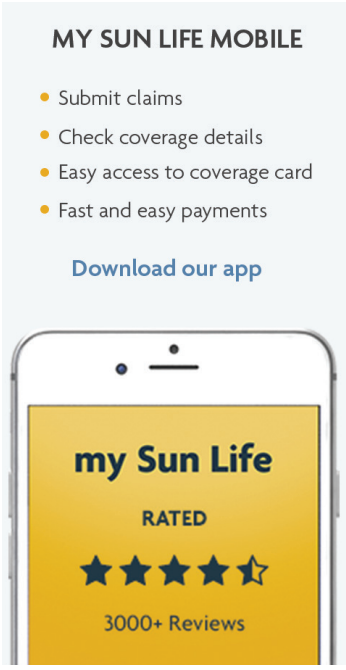
With your Pay-Direct Drug card there are no paper claim forms to complete and no waiting for a cheque. Just show your card and your pharmacy will automatically bill Sun Life Financial. You only pay the remainder of the cost, at the pharmacy counter.

The Pay-Direct network lets your pharmacist tell you about duplicate medications, early refills, and potential drug interactions.

✓ **Submit your claims on the go**

With the my Sun Life Mobile app or mysunlife.ca you can check your coverage, submit benefits claims on the go and receive payment – usually within 48 hours. The app lets you:

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



EXTENDED HEALTH CARE INSURANCE – OPTION 1 (ENHANCED PLAN)

Monthly premium

	SINGLE			SINGLE + ONE CHILD			COUPLE			Family (Couple + Child(ren))		
AGE	BC/MB	QUEBEC	OTHER	BC/MB	QUEBEC	OTHER	BC/MB	QUEBEC	OTHER	BC/MB	QUEBEC	OTHER
Under 30	$76.68	$80.11	$114.43	$119.81	$125.18	$178.84	$160.42	$168.57	$240.81	$219.84	$242.91	$347.03
30-34	93.64	99.79	142.55	146.37	155.96	222.78	195.77	209.28	298.96	294.37	322.06	460.09
35-39	97.96	104.53	149.33	153.12	163.38	233.40	204.50	219.47	313.51	308.45	338.68	483.84
40-44	129.34	135.99	194.29	202.14	212.55	303.65	270.10	285.00	407.15	411.27	442.51	632.16
45-49	154.55	165.12	235.90	241.55	258.09	368.68	322.35	345.37	493.37	496.51	541.51	773.58
50-54	191.86	208.89	298.42	299.87	326.47	466.39	399.87	433.86	619.80	551.32	610.36	871.95
55-59	230.12	252.28	360.40	359.66	394.31	563.29	473.05	517.58	739.40	551.32	610.36	871.95
60-64	288.21	320.45	457.78	450.43	500.82	715.47	565.83	613.38	876.27	565.83	613.38	876.27
65-69	253.61	281.99	402.84	396.39	440.74	629.62	497.92	539.78	771.11	497.92	539.78	771.11

EXTENDED HEALTH CARE INSURANCE – OPTION 2 (BASIC PLAN)

Monthly premium

	SINGLE			SINGLE + ONE CHILD			COUPLE			Family (Couple + Child(ren))		
AGE	BC/MB	QUEBEC	OTHER	BC/MB	QUEBEC	OTHER	BC/MB	QUEBEC	OTHER	BC/MB	QUEBEC	OTHER
Under 30	$61.01	$63.74	$91.05	$95.89	$103.79	$148.26	$127.65	$134.13	$191.60	$174.92	$193.28	$276.11
30-34	74.50	79.40	113.42	121.31	129.27	184.67	155.76	166.52	237.87	234.22	256.24	366.06
35-39	77.96	83.17	118.81	126.94	135.40	193.43	162.73	174.63	249.47	245.43	269.49	384.98
40-44	102.91	108.21	154.57	167.54	176.17	251.67	214.92	226.79	323.97	327.23	352.09	502.98
45-49	122.98	131.38	187.68	200.24	213.90	305.58	256.48	274.80	392.56	395.06	430.87	615.53
50-54	152.65	166.20	237.42	248.55	270.60	386.57	318.17	345.19	493.14	438.65	485.65	693.78
55-59	183.08	200.74	286.78	298.09	326.85	466.93	376.38	411.83	588.32	438.65	485.65	693.78
60-64	229.32	254.98	364.24	373.37	415.14	593.06	450.20	488.05	697.21	450.20	488.05	697.21
65-69	201.80	224.38	320.54	328.57	365.33	521.90	396.19	429.48	613.53	396.19	429.48	613.53

Rates are calculated based on your age, gender and smoking status as of the Policy Anniversary. Age calculation is made at Policy Anniversary of each year.
Rates are reviewed every year, may change, and will increase as you move into the next age band.
Rates are yearly renewable and subject to provincial tax where applicable.

