New Brunswick Nursing Homes

All Other Eligible Employees

Contract Number: **09775**
Effective Date: **01 March 2004**
Prepared on: 21 April 2015

The purpose of this booklet is to provide you with the principal features of your group program. As such, it has no contractual value. Only the terms and provisions of the contract between the Policyholder and the Insurer prevail.

The information contained in this booklet will answer most of the questions related to your group coverage. Additional information may be obtained from your Group Administrator or Group Representative.

Access Your Group Insurance Benefits File

Assumption Life is pleased to announce that an all-new online service has been added to let you view easily and at any time your health and dental care benefits.

Thanks to this service, you will be able to:

- View and update your personal information: change an address and update bank information
- View your group insurance plan's benefits
- Access beneficiary information as well as employment information
- Check and monitor the status of your claims
- View the history of benefits received
- Access a protected environment with a secure password

To access this service, please send your access request to Assumption Life or contact Customer Service at 1-888-869-9797 or at group@assumption.ca, we will be glad to assist you.

SCHEDULE OF BENEFITS

PLAN 09775

GROUP LIFE INSURANCE

Amount of life insurance	$50,000
Maximum amount of insurance	$50,000

Benefits will be reduced to:

$ 25,000 when the participant reaches 65 years of age.

Benefits for a participant terminate at the earliest of the following dates:

a. on the participant's 70th birthday
b. the date of the participant's retirement
c. the date on which the insurance terminates
d. the date the participant is no longer employed by the employer

All amounts of insurance are rounded to the next $1,000.

Waiver of Premium

If, prior to your 65th birthday, you become totally disabled and if you remain totally disabled without interruption for at least 6 months, the insurer waives collection of any future premiums for this coverage for as long as the total disability continues.

- When an employee is eligible and has been approved for Life waiver of premium under the NBANH Group Life Benefit plan, the approved claimant's health benefit premiums will be waived.

- If an employee has not been actively at work due to illness or injury for more than 2 consecutive years and has not applied or has been denied the Life waiver of premium benefit, the employee will no longer be eligible for health and dental benefits under NBANH.

OPTIONAL LIFE INSURANCE

Eligibility

All employees are eligible for Optional Life Insurance on the effective date of the Group Life Policy in accordance with the terms of the contract.

If Optional Life is requested, an application form accompanied by satisfactory evidence of insurability must be forwarded to the insurer, at the employee's expense.

Effective date of insurance

The insurance takes effect on the date the last proof of insurability is accepted by the insurer.

Optional Life insurance is null and void if the participant, whether sane or insane, commits suicide or dies as a result of an attempted suicide during the first 2 years following the effective date of insurance. The obligation of the insurer then is limited to reimbursing the paid premiums, without interest.

Waiver of Premium

If, prior to his or her 65th birthday, a participant becomes totally disabled and remains totally disabled without interruption for at least 6 months, the insurer waives collection of any future premiums for this coverage for as long as the total disability continues**.**

DEPENDENT LIFE

Spouse - $10,000 Children - $5,000

Benefits for insured dependents terminate at the earliest of the following dates:

a. on the participant's (insured employee's) 65th birthday
b. the date of the participant's retirement
c. the date on which the insurance terminates
d. the date the participant is no longer employed by the employer

The term *Dependent* is defined in the General Provisions section of your booklet.

Waiver of Premium

If, prior to his or her 65th birthday, a participant becomes totally disabled and remains totally disabled without interruption for at least 6 months, the insurer waives collection of any future premiums for this coverage for as long as the total disability continues.

HEALTH CARE INSURANCE

Drug Plan

Direct-payment with pay-direct card	Plan AG
Co-payment	Dispensing Fee plus 10% plus an out of pocket maximum of $2,500 annually; 100 % coverage thereafter.

When the insured resides in a province offering a government drug insurance program, the insurer covers eligible prescription drugs under this plan while adhering to the maximum contribution limit that may be fixed for the insured and based on the amount of coinsurance set by the applicable legislation, if necessary.

