OPSEU Staff and Retirees

Policy Number 31K40

June 1, 2012

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OPSSU Active Members	**Group Number 2873** Health and Dental	**Group Number 31K40** Life, Accidental Death & Dismemberment, Weekly Disability, Long Term Disability, Emergency Travel Assistance
OPSSU Retirees	**Group Number 2873** Health and Dental	**Group Number 31K41**
ASU Active Members	**Group Number 2873** Health and Dental	**Group Number 31K42** Life, Accidental Death & Dismemberment, Weekly Disability, Long Term Disability, Emergency Travel Assistance
ASU and Excluded Retirees	**Group Number 2873** Health and Dental	**Group Number 31K43**
Excluded Active Members	**Group Number 2873** Health and Dental	**Group Number 31K48** Life, Accidental Death & Dismemberment, Weekly Disability, Long Term Disability, Emergency Travel Assistance

Effective Date: April 1, 2012

THIS SUMMARY CONTAINS IMPORTANT INFORMATION AND SHOULD BE KEPT IN A SAFE PLACE FOR FUTURE REFERENCE

The actual terms and conditions of coverage and benefits, including limitations and exclusions, are contained in an insurance policy between SSQ Financial Group and The Trustees of the OPSEU Joint Trusteed Benefit Fund. A copy of the insurance policy is available from SSQ Financial Group, or the Trustees, upon request. In the event of any conflict between this booklet and the insurance policy, the insurance policy will govern.

The benefits described herein may be revised from time to time due to collective bargaining, legislative changes, etc. or discontinued.

A Family Security Plan
for the Employees and Retirees of

ONTARIO PUBLIC SERVICE EMPLOYEES UNION

TO: OPSEU STAFF

This booklet is designed to provide a general overview of the benefits available to all staff and retirees of the Ontario Public Service Employees Union. This revised version contains negotiated changes to the plan.

The Joint Benefits Administration Committee has worked to ensure that benefits in effect with the prior carrier(s) remain in effect with the new carrier, SSQ Financial Group.

The Joint Benefits Administration Committee has been established to review all claims which are denied by SSQ Financial Group for which no clear reason for denial is apparent. Any employee or retiree who has had a claim denied by SSQ Financial Group may bring that claim to the attention of a member of this committee, appointed or elected to represent the members of ASU and OPSSU.

Joint Benefits Administration Committee

Call SSQ Financial Group / ClaimSecure when you have questions

From time to time you are going to have questions about your **health and dental claims and coverage.** We here at SSQ Financial Group and ClaimSecure are part of your team, and we want you to know that we're here when you need us. We can be reached from 8:00 am to 8:00 pm (local time), Monday to Friday, by calling ClaimSecure:

Toll-Free: 1-888-777-8811

If our customer inquiry representatives are not immediately available you can leave them a message, and they will return your call within two hours or at the start of business the following day.

Remember, you will need your group number and your certificate number when you call.

Send your health and dental claims to:

SSQ Financial Group
C/O ClaimSecure Inc.
P.O. Box 6600
Station A
Sudbury, Ontario
P3A 5N5

My Identification Numbers are:

My Group Number: 2873

My Certificate Number:

_____

For more information or on-line services visit our website at www.ssq.ca

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Who is eligible for coverage?

You and your dependents are eligible for coverage as long as you are a permanent employee of OPSEU working full-time (at least 35 hours per week) or working part-time (at least 7 hours per week), or in an approved job sharing arrangement.

LTD coverage ceases at age 65.

Life Insurance coverage ceases at the earlier of termination of employment or retirement. (Contact Staff Relations regarding further coverage at least 30 days prior to your retirement).

Retired employees of OPSEU, their spouses and dependents are eligible for health and dental care coverage only.

Eligible survivors and surviving dependents are covered.