Exclusions

There is no payment if there is a loss from one or more of the following:

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

Things to know

- For prescription drugs, amounts above the lowest-priced equivalent drug are not covered unless approved by Sun Life Financial. You can submit an exception form if there is a medical need for a different prescription drug.
- **Prior authorization program** – The prior authorization (PA) program applies to a limited number of drugs and, as its name suggests, prior approval is required for coverage under the program. If a drug that is included in the PA program is prescribed, both the Insured Member and the attending Physician must complete a prior authorization form. The form will be reviewed to determine if the Insured Member will be covered for the drug.

Quebec residents

Have prescription drug insurance through the Régie de l'assurance maladie du Québec (RAMQ)? Submit prescription drug claims to RAMQ first. Any remaining, unpaid portion eligible under this policy can then be submitted for reimbursement. The coinsurance and deductible you must pay under your plan with RAMQ are eligible under this policy.

If you have group drug coverage and are not covered by RAMQ prescription drug insurance, first submit your prescription drug claims to your group policy. Any remaining, unpaid portion eligible under this policy can then be submitted for reimbursement. If your group drug coverage is with Sun Life Financial please call 1-800-669-7921 or email servicecsc@sunlife.com to co-ordinate drug benefitscbetween your group policy and this policy. If your group drug coverage ends, you must enrol in RAMQ prescription drug insurance to remain eligible under this policy.

Dental Care Insurance

As a dental hygienist you know how important a dental care routine is, not only to oral health, but to overall well-being. We are proud to offer you two choices in Dental Care Insurance options to cover your individual needs.

Coverage

Choose from two coverage options that cover **you, a couple, single (parent with one child) or family.** Both coverage options include basic services such as exams, fillings, and oral surgery as well as major services such as crowns and dentures.

DENTAL SERVICES COVERED	OPTION 1 ENHANCED DENTAL PLAN	OPTION 2 BASIC DENTAL PLAN
Basic coverage (Preventative) applies 3 months after purchase • exams, diagnosis, tests, x-rays, lab exams • fillings, scaling and routine extractions • space maintainers for children under 12 years of age • pit and fissure sealant for children under 19 years of age • 9-month recall visits • endodontics (root canals) • periodontics • oral surgery • anaesthesia • laboratory procedures	80% reimbursement up to **$1,250** per person per plan year (includes basic + major)	80% reimbursement up to **$800** per person per plan year (includes basic + major)
Major coverage (Restorative) applies 12 months after purchase • crowns • onlays • bridges • dentures (and repairs)	50% reimbursement up to **$1,250** per person per plan year (includes basic + major)	50% reimbursement up to **$800** per person per plan year (includes basic + major)
Orthodontics coverage applies 3 months after purchase for dependents under 19 years	50% reimbursement • **$1,500** lifetime maximum	No coverage

Qualifying for coverage

Each person applying for coverage will need to be:

- A CDHA member in good standing (applies to first person covered)
- Under the age of 65
- A Canadian resident
- Purchased only in conjunction with CDHA Extended Health Care coverage

Extra advantages

✓ Dental coverage at your fingertips
Coverage includes easy access to manage your account and find the information you need online at mysunlife.ca. Special features allow you to:

- Set up direct deposit for claim payments
- Print personalized claim forms
- View or print details of your claims

DENTAL CARE INSURANCE – MEMBER, SPOUSE, DEPENDENT CHILDREN

You must be covered under the CDHA's Extended Health Care insurance program to be eligible for Dental Care Insurance

	SINGLE	SINGLE + ONE CHILD	COUPLE	FAMILY (COUPLE + CHILD(REN))
Option 1	$62.13	$107.86	$118.21	$207.65
Option 2	54.90	89.38	98.53	167.51

The dental fee guide for the current province of residence is used.