Extended Health

Deductible	$0 Individual $0 Family
Reimbursement	90%

Paramedical Services

Practitionners	Co-ins.	Per visit	Maximum	Frequency
Chiropractor	90%	$0	$500	12 consecutive months
Naturopath	90%	$0	$500	12 consecutive months
Osteopath	90%	$0	$500	12 consecutive months
Physiotherapist	90%	$0	$500	12 consecutive months
Speech-language pathologist	90%	$0	$500	12 consecutive months
Psychologist	90%	$0	$500	12 consecutive months
Acupuncturist	90%	$0	$500	12 consecutive months
Podiatrist	90%	$0	$500	12 consecutive months
Massage Therapist With Prescription	90%	$0	$500	12 consecutive months
Global Maximum	100%	$0	$1,000	12 consecutive months

Other Expenses

Services	Maximum	Frequency
Nursing Services	$5,000	Calendar Year
Hearing Aid	$2,000	36 consecutive months
Footwear and Insoles	$225	Calendar Year
Fertility Drugs	$3,000	Per Lifetime
Insulin pumps with a medical practitioner prescription	$6,000	Per 5 years

Vision Care

- Expenses for one **eye examination** by an authorized optometrist or ophthalmologist per period of 24 consecutive months for adults and 12 consecutive months for children less than 21 years of age. **(up to usual, customary and reasonable expenses).**

- Expenses for **eyeglasses (including frames)** or **contact lenses** prescribed by a physician or an optometrist, **up to $200 per person** per period of 24 consecutive months for adults and 12 consecutive months for children less than 21 years of age.

Travel Insurance

Maximum CAN$ 2,000,000 / insured person.

Benefits for a participant and, if applicable, for insured dependents terminate at the earliest of the following dates:

a. the date on which the participant reaches 75 years of age; 65 **for travel insurance**
b. the date of the participant's retirement or
c. the date on which the insurance terminates
d. the date the participant is no longer employed by the employer

Furthermore, benefits for insured dependents shall end on the date the insured dependent reaches 75 years of age if this date precedes those described above with the exception of Travel Insurance, **which terminates at age 65**.

Convalescent Hospital

The charges made for a convalescent hospital room board and other necessary services, in excess of the charge for ward accommodation up to $20.00 daily will be considered eligible expenses.

However, the person insured must be admitted to the convalescent hospital within 14 days following a period of at least five consecutive days as a bed patient in a hospital. Expenses will be deemed as eligible only where convalescent hospitalization is prescribed by the attending physician. Benefits shall be paid for a maximum period of 120 days during any one period of disability. All confinements in a convalescent hospital will be considered as a one period of disability, unless separated by at least 90 days. In order to qualify under these covered expenses, the convalescent hospital must be approved by the appropriate Provincial Housing Authority. Charges for custodial care in a convalescent hospital, nursing home or similar institution will not be considered eligible expenses.

DENTAL CARE INSURANCE

Deductible:	$0 Individual $0 Family	
		Coinsurance
Part I	Basic (Diagnostic, prevention, oral surgery, minor restoration, repair of prosthesis)	80%
	Endodontic	80%
	Periodontic	80%
Part II	Major Restoration	50%
Part III	Prosthodontics	N/A
Part IV	Orthodontics (child less than 21 years)	N/A

Maximum expenses per insured:
Part(s) I & II per calendar year $1,500

Eligible expenses are based on the current Dental Fee Guide in force in the insured person's province of residence .

Benefits for a participant and, if applicable, for insured dependents terminate at the earliest of the following dates:

a. the date on which the participant reaches 75 years of age
b. the date of the participant's retirement or
c. the date on which the insurance terminates
d. the date the participant is no longer employed by the employer

Furthermore, benefits for insured dependents shall end on the date the insured dependent reaches 75 years of age if this date precedes those described.

When dental work is recommended and the approximate cost is expected to exceed $300, a claim form describing the proposed treatment should be sent to us for approval.

ELIGIBILITY

Eligibility of Employee

An employee becomes eligible for insurance on the day he or she has satisfied the eligibility period requirement stated in the summary of benefits of the contract.
An employee who is not actively working on a full-time basis on the day when he or she would otherwise be eligible for insurance, become eligible at the date of his or her return to work on a full-time basis.

Waiting Period

Full time employees:	None
Part-time employees:	1200 hours of completed service in 12 consecutive months. They must then work at least 500 hours per calendar year to maintain that coverage.