Excluded member or excluded employee means
- a non-bargaining unit employee

Dependent means
- a spouse
- an unmarried child under 22 years and not employed on a regular or full-time basis
- a child age 22 and over who is a full-time student, not employed on a regular or full-time basis and dependent upon you for sole support and maintenance, or
- a mentally or physically handicapped child who became so incapacitated prior to attainment of the limiting age and is chiefly dependent upon you for support and maintenance. (Proof of disability must be submitted to SSQ Financial Group as required.)

Dependent children do not have to be living with you or your spouse in order to be covered. A student whose normal residence is in Canada will also be considered a dependent when attending school outside Canada.

Spouse means a husband or wife by virtue of a religious or civil marriage ceremony, except that
- although not legally married to the member, a member cohabiting as husband or wife or as lesbian or gay partners, or
- a spouse of a member that is separated from the member, but not divorced shall be considered an eligible spouse.

If you have been married more than once, the person to whom you were most recently married or cohabiting will be deemed to be your spouse.

Child means
- a natural or legally adopted child or
- a step-child or other child, who is dependent upon you for support

You and your family must be resident in Canada.

When is coverage effective and when does it terminate?

If you and your dependents are eligible, your coverage will begin on the later of the effective date of this plan or on the date you commence employment.

If you are a permanent part-time employee, coverage for Health Care and Dental Care benefits will begin on the date you elect coverage. Please refer to the note in the Dental Care benefit chart for limitations and restrictions.

If you elect optional life insurance benefits for you, and/or your spouse and dependent children, you must make written request for coverage to SSQ Financial Group. If you elect the member optional life insurance benefit more than 31 days after becoming eligible, or if you elect the spouse optional life insurance (additional benefit), including any increase, a completed health questionnaire will be required and medical evidence of good health satisfactory to SSQ Financial Group may have to be submitted.

Any change to your family or employment situation may have an impact on your insurance coverage. Therefore, you must inform the Employer in writing within 31 days of such change. Any changes reported after the 31 days will result in benefits being subject to evidence of insurability.

If you are away from work due to illness or injury on the date you would become eligible for coverage, coverage will be effective on the date you return to work for one full day. If your dependent is confined to a hospital on the date coverage would otherwise begin, the

coverage will begin when the dependent is no longer hospitalized.

Coverage for you and your dependents may be continued for all benefits, if you are away from work due to:

- illness, injury, pregnancy or parental leave, or
- temporary leave, including bereavement, compassionate, jury/court, OPSSU/ASU business, special, general/long for ASU/Non Union employees, general/short, public union and public run leaves. (In the event of a serious injury or illness during which a member cannot work, a member on general/long, general/short, public union, or public run leave may terminate the leave and be entitled to all rights and benefits in this booklet.)

You must continue to pay premium for optional life insurance benefits for you, your spouse and dependent children (if applicable). Also, if you are a permanent part-time employee, you must continue to pay your portion of the premium for Health Care and Dental Care benefits.

If you are away from work due to illness or injury, refer to the details of Disability pages 18 to 20.

If you are away from work due to temporary leave, including education and general/long leave for OPSSU employees, coverage for you and your dependents may be continued for all benefits subject to premium payment by you. (In the event of a serious injury or illness during which a member cannot work, a member on general/long leave may terminate the leave and be entitled to all rights and benefits in this booklet.)

If you are away from work due to layoff, life insurance, accidental death & dismemberment insurance, health care and dental care benefits may be continued, at your option and subject to premium payment by you, but not beyond the later of 6 months following the date of layoff or 6 months following the end of the statutory notice period. Otherwise, all benefit coverage will cease on the date of layoff, or the end of the statutory notice period, whichever is later.

If you are away from work due to a labour dispute, all benefits except long term disability and weekly disability benefits may be continued subject to premium payment by the bargaining agent.

For non-retired members, the current coverage for you and your dependents will end when your employment terminates; you are no longer eligible; premiums are not being paid; or, this plan is cancelled, whichever is first.

When you retire, you will be covered by retiree benefits.

For retired members, coverage for you will end upon your death; when you are no longer eligible; premiums are not being paid; or, this plan is cancelled, whichever is first.