Rates are calculated based on your age, gender and smoking status as of the Policy Anniversary. Age calculation is made at Policy Anniversary of each year.
Rates are reviewed every year, may change, and will increase as you move into the next age band.
Rates are yearly renewable and subject to provincial tax where applicable.

Exclusions

There is no payment if there is a loss from one or more of the following:

- Committing or attempting to commit a criminal offence
- Services or supplies for which no charge would have been made in the absence of this coverage
- Services rendered in conjunction with surgical services payable under a government plan
- Full mouth reconstructions, for vertical dimension correction or for correction of temporomandibular joint dysfunction
- Implants and transplants, and repositioning of the jaw
- Replacement of periodontal appliances and space maintainers which have been lost, stolen or misplaced
- Replacement of orthodontic appliances which have been lost, stolen or misplaced
- Replacement dentures which have been lost, stolen or misplaced
- Charges for appointments that an insured person does not keep
- Charges for completing claim forms
- Sports or home use supplies (example: mouthguards)
- Dental services required due to congenital malformation
- Crowns and onlays placed on a tooth not functionally impaired by incisal angle or cuspal damage
- Replacement of dentures, crowns, onlays or bridgework and addition of teeth to existing dentures, crowns, onlays or bridgework except as provided above
- Initial dentures, bridgework or crowns to replace a tooth or teeth missing before becoming insured under the Policy or to replace a tooth or teeth congenitally missing
- Permanent splinting
- Expenses that SLF is not legally allowed to pay
- Delivery, transportation and administration charges
- Services or supplies that are not approved by Health Canada or other government regulatory body for the general public
- Prosthetic devices which are ordered while an insured person is insured under the Policy, but are installed after termination of this optional dental provision

Office Overhead Expense Insurance

Who's keeping the lights on at work if you're off because of a disability or serious illness?

With CDHA Office Overhead Expense (OOE) Insurance for dental hygienists, the bills are paid. You can rest easy knowing most of your office expenses are being paid while you recover.

Coverage

- Maximum monthly payment depends on the elimination period:
  - 30 days maximum of **$10,000** per month
  - 14 days maximum of **$5,000** per month
- Coverage from **$500** per month, in units of **$100**

EXPENSES COVERED	EXPENSES NOT COVERED
• Rent or mortgage (principal and interest) related to professional use • Heat, water and electricity • Interest on business loans made for office equipment or automobile • Telephone • Salaries of employees • Accounting services • Property taxes on business premises/business taxes • Lease of equipment (including business use of automobile) • Depreciation or scheduled principal payments on office equipment and business use of automobiles, and • Professional association membership dues	• Salaries and other payments to members insured under OOE Insurance or to CDHA members • Salaries and other payments to persons hired to perform your duties • Salaries paid to family members, unless these were paid prior to the disability • Meals, entertainment and promotional expenses • Travel expenses • Goods, wares or merchandise, including medical supplies • Any other type of expense for which you were not liable prior to your disability

Qualifying for coverage

- CDHA member in good standing
- Under the age of 65
- Canadian resident
- Actively at work for at least 18 hours a week
- Owner of a dental hygienist practice located outside the home
- Application determines coverage you can apply for based on:
  - Accounting expenses
  - Business taxes, interest on loans
  - Depreciation, rental costs (equipment)
  - Insurance (office contents, etc.)
  - Professional association membership dues
  - Rent, mortgage, interest payments
  - Salaries and benefits of employees
  - Telephone, answering service, pager, etc.
  - Utilities (electricity, heat, maintenance, etc.)
  - Other normal and fixed customary expenses