Note: Hours can be combined with one or more participating nursing homes

Eligibility of Dependents

Coverage for eligible dependents will commence on the same date as the employee or at the date they subsequently become dependents. Application for dependent coverage must be made within 45 days of their becoming eligible. If not, evidence of insurability will be required before coverage is approved.

Children :	Over 24 hours of age, and younger than 21 years of age; or 21 years of age or more, but younger than 25 years of age if he or she is a regular full-time student attending an accredited educational institution.

GENERAL PROVISION

Eligibility

An employee becomes eligible for insurance on the day he or she has satisfied the eligibility period of the contract and is a permanent full-time employee actively working at least the number of hours per week requirement stated in the summary of benefits. An employee who is not actively working on a full-time basis on the day when he or she would otherwise be eligible for insurance, becomes eligible at the date of his or her return to active work on a full-time basis.

Eligibility of Dependents

Coverage for eligible dependents will commence on the same date as the employee or at the date they subsequently become dependents. Application for dependent coverage must be made within 45 days of their becoming eligible. If not, proof of insurability will be required before coverage is approved.

Dependents

If benefits are provided for your dependents, the following definitions apply:

Spouse: - His or her spouse, that is the only person considered his or her spouse either:

a) through a marriage that has not been dissolved by divorce, annulment or discontinuance of permanent cohabitation with the employee for more than one year;

b) through permanent cohabitation with the employee for more than one year and openly presented by the employee as being his or her spouse; or,

Note : For Quebec residents

c) the person with whom the member cohabits in a conjugal relationship, having had a child together, and who has not been separated for more than 90 days as a result of a marital break-up.

Children: your unmarried dependent children, provided they meet the age requirements as indicated in the summary of benefits.

Regardless of his or her age, is stricken with a physical or mental disability resulting from an accident or sickness that requires regular medical care. The disability shall have begun while the child was a dependent, as previously defined, and of such nature that the dependent is totally incapable of pursuing a gainful occupation.

Effective Date of Insurance

The insurance of an employee and of any eligible dependent takes effect at the latest of the following dates:

- the date of eligibility, if the insurance application is received by the insurer within 45 days following this date; or,
- the date the insurer receives and accepts the proof of insurability submitted as a result of the insurance application being submitted later than 45 days after the date of eligibility.

Any insurance coverage or part thereof which requires proof of insurability shall only take effect on the day the insurer accepts such proof of insurability. The date of acceptance shall be the date the insurer receives such final proof of insurability.

Termination of Insurance

The coverage provided by this contract automatically terminates upon the earliest of the following dates:

- the termination date of the Contract;
- the date the participant is no longer employed by the employer;
- the date the participant is no longer eligible;
- the day the participant makes misrepresentations or commits a fraudulent act against the insurer;
- the date the insurer receives a written notice of termination by the Policyholder or any ulterior date mentioned in said notice;
- the last day of the grace period following the non-payment of premium.

Submitting a Claim

A written notice of your claim must be submitted to Assumption Life within 12 months following the date expenses are incurred and must be supported by the required documents. Claim forms may be obtained from the administrator of your group insurance.

LIFE INSURANCE

Scope

Provided this coverage is in force upon the death of a participant, the insurer shall pay to the beneficiary the amount of insurance for which the participant was insured as per the Benefit Schedule.

Waiver or Premium

If you become totally disabled and if you remain totally disabled without interruption for the period specified in the summary, the insurer waives collection of any future premiums for this coverage for as long as the total disability continues.

The total disability must be such as to prevent you from performing any gainful occupation for which you are reasonably qualified by training, education and experience.

Your insurance benefit will be the amount insured at the beginning of the total disability. A written request to this effect as well as satisfactory proof of total disability shall be received by the insurer while the total disability persists. This request must be made prior to the expiry of the above-mentioned. The insurer may require further proof on continuing total disability as often as is deemed necessary.

Conversion Privilege

Should you terminate employment before age 65, you have the right to request an individual policy for yourself and/or your spouse without having to provide proof of insurability, provided you apply in writing to Assumption Life and remit the appropriate premium within 31 days following your date of termination.

This conversion privilege is offered in accordance with the rules and regulations of the Superintendents of Insurance.