If you should die while covered under this plan, your surviving spouse and eligible dependents are covered for health and dental benefits until death. In any event, coverage will not continue beyond the date this plan is cancelled.

If you are covered under two benefit plans...

The insurance industry has set guidelines for coordinating your health and dental benefits with another insurance program such as your spouse's plan. Coordination of benefits (COB) allows you to claim under both plans for up to a combined maximum of 100% of the covered expense. Check that your spouse's plan provides health and dental benefits for your family and allows for coordination of benefits.

Claims for dependent children are submitted first to the plan that covers the spouse whose birthday falls earliest in the calendar year. Any part of the claim not covered under the 'first' plan can then be submitted to the other spouse's plan. In other words, if your birthday falls in January and your spouse's birthday is in March, you should submit your children's claims to your plan first. Proof of payment under your benefit plan, along with copies of any expense receipts should then be sent to your spouse's plan for reimbursement of the balance (if the expense is covered under their plan).

Making a Claim

Health and dental claim forms are available from your benefits administrator. Send your completed and signed claims forms directly to ClaimSecure. Be sure all original receipts and other documents regarding your claim are attached. Always keep a copy of all the documents you submit with your claim for your personal records.

Your drug plan is pay-direct meaning that when you purchase a drug, you present your drug identification card at the pharmacy. The claim will be settled between the pharmacy and SSQ Financial Group. The pharmacy must be a "participating provider" in SSQ Financial Group's pharmacy provider network.

If any Health or Dental claim is denied, please contact ClaimSecure at 1-888-777-8811 for further clarification. If unresolved, please contact your Joint Benefits Administration Committee Representative.

To claim for weekly disability, long term disability, life insurance, and accidental death and dismemberment benefits, obtain claim forms from your benefits administrator and submit your claims according to their directions. For any claim discrepancy please call 1-888-777-8811. If unresolved please contact your Joint Benefits Administration Committee Representative.

Time limits for submitting claims are as follows:

- 12 months after the end of the month following the waiting period, for the member weekly disability benefit;
- 12 months after the end of the month following the waiting period, for the member long term disability benefit;
- 12 months from the date of the loss, for life insurance and accidental death and dismemberment benefits;
- 18 months from the date the member ceases active work because of total disability under the disability provisions for life insurance benefits (however, you must have notified SSQ Financial Group within 12 months of the last day at work); and
- 18 months from the date the expense was incurred but not more than 12 months from the date your insurance terminates, for health care and dental care benefits.

Provided this plan has not discontinued, failure to furnish such proof within the time required shall not invalidate or reduce any claim, if it is not reasonably possible to furnish such proof within the required time, and if proof is given as soon as is reasonably possible.

Legal action to recover benefits under this plan must begin within 2 years (6 years for life insurance) from the date of loss.

Health Care Benefits

For all eligible members

Your provincial health insurance plan provides basic health benefits such as hospital ward accommodation, fees for physicians and other hospital practitioners, and any drugs or blood products you may need during your hospital stay.

Your group plan is designed to cover many additional medical expenses on a reasonable and customary basis for you and your family (for an illness, for an injury that is non-occupational, or for pregnancy), over and above coverage provided by your provincial plan. Your plan pays 100% of eligible expenses unless otherwise noted, subject to benefit maximums shown below.

For details of exclusions and limitations regarding coverage and payment, please see your Administrator.