OFFICE OVERHEAD EXPENSE INSURANCE PLAN – MEMBER ONLY								
Monthly premium per $100 of monthly benefit 12-month benefit period – **14-day elimination period**					Monthly premium per $100 of monthly benefit 12-month benefit period – **30-day elimination period**			
	FEMALE		MALE		FEMALE		MALE	
AGE	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
Under 30	$1.69	$1.96	$1.30	$1.50	$1.22	$1.36	$0.94	$1.05
30-34	1.79	2.11	1.39	1.59	1.35	1.46	1.05	1.09
35-39	1.89	2.32	1.45	1.75	1.39	1.56	1.07	1.25
40-44	2.09	2.36	1.61	1.82	1.49	1.70	1.15	1.31
45-49	2.90	3.17	2.23	2.44	2.11	2.38	1.62	1.83
50-54	3.22	3.58	2.80	3.11	2.34	2.58	2.04	2.25
55-59	3.22	3.58	2.80	3.11	2.34	2.58	2.04	2.25
60-64	3.27	3.70	3.27	3.70	2.41	2.67	2.41	2.67
65-69*	3.63	4.15	3.63	4.15	2.72	3.14	2.72	3.14

* Rates over age 64 apply to renewal of existing coverage only
Rates are calculated based on your age, gender and smoking status as of the Policy Anniversary. Age calculation is made at Policy Anniversary of each year.
Rates are reviewed every year, may change, and will increase as you move into the next age band.
Rates are yearly renewable and subject to provincial tax where applicable.

Exclusions

There is no payment for claims resulting directly or indirectly from any of the following:

- Declared or undeclared war, insurrection or rebellion
- Voluntary participation in a riot or act of civil disobedience
- Intentional self-inflicted injury while sane or any self-inflicted injury while insane
- Committing or attempting to commit a criminal offence
- Disabilities resulting from drugs or alcohol (other than confined in a hospital or in a rehab program approved by Sun Life Assurance Company of Canada)
- Pregnancy or childbirth

Things to know

- No benefits are payable if the office is located in the insured residence.
- In the case of a partnership office, only the portion of expenses for which the insured is liable are eligible for coverage.
- You must be totally disabled or seriously ill to qualify.
- The amount paid is the average overhead expenses in the previous six months, based on receipts for expenses.
- The maximum period benefits will be paid is:
    - Before age 65: either 36 months after completing the elimination period OR 12 times the monthly benefit, whichever is earlier.
    - After age 65: 12 months.
- If you have other similar insurance coverage, your CDHA OOE policy will pay a proportional share of the eligible expenses.

Special offer for recent graduates

Get a head start on financial security. The CDHA insurance program offers the basic coverage you need at a special rate for recent grads – just $9.20 per month* for one year.

Coverage

Get the three essentials covered for the special rate offered to recent graduates

Limited offer – coverage for just $9.20/month

Insurance type	Coverage	Overview
Life	$50,000	• Provides a lump-sum payment to the people who would be left financially worse off without you. • You can convert coverage up to a maximum of $200,000 if you are under age 66, if coverage ends (other than by your request). • See pages 4 and 5 for details and exclusions.
Accidental Death & Dismemberment (AD&D)	$50,000	• Helps you or your family financially after a life-changing accident. • See pages 6, 7 and 8 for details, including exclusions.
Long Term Disability (LTD)	$500/month	• Helps pay the bills that won't wait if you cannot work for 120 days or more because of a serious illness or injury. • Payable to age 65. • Includes a rehabilitation payment to help you get back to work. • See pages 9, 10 and 11 for details and exclusions.

** Premium is subject to applicable taxes and subject to change*

Extra advantages

✓ No medical questionnaire
✓ You automatically qualify for Life and AD&D Insurance. There are some pre-existing conditions for LTD Insurance

Qualifying for coverage

- CDHA member in good standing
- Recent graduate working a minimum of 18 hours a week
- Available to Canadian residents up to age 60

Things to know

The special rate is available for one year. After one year, your coverage continues at the regular rate.

Complement your insurance coverage

Make sure you've got all the coverage to meet your needs. Customize your plan by adding Extended Health and Dental Care, Critical Illness and Office Overhead Expense Insurance for an additional fee.

INSURANCE PRODUCT	OVERVIEW OF BENEFITS
Critical Illness (CI)	• Many expenses aren't covered by your provincial health plan. • If you get sick with one of 25 illnesses, this payment helps you focus on your recovery, not your finances. • Find full details on pages 27 to 36 of this brochure.
Extended Health Care (EHC)	• It pays off at the drug store, the optician, a paramedical appointment or even if you have a stay in the hospital. • Find full details on pages 15 to 18 of this brochure.
Dental Care	• Choose from two coverage options that cover basic services such as exams, fillings, and oral surgery, as well as major services, such as crowns and dentures. • Coverage is available for you, a couple, single (parent with one child) or family. • Find full details on pages 19 and 20 of this brochure.
Office Overhead Expense (OOE)	• Running your own business is a great opportunity. It's also a big responsibility. If you're off sick, OOE helps pay the bills if you cannot work because of a serious injury or illness. • Find full details on pages 21 and 22 of this brochure.