OPTIONAL LIFE INSURANCE

Eligibility

All employees are eligible for Optional Life Insurance on the effective date of the Group Life Policy in accordance with the terms of the contract.

If Optional Life is requested, an application form accompanied by satisfactory evidence of insurability must be forwarded to the insurer, at the employee's expense.

Effective Date of Insurance

The insurance takes effect on the date the last proof of insurability is accepted by the insurer.

Optional Life Insurance is null and void if the participant, whether sane or insane, commits suicide or dies as a result of an attempted suicide during the first 2 years following the effective date of insurance. The obligation of the insurer then is limited to reimbursing the paid premiums, without interest.

Waiver of Premium

If, prior to his or her 65th birthday, a participant becomes totally disabled and remains totally disabled without interruption for at least 6 months, the insurer waives collection of any future premiums for this coverage for as long as the total disability continues.

HEALTH CARE INSURANCE

The insurer shall reimburse the insured person the usual, customary and reasonable expenses incurred following a sickness or accident.

Extended Health Benefits

The insurer pays, after subtracting the deductible and in accordance with the percentage indicated to this effect in the Benefit Schedule, the usual, customary and reasonable expenses:

- Expenses incurred for the following services provided upon medical recommendation:
  - the professional services of a **registered nurse** outside a hospital, provided the nurse does not normally reside under the participant's roof or is a member of the family;
  - **laboratory tests** for diagnostic purposes;
  - **blood or plasma transfusions**, the cost of **oxygen** as well as the rental of equipments required for its administration;
  - **X-ray** examinations, except for dental work, **up to $35 per insured person; per period of 12 consecutive months.**

- Expenses incurred under medical prescription:
  - when required, expenses for **ambulance transportation** to or from the nearest hospital providing adequate care, as well as air transportation if the insured person cannot be transported otherwise; **maximum eligible expenses are $5,000 per period of 12 consecutive months per eligible person;**
  - the rental purchase, at the discretion of the insurer, of a **non-motorized wheelchair, a ventilator, a hospital bed** or any other equipment normally designed for use in a hospital for temporary therapeutic purposes; **up to a maximum of $10,000;**
  - the rental or purchase, at the discretion of the insurer, of **orthopaedic devised or therapeutic equipments**;
  - the cost of corrective devices added on to ordinary shoes or the purchase of an **orthosis or arch support**;
  - the purchase of orthopaedic shoes especially designed for the insured person in a specialized laboratory recognized by the Medical Society; **up to $225 per calendar year;**
  - the initial purchase of **artificial eye or limbs**;
  - the purchase of **external breast prosthesis** needed following a mastectomy; **up to $300 per 24 consecutive months;**
  - cost of necessary supplies related to **colostomy, ileostomy or urostomy**;
  - the purchase of **plaster casts, orthopaedic corsets, trusses, hernial supports, crutches or walkers**;
  - the purchase of **reagent test-sticks, syringes and needles**;
  - the purchase of a **glucometer**; **up to $200 per individual per three years;**
  - made-to-measure **burn pressure garments** when prescribed by a physician, **up to a maximum eligible expense of $5,000 per period of 12 consecutive months per eligible person.**

- In as much as this coverage is in force on the day treatment is given and subject to prior evaluation by the insurer, **expenses for professional services provided by a dental surgeon** for repairing damages to natural teeth suffered as a result of an accident while the person was insured under this Contract; those services must be rendered within six months of the accident.

However, if the insured person is less than 16 years old, the above-mentioned deadline for treatment does not apply, in as much as the attending dental surgeon informs the insurer of this fact within 90 days of the date of the accident.

Eligible expenses shall be reimbursed as per the benefit summary, as provided for in the current Fee Guide for the use of general practitioners and approved by the Dental Association as well as fees provided in the Fee Guide and approved by the Association of Denturists. These associations are those for the province in which the insured person resides.

- The purchase of **hearing aids**, prescribed by an audiologist, **up to $500 per eligible person, per period of 3 years (does not include repairs).**

- Expenses for **paramedical services**; **up to the amount and number of visits indicated in the Schedule of Benefits per insured person and per specialist.**

  These services must be rendered within their specialty and the specialists must be members of their professional association. The specialist must not normally reside under the participant's roof or be a family member.