Your plan does not cover charges

- considered an insured service of any provincial government plan
- for general health exams or exams required for use by a third party
- for a surgical procedure or treatment performed primarily for beautification, or charges for hospital confinement for such surgical procedure or treatment
- for medical treatment or surgical procedure by a physician other than as specifically provided under out-of-province expenses
- for transport or travel, other than as specifically provided under health care
- which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy
- which are from an occupational injury or disease but only to the extent or for the portion of such charges covered by any Workers' Compensation law or similar legislation
- which would not normally have been incurred but for the presence of this insurance or for which the member or dependent is not legally obligated to pay
- which SSQ Financial Group is not permitted, by any law or regulation, to cover for dental work where a third party is responsible for payment of such charges
- for bodily injury resulting directly or indirectly from war or act of war (whether declared or not), insurrection or riot, or hostilities of any kind (except for bodily injury which may arise out of any duties a member is required to perform as part of the member's job)
- for services or supplies resulting from any intentionally self-inflicted wound
- for drugs, sera, injectable drugs or supplies which are not approved by Health and Welfare - Canada or are experimental or limited in use whether or not so approved
- for drugs, sera, or injectable drugs when administered in a hospital setting, whether administered on an inpatient or outpatient basis, except as provided under Out-of-province/country
- for experimental medical procedures or treatment not approved by the Canadian Medical Association or the appropriate medical specialty society
- made by a physician for travel, broken appointments, communication costs, filling in of forms, or physician's supplies
- medical equipment or supplies that may also be used for non-medical reasons and items for personal comfort, convenience, exercise, safety, self-help, or environmental control

Travel Insurance and Assistance and Trip Cancellation Insurance (Excludes Retired members)

You are entitled to SSQ Financial Group's Travel Insurance and Assistance and Trip Cancellation Insurance provided through CanAssistance. If you are travelling out of Province and/or out of Canada and require emergency hospitalization, be sure to present your Travel Insurance Assistance card to the hospital. Failure to do so may result in payment of a lesser benefit amount.
Be sure to carry your ID card with you when you travel.

Travel Insurance and Assistance and Trip Cancellation Insurance (Retired members)

You are entitled to SSQ Financial Group's Travel Insurance and Assistance and Trip Cancellation Insurance provided through CanAssistance. If you are travelling out of Province, but within Canada, and require emergency hospitalization, be sure to present your Travel Insurance Assistance card to the hospital. Failure to do so may result in payment of a lesser benefit amount.
Be sure to carry your ID card with you when you travel.

For further information on travel, see Appendix "A" or call CanAssistance at 1-800-465-2928 before you travel.

Refer to the following pages for your eligible Health Care benefits

Health Care Benefits

Following chart excludes retired members:		
Your plan pays:	**Your plan covers:**	**Maximum your plan pays:**
100%	Prescription drugs that legally require a prescription. Also includes injectable drugs including serums, vaccines and injectable vitamins, insulin and insulin supplies, fertility drugs and life sustaining drugs. Although over-the-counter drugs are generally not covered, there are certain situations where the medication may be covered.	
	Nicotine patches and nicorette gum. (A course of treatment is up to 3 months. Two courses of treatment per lifetime provided each course is separated by 12 months.)	$450 per course of treatment (2 courses per lifetime)
100%	Intrauterine devices (IUDs), if prescribed by a physician	
100%	Transcutaneous electrical nerve stimulator (TENS)	
100%	Durable medical equipment and supplies, if recommended by your doctor (M.D.). Rental of, or at SSQ's option, the purchase of, items such as: - hospital beds, wheelchairs, braces, crutches and prostheses - splints, casts, catheters and hypodermic needles - bath, tub or shower grab bars - bath, tub or shower safety rails - bath, tub or shower seats/stools/chairs	Reasonable and customary charges
100%	Contact lenses or glasses following cataract surgery	1 pair per lifetime
100%	Home nursing care (R.N., R.P.N., L.P.N., V.O.N. and C.N.A.) when recommended by a licensed doctor (M.D.) as medically necessary	**OPSSU members and ASU members:** $150,000 per calendar year **Excluded members:** Maximum not applicable
100%	Hearing care when recommended by a licensed doctor (M.D.) (hearing aid, including replacement, and battery with each hearing aid purchase)	$2,500 every 36 consecutive months
100%	Foot care (if recommended by a doctor (M.D), podiatrist or chiropodist because of a medical abnormality)	
	- orthopaedic shoes and modifications to orthopaedic shoes	$200 per shoe to a maximum of $400 per calendar year
	- orthotics	Maximum not applicable
100%	Ambulance	Maximum not applicable
100%	Hospital (within your home province)	Room limit: semi-private