When does your coverage end?

Your coverage ends:

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

Your spouse's coverage ends:

- If your coverage ends
- On your spouse's 65th birthday for Life Insurance or on your spouse's 70th birthday for CI Insurance and EHC and Dental Insurance
- When your spouse no longer lives in Canada
- On the date of your spouse's death
- If he or she no longer meets the definition of a spouse
- For Critical Illness Insurance it ends when benefit is paid

Your dependent child's coverage ends:

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

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

This brochure provides the highlights but not all the details of the CDHA Insurance Program. The complete terms, conditions, exclusions and limitations governing the coverage are found in the group insurance policies issued by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Apply today!

Three easy steps to protect yourself and your loved ones today

No matter where you are in your life or career, it's important to have safeguards in place.

CDHA group rates make the insurance you need more affordable. It's convenient too, thanks to the **free online quote**. You can easily pick the coverage to fit your budget.

Simply visit **sunlife.ca/cdha** to check your options and see the rates. Take a few minutes and apply today – you'll be glad you did!

Download application **Fill it out** **Mail it in**

Have questions or need help applying?

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

Appendix for Critical Illnesses Covered

Covered illnesses

Covered illnesses – adults	Description
Aortic surgery	Undergoing surgery for disease of the aorta requiring excision and surgical replacement of any part of the diseased aorta with a graft. Aorta means the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a specialist physician. The Insured must survive for 30 days following the date of surgery. **Exclusion** No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.
Aplastic anemia	Definite diagnosis of chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following: a) marrow stimulating agents; b) immunosuppressive agents; or c) bone marrow transplantation. The diagnosis of aplastic anemia must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.
Bacterial meningitis	Definite diagnosis of meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days following the date of diagnosis. The diagnosis of bacterial meningitis must be made by a specialist physician. The Insured must survive for 90 days following the date of diagnosis. **Exclusion** No benefit will be payable under this condition for viral meningitis.
Benign brain tumour	Definite diagnosis of non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). The diagnosis of benign brain tumour must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis. **Exclusions** No benefit will be payable under this condition for pituitary adenomas less than 10 mm. No benefit will be payable for a recurrence or metastasis of an original tumour which was diagnosed prior to the effective date of coverage.

Covered illnesses – adults	Description
Benign brain tumour (continued)	**Moratorium period exclusions** No benefit will be payable under this condition and the Insured's coverage for benign brain tumour will terminate if within the first 90 days following the later of: a) the date the application for this coverage was signed; or b) the effective date of the Insured's coverage, the Insured has any of the following: i) signs, symptoms or investigations that lead to a diagnosis of benign brain tumour (covered or excluded under this policy), regardless of when the diagnosis is made; or ii) a diagnosis of benign brain tumour (covered or excluded under this policy). While the Insured's insurance for benign brain tumour terminates, insurance for all other covered conditions remains in force. Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to the Company within 6 months of the date of diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for benign brain tumour or any Critical Illness caused by any benign brain tumour or its treatment.
Blindness	A definite diagnosis of the total and irreversible loss of vision in both eyes, evidenced by: a) the corrected visual acuity being 20/200 or less in both eyes; or b) the field of vision being less than 20 degrees in both eyes. The diagnosis of blindness must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.
Cancer	A definite diagnosis of a tumour which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of cancer include carcinoma, melanoma, leukemia, lymphoma and sarcoma. The diagnosis of cancer must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis. **Exclusions** No benefit will be payable for a recurrence or metastasis of an original cancer which was diagnosed prior to the effective date of coverage. No benefit will be payable under this condition for the following: a) lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in situ (Tis), or tumours classified as Ta; b) malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis; c) any non-melanoma skin cancer, without lymph node or distant metastasis; d) prostate cancer classified as having any of the following: i) papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis;