- Usual, customary and reasonable expenses in excess of expenses payable by any governmental insurance plan, up to a maximum of $5,000 per insured per accident or sickness, **in case of emergency**, toward general accommodations in an area of hospitalization outside Canada. However, the insured person shall not be entitled to a reimbursement unless the duration of his or her planned absence from Canada **does not exceed 3 consecutive months**.

- **Physicians' fees** up to a maximum of $5,000 per insured person per accident or sickness, incurred **in case of an emergency** which takes place while the insured person is outside his or her home province for a planned period not exceeding 3 consecutive months. Physicians' fees are eligible up to the usual, customary and reasonable rate charged in the area where these expenses have been incurred, less the amount reimbursed by any governmental plan.

- **Intra-uterine devices** prescribed by a physician and obtained from a pharmacist or physician, r**eimbursement for intra-uterine devices will be limited to $350 per insured person per period of 12 consecutive months.**

- Reimbursement for the purchase of a **hair prosthesis** following chemotherapy, **lifetime maximum of $200.**

- Reimbursement for the purchase of **surgical brassieres** following mastectomy, **annual maximum of $100.**

- Reimbursement for the purchase of **surgical stockings (varicose vein)**, **maximum of two pairs per year**.

Vision Care

The insurer pays the following expenses:

- **Eye examination** by an authorized optometrist.

- Expenses for **eyeglasses** (including frames) or contact lenses prescribed by a physician or optometrist.

- When contact lenses are medically necessary to correct severe astigmatism, severe corneal scarring, keratoconous or aphakia, provided sight cannot be improved to at least the 20/40 level, the maximum eligible expense in any 24 consecutive months is increased to $200.

TRAVEL INSURANCE

insurer pays the usual and customary charges for a semi-private room, physician's services and other covered charges, over and above your Government Insurance Plan, when incurred as a result of unforeseen illness or accidental injury occurring while the participant is traveling outside Canada **for a period not exceeding 3 consecutive months.**

The maximum lifetime benefit shall not exceed the equivalent of $2,000,000 in Canada currency per person.

All benefits and limitations mentioned hereafter are expressed in Canadian currency or its equivalent value:

- hospital out-patient services;
- diagnostic X-ray and laboratory test;
- nursing services to a maximum of $3,000;
- transportation expenses; including
    - air or ambulance transportation ;
    - fare to accommodate transportation by stretcher;
    - expenses for return of vehicle up to $750 (whether owned or rented);
    - repatriation expenses for the deceased up to $3,000;
    - board and lodging up to a maximum of $1,050 for costs incurred by a participant or by a companion ($150 per day for 7 days);
    - drugs purchased in case of an emergency requiring the written prescription of a physician or a dentist, in a quantity sufficient for the period of travel only;
    - charges for dental services up to a maximum of $1,000 necessitated as a result of an accident where natural teeth have been damaged;
    - the cost of return of dependent children under the age of 16 to their place of residence in Canada to a maximum of $2,000.

Emergency And Payment Assistance

The services of a 24-hour emergency hotline are available to participants who need assistance while travelling. By telephoning the number indicated on your travel insurance card, when a medical emergency occurs, coverage will be confirmed to the hospital or physician. Payment of medical expenses will be arranged or coordinated on behalf of the participant.

Medical Assistance

The patient may call for information on medical facilities and arrangements will be made for:

- advice from a qualified physician;
- medical follow-up of the patient's condition and communication with the subscriber and family;
- return home or transfer of patient if medically permissible;
- transport of a family member to the patient's bedside or to identify the deceased.

Non-Medical Assistance

The patient may call to obtain:

- an emergency response in any major language;
- emergency assistance in contacting the family or business;
- referral to legal counsel.

Coordination of Benefits

Benefits payable under this coverage are reduced in such a way that, when these benefits are added to benefits provided through any other insurance plan covering these same insurable expenses, then overall benefits do not exceed the true amount of expenses incurred.