Following chart excludes retired members:

Your plan pays:	Your plan covers:	Maximum your plan pays:
100%	Out-of-province/country emergency care & on referral by a licensed M.D. and approved by OHIP	Room limit: In Canada - semi-private Out of Canada - reasonable & customary semi-private **OPSSU members:** Maximum of $2,000,000 per calendar year **ASU members**: Maximum of $4,000,000 per calendar year **Excluded members:** Maximum of $5,000,000
100%	Convalescent/rehabilitation facility (within your home province)	Room limit: semi-private Maximum: 120 days per disability
100%	Chiropractor, Osteopath, Naturopath, Christian Science Practitioner, Speech Therapist and Physiotherapist (all must be registered and legally practicing within the scope of his//her license). (Includes x-rays)	**OPSSU members:** $3,000 per calendar year. **ASU members:** unlimited **Excluded members**: unlimited
100%	Massage Therapist, Orthotherapist and Kinesitherapist (all must be registered and legally practicing within the scope of his//her license) OPSSU – All visits to a Kinesitherapist must be referred in writing by a qualified medical practitioner per course of treatment. OPSSU – For Massage Therapist maximum is 12 visits per year without medical referral. Visits thereafter must be referred in writing by a qualified medical practitioner per course of treatment. ASU – For Massage Therapist and Kinesitherapist, maximum is 12 visits per year without medical referral. Visits thereafter must be referred in writing by a qualified medical practitioner per course of treatment.	**OPSSU members:** Combined maximum of $3,000 per calendar year. **ASU members:** unlimited. **Excluded members**: unlimited
100%	Podiatrist and Chiropodist (all must be registered and legally practicing within the scope of his//her license)	**OPSSU members:** Combined maximum of $3,000 per calendar year **ASU and excluded members:** unlimited
100%	Psychologist, Social Worker, Psychiatrist and Psychotherapist (all must be registered and legally practicing within the scope of his//her license) ** Note: Only practitioners registered to practice in Ontario are eligible. Naturopaths must be registered with the Board of Directors of Drugless Therapy - Naturopathy. Registered Massage Therapists must be registered with Ontario Massage Therapist Association.	**OPSSU members:** Combined maximum of $3,000 per calendar year **ASU and excluded members:** unlimited
100%	Diagnostic laboratory and x-ray expenses	Maximum not applicable
100%	Dental care due to **accidental injury only** (see dental benefits for routine dental care)	Dental work must be completed within 12 months
100%	Eye Exams/tests by an ophthalmologist or optometrist (if not covered by your provincial plan)	Unlimited

Health Care Benefits

Following chart excludes retired members:

Your plan pays:	Your plan covers:	Maximum your plan pays:
100%	Vision care when recommended by an ophthalmologist or optometrist:	
	Lenses, frames, contacts or laser correction	$400 in the 18-month period*
	Dependent children of OPSSU, ASU and Excluded Members under the age of 18 years	$400 in a 12-month period from October 1 to September 30
	OPSSU, ASU & EXCLUDED (excludes dependents)	$400 in the 18-month period* for an additional pair of eyeglasses (lenses and frames only).
	ASU and Excluded Members only: Contact lenses, when vision can only be improved to at least the 20/40 level by contact lenses due to severe corneal astigmatism/scarring, Keratoconus (conical cornea) or Aphakia	$400 in the 18-month period*

***The Vision Care 18-month period means a period as specified below and then each subsequent continuous 18-month period thereafter.**

- **October 1, 2011 to March 31, 2013**
- **April 1, 2013 to September 30, 2014**
- **October 1, 2014 to March 31, 2016**
- **April 1, 2016 to September 30, 2017**