Covered illnesses – adults	Description
Cancer (continued)	ii) chronic lymphocytic leukemia classified less than Rai stage 1; or iii) malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2. **Moratorium period exclusions** No benefit will be payable under this condition and the Insured's coverage for cancer will terminate if within the first 90 days following the later of: a) the date the application for this coverage was signed; or b) the effective date of the Insured's coverage, the Insured has any of the following: i) signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under this policy), regardless of when the diagnosis is made; or ii) a diagnosis of cancer (covered or excluded under this policy). While the Insured's insurance for cancer terminates, insurance for all other covered conditions remains in force. Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to the Company within 6 months of the date of the diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for cancer or, any Critical Illness caused by any cancer or its treatment. For purposes of this policy, the terms Tis, Ta, T1a, T1b, T1 and AJCC Stage 2 are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010. For purposes of this policy, the term Rai staging is to be applied as set out in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.
Coma	A definite diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be 4 or less. The diagnosis of coma must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis. **Exclusions** No benefit will be payable under this condition for: a) a medically induced coma; b) a coma which results directly from alcohol or drug use; or c) a diagnosis of brain death.
Coronary artery bypass surgery	The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s). The surgery must be determined to be medically necessary by a specialist physician. The Insured must survive for 30 days following the date of surgery. **Exclusions** No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

Covered illnesses – adults	Description
Deafness	A definite diagnosis of total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz. The diagnosis of deafness must be made by a specialist physician. The insured must survive for 30 days following the date of diagnosis.
Dementia, including Alzheimer's disease	A definite diagnosis of progressive deterioration of memory and at least one of the following areas of cognitive function: a) aphasia (a disorder of speech); b) apraxia (difficulty performing familiar tasks); c) agnosia (difficulty recognizing objects); or d) disturbance in executive functioning (e.g. inability to think abstractly and to plan, initiate, sequence, monitor and stop complex behaviour), which is affecting daily life. The Insured must exhibit: a) dementia of at least moderate severity, which must be evidenced by a Mini Mental State Exam of 20/30 or less, or equivalent score on another generally medically accepted test or tests of cognitive function; and b) evidence of progressive worsening in cognitive and daily functioning either by serial cognitive tests or by history over at least a 6 month period. The diagnosis of dementia must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis. **Exclusions** No benefit will be payable under this condition for affective or schizophrenic disorders or delirium. For purposes of this policy, reference to the Mini Mental State Exam is to Folstein MF, Folstein SE, McHugh PR, J Psychiatr Res. 1975;12(3):189
Heart attack	A definite diagnosis of death of heart muscle due to obstruction of blood flow that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following: a) heart attack symptoms; b) new electrocardiogram (ECG) changes consistent with a heart attack; or c) development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. The diagnosis of heart attack must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis. **Exclusions** No benefit will be payable under this condition for: a) elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or b) ECG changes suggesting a prior myocardial infarction, which do not meet the heart attack definition as described above.

Covered illnesses – adults	Description
Heart valve replacement or repair	The undergoing of surgery to replace any heart valve with either a natural or mechanical valve or to repair heart valve defects or abnormalities. The surgery must be determined to be medically necessary by a specialist physician. The Insured must survive for 30 days following the date of surgery. **Exclusion** No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.
Kidney failure	A definite diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated. The diagnosis of kidney failure must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.
Loss of independent existence	A definite diagnosis of the total inability to perform, by oneself, at least 2 of the following 6 activities of daily living for a continuous period of at least 90 days with no reasonable chance of recovery. Activities of daily living are: a) bathing – the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices; b) dressing – the ability to put on and remove necessary clothing, braces, artificial limbs or other surgical appliances with or without the aid of assistive devices; c) toileting – the ability to get on and off the toilet and maintain personal hygiene with or without the aid of assistive devices; d) bladder and bowel continence – the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained; e) transferring – the ability to move in and out of a bed, chair or wheelchair, with or without the aid of assistive devices; and f) feeding – the ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices. The diagnosis of loss of independent existence must be made by a specialist physician. No additional survival period is required once the conditions described above are satisfied.
Loss of limbs	A definite diagnosis of complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation. The diagnosis of loss of limbs must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.
Loss of speech	A definite diagnosis of total and irreversible loss of the ability to speak as the result of physical injury or disease, for a period of at least 180 days. The diagnosis of loss of speech must be made by a specialist physician. No additional survival period is required once the conditions described above are satisfied. **Exclusion** No benefit will be payable under this condition for any psychiatric related causes.