Limitations And Exclusions

No benefit is payable for the following expenses:

- expenses that do not comply with usual, customary and reasonable charges of the concerned health profession;
- that part of expenses covered by legislation of Worker's Compensation, hospitalization insurance, health insurance, automobile insurance or any other equivalent law in force in Canada or any other country;
- expenses incurred for examination or treatments for purposes other than curative ones;
- expenses incurred including drugs for a surgery or a treatment of an experimental nature;
- expenses incurred for the purchase of prescribed drugs resulting in a supply corresponding to a period for treatment of more than three months;
- expenses for the adjustment of eye glasses or contact lenses, or the purchase of sun glasses or safety glasses;
- expenses for the purchase of dentures, except for the purchase of the first denture made necessary following an accident which occurs while this coverage is in force;
- expenses for the adjustment or maintenance of hearing aids;
- injuries sustained during a military operation;
- expenses incurred following: self-inflicted injuries, physical or mental damage, while sane or insane; an attempt by the insured person to commit a criminal offence; injuries sustained by the insured person during active participation in a civil commotion, a riot or an insurrection;
- **when hospitalized outside Canada, travel benefits may be reduced if a patient does not contact as soon as possible the Assistance Company at the telephone number on his travel insurance card;**
- expenses incurred outside Canada while the medical condition of the insured person allowed repatriation, which the insurer required at its own expense but which the insured person refused;
- no benefits are available for insured persons travelling outside their province of residence primarily to seek medical advise or treatment, even if such a trip is on the recommendation of a physician;
- no benefits are available for elective (non-emergency) treatment or surgery, while travelling outside the province of residence, which reasonably could be delayed until the insured person has returned to their province of residence. **Coverage is limited to expenses incurred as a result of sudden illness or accident that occurs outside the participant's province of residence. Pre-existing conditions will be covered as a benefit, provided the condition is stabilized prior to travel, and medical attention is not anticipated during the travel period.**
- -- expenses not specifically indicated in the eligible expenses.

If an insured person received medical services outside Canada, such services not being available in his province of residence but being available in another Canadian province, coverage is limited to reasonable and customary charges payable for such services in the Canadian location closest to the province of residence of the insured person.

DENTAL CARE

Eligible expenses are based on the current Dental Fee guide in force in the insured person's province of residence.

I Diagnostic

Includes examinations, diagnosis, consultations and necessary X-rays. Complete mouth X-rays are provided once in a 24 consecutive month period and supplementary bite-wing X-rays are provided not more than once every six months.

Prevention

Included under this benefit are prophylaxis (teeth cleaning) and application of fluoride solutions.

Oral Surgery

Including extractions and other oral surgical procedures including preoperative and postoperative care.

Minor Restoration

Includes amalgam (silver fillings), siliciate cement and plastic fillings.

Denture Repairs

Includes relining, rebasing, repair of broken dentures.

Endodontics

Includes pulp therapy and root canal fillings.

Periodontics

Necessary services for detecting and eliminating diseases affecting supporting structure of the teeth.

II Major Restoration

Includes crowns.

Coordination of Benefits

Benefits payable under this coverage are reduced in such a way that, when these benefits are added to benefits provided through any other insurance plan covering theses same insurable expenses, the overall benefits do not exceed the true amount of expenses incurred.

Limitations And Exclusions

No benefit is payable for the following expenses:

- Expenses in excess of the usual, customary and reasonable charges for the least expensive dental care;
- Expenses covered by legislation, a government plan or any other group insurance coverage;
- Expenses incurred for treatments which are for cosmetic purposes or for purposes other than curative ones;
- Expenses incurred for surgery or treatment of an experimental nature;
- Expenses incurred for replacing lost, stolen or mislaid dentures;
- Fees charged for a missed appointment or for completion of an insurance form;
- Expenses incurred following self-inflicted, injuries sustained during a military operation, injuries sustained by the insured person during active participation in a civil commotion, a riot or an insurrection;
- Expenses for initial insertion of a complete or partial removable denture, if the prosthesis serves to replace one or more natural teeth removed before the effective date of this contract;
- Expenses incurred for nutritional counseling, recommendations, oral hygiene instructions, dental plaque control programs and corrective treatments related to congenital or progressive malformation;
- Fees for dental treatment rendered for full mouth reconstructions, for vertical dimension correction or for the correction of tempo-mandibular joint dysfunction;
- Fees relating to orthodontic treatments including the correction of malocclusion;
- Expenses not specifically indicated in the eligible expenses.