Covered illnesses – adults	Description
Major organ failure on waiting list	A definite diagnosis of irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ failure on waiting list, the Insured must become enrolled as the recipient in a recognized transplant centre in Canada or the United States that performs the required form of transplant surgery. For the purposes of the survival period, the date of diagnosis is the date of the Insured's enrolment in the transplant centre. The diagnosis of major organ failure must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.
Major organ transplant	A definite diagnosis of irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ transplant, the Insured must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities. The diagnosis of major organ failure must be made by a specialist physician. The Insured must survive for 30 days following the date of the transplant.
Motor neuron disease	A definite diagnosis of one of the following: a) amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy, and limited to these conditions. The diagnosis of motor neuron disease must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.
Multiple sclerosis	A definite diagnosis of at least one of the following: a) two or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination; or b) well-defined neurological abnormalities lasting more than 6 months, confirmed by MRI of the nervous system, showing multiple lesions of demyelination; or c) a single attack, confirmed by repeated MRI of the nervous system, which shows multiple lesions of demyelination which have developed at intervals at least one month apart. The diagnosis of multiple sclerosis must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis.
Occupational HIV infection	A definite diagnosis of human immunodeficiency virus (HIV) resulting from accidental injury during the course of the Insured's normal occupation, which exposed the Insured to HIV contaminated body fluids. The accidental injury leading to the infection must have occurred after the later of: a) the date the application for this coverage was signed; or b) the effective date of the Insured's coverage.

Covered illnesses – adults	Description
Occupational HIV infection (continued)	Payment under this condition requires satisfaction of all of the following: a) the accidental injury must be reported to the Company within 14 days of the accidental Injury; b) a serum HIV test must be taken within 14 days of the accidental injury and the result must be negative; c) a serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive; d) all HIV tests must be performed by a duly licensed laboratory in Canada or the United States; and e) the accidental injury must have been reported, investigated and documented in accordance with current Canadian or United States workplace guidelines. The diagnosis of occupational HIV infection must be made by a specialist physician. The Insured must survive for 30 days following the date of the second serum HIV test described above. **Exclusions** No benefit will be payable under this condition if: a) the Insured has elected not to take any available licensed vaccine offering protection against HIV; b) a licensed cure for HIV infection has become available prior to accidental injury; or c) HIV infection has occurred as a result of non-accidental injury including, but not limited to, sexual transmission and intravenous (IV) drug use.
Paralysis	A definite diagnosis of total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event. The diagnosis of paralysis must be made by a specialist physician. The Insured must survive for 90 days following the precipitating event.
Parkinson's disease and specified atypical Parkinsonian disorders	A definite diagnosis of primary Parkinson's disease, a permanent neurologic condition which is characterized by bradykinesia (slowness of movement) and at least one of: muscular rigidity or rest tremor. The Insured must exhibit objective signs of progressive deterioration in function for at least one year, for which the treating neurologist has recommended dopaminergic medication or other generally medically accepted equivalent treatment for Parkinson's disease. **Specified atypical Parkinsonian disorders** – A definite diagnosis of progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy. The diagnosis of Parkinson's disease or a specified atypical Parkinsonian disorder must be made by a neurologist or a specialist physician. The Insured must satisfy the above conditions and survive for 30 days following the date all these conditions are met.

Covered illnesses – adults	Description
Parkinson's disease and specified atypical Parkinsonian disorders (continued)	**Exclusions** No benefit will be payable for Parkinson's disease or specified atypical Parkinsonian disorders if, within the first year following the later of: a) the date the application for this coverage was signed; or b) the effective date of the Insured's coverage, the Insured has any of the following: i) signs, symptoms or investigations that lead to a diagnosis of Parkinson's disease, a specified atypical Parkinsonian disorder or any other type of Parkinsonism (covered or excluded under this policy), regardless of when the diagnosis is made; or ii) a diagnosis of Parkinson's disease, a specified atypical Parkinsonian disorder or any other type of Parkinsonism (covered or excluded under this policy). No benefit will be payable under Parkinson's disease or specified atypical Parkinsonian disorders for any other type of Parkinsonism. Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to the Company within 6 months of the date of the diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for Parkinson's disease or specified atypical Parkinsonian disorders or, any Critical Illness caused by Parkinson's disease or specified atypical Parkinsonian disorders or its treatment.
Severe burns	A definite diagnosis of third-degree burns over at least 20% of the body surface. The diagnosis of severe burns must be made by a specialist physician. The Insured must survive for 30 days following the date the severe burn occurred.
Stroke	A definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with: a) acute onset of new neurological symptoms; and b) new objective neurological deficits on clinical examination persisting for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The diagnosis of stroke must be made by a specialist physician. The Insured must survive for 30 days following the date of diagnosis. **Exclusions** No benefit will be payable under this condition for: a) transient ischaemic attacks; b) intracerebral vascular events due to trauma; or c) lacunar infarcts which do not meet the definition of stroke as described above.

Covered illnesses – child	Description
Cerebral palsy	A definite diagnosis of a non-progressive neurological defect affecting muscle control. This defect is characterized by spasticity and incoordination of movements. The diagnosis of cerebral palsy must be made by a specialist physician. The Insured Dependent Child must survive for 30 days following the date of diagnosis.
Congenital heart disease	A definite diagnosis of at least one of the covered heart conditions described below for which open heart surgery is performed to correct the condition. Covered heart conditions: a) coarctation of the aorta; b) Ebstein's anomaly; c) Eisenmenger syndrome; d) Tetralogy of Fallot; e) transposition of the great vessels. The diagnosis of the heart condition must be made by a specialist physician and be supported by cardiac imaging acceptable to the Company. The Insured Dependent Child must survive for 30 days following the date of diagnosis. Covered heart conditions if open heart surgery is performed (these heart conditions are covered only if open heart surgery is performed to correct at least one of them): a) aortic stenosis; b) atrial septal defect; c) discrete subvalvular aortic stenosis; d) pulmonary stenosis; e) ventricular septal defect. Procedures not covered by this definition are: a) percutaneous atrial septal defect closure; b) trans-catheter procedures which include balloon valvuloplasty. The diagnosis of the heart condition must be made and the surgery must be recommended and performed by a specialist physician and be supported by cardiac imaging acceptable to the Company. The Insured Dependent Child must survive for 30 days following the date of surgery.
Cystic fibrosis	A definite diagnosis of cystic fibrosis where the Insured Dependent Child has chronic lung disease and pancreatic insufficiency. The diagnosis of cystic fibrosis must be made by a specialist physician. The Insured Dependent Child must survive for 30 days following the date of diagnosis.

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

Glossary

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

Couple: You and your spouse.

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

Earned income: Salary, fees, commissions and bonuses and any other income earned for services performed, less any business expenses. Income from deferred compensation plans, disability policies, retirement plans or any payments, such as interest or dividends, which are not related to the performances of services is not considered income. Also see Average monthly earned income.

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

Elimination period (for the purpose of OOE): The amount of time you must be totally disabled.

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

Plan year: January 1 to December 31.

Spouse: Your spouse by marriage or under any other formal union recognized by law; or a person of the opposite sex or of the same sex who is publicly represented as your spouse for a period of at least 12 months. You can only cover one spouse at a time. Discontinuance of cohabitation terminates the eligibility of a common-law spouse. You must also have coverage in order to obtain spouse coverage.

Surviving spouse: A person legally married to the insured member with whom the insured member is cohabiting at the time of his or her death or a person of the opposite sex not legally married to the insured member with whom the insured member has cohabited continuously for a period of at least 24 months immediately preceding the date of the insured members death.

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

Totally disabled (for purpose of Life Insurance): For 180 days, you're not able to work at an occupation that you are or could become qualified for by education, training or experience.

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

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

Totally disabled (for purpose of OOE): You can't perform the essential parts of your job because of illness or injury and are not working at another paying job, except as permitted under a work re-entry program. You must also be under the regular care of a physician.

THE CANADIAN DENTAL HYGIENISTS ASSOCIATION

L'ASSOCIATION CANADIENNE DES HYGIÉNISTES DENTAIRES

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