Health Care Benefits

Following chart is for retired members:		
Your plan pays:	**Your plan covers:**	**Maximum your plan pays:**
100%	Prescription drugs that legally require a prescription. Also includes injectable drugs including serums, vaccines and injectable vitamins, insulin and insulin supplies, fertility drugs and life sustaining drugs. Although over-the-counter drugs are generally not covered, there are certain situations where the medication may be covered. If the medication is denied, bring it to the attention of the Benefits Committee. *At age 65 or over, coverage excludes the $100 Ontario Drug Benefits' annual deductible.	$5,000* overall calendar year maximum *After the first $5,000 in calendar year benefits, charges are reimbursed at 75% with an unlimited calendar year maximum
	Nicotine patches and nicorette gum. (A course of treatment is up to 3 months. Two courses of treatment per lifetime provided each course is separated by 12 months.)	$450 per course of treatment (2 courses per lifetime)
100%	Intrauterine devices (IUDs), if prescribed by a physician	
100%	Transcutaneous electrical nerve stimulator (TENS)	
100%	Durable medical equipment and supplies, if recommended by your doctor (M.D.). Rental of, or at SSQ's option, the purchase of, items such as: - hospital beds, wheelchairs, braces, crutches and prostheses - splints, casts, catheters and hypodermic needles - bath, tub or shower grab bars - bath, tub or shower safety rails - bath, tub or shower seats/stools/chairs	Reasonable and customary charges
100%	Contact lenses or glasses following cataract surgery	1 pair per lifetime
100%	Home nursing care (R.N., R.P.N., L.P.N., V.O.N. and C.N.A.) when recommended by a licensed doctor (M.D.) as medically necessary	$5,000 per calendar year
100%	Hearing care when recommended by a licensed doctor (M..D.) (hearing aid, including replacement, and battery with each hearing aid purchase)	$2,500 every 36 consecutive months
100%	Foot care (if recommended by a doctor (M.D), podiatrist or chiropodist because of a medical abnormality)	
	- orthopaedic shoes and modifications to orthopaedic shoes	$200 per shoe to a maximum of $400 per calendar year
	- orthotics	Maximum not applicable
100%	Ambulance	Maximum not applicable
100%	Hospital (within your home province)	Room limit: semi-private
100%	Out-of-Province (inside Canada) - emergency care by a licensed M.D. and approved by OHIP	Room limit: semi-private
100%	Convalescent/rehabilitation facility (within your home province)	Room limit: semi-private Maximum: 120 days per disability

Health Care Benefits

Following chart is for retired members:		
Your plan pays:	**Your plan covers:**	**Maximum your plan pays:**
100%	Chiropractor, Osteopath, Naturopath, Christian Science Practitioner, Speech Therapist and Physiotherapist (all must be registered and legally practicing within the scope of his//her license) (Includes x-rays)	**OPSSU members:** $3,000 per calendar year **ASU and Excluded members:** unlimited
100%	Massage Therapist, Orthotherapist and Kinesitherapist (all must be registered and legally practicing within the scope of his//her license) OPSSU – All visits to a Kinesitherapist must be referred in writing by a qualified medical practitioner per course of treatment. OPSSU – For Massage Therapist maximum is 12 visits per year without medical referral. Visits thereafter must be referred in writing by a qualified medical practitioner per course of treatment. ASU and Excluded Members – For Massage Therapist and Kinesitherapist, maximum is 12 visits per year without medical referral. Visits thereafter must be referred in writing by a qualified medical practitioner per course of treatment.	Combined maximum of $1,500 per calendar year
100%	Podiatrist and Chiropodist (Includes x-rays)	**OPSSU members:** Combined maximum of $3,000 per calendar year **ASU and Excluded members**: unlimited
100%	Psychologist, Social Worker, Psychiatrist and Psychotherapist (all must be registered and legally practicing within the scope of his//her license) (Includes x-rays) ** Note: Only practitioners registered to practice in Ontario are eligible. Naturopaths must be registered with the Board of Directors of Drugless Therapy – Naturopathy. Registered Massage Therapists must be registered with Ontario Massage Therapist Association.	**OPSSU members:** Combined maximum of $3,000 per calendar year **ASU and Excluded members**: unlimited
100%	Diagnostic laboratory and x-ray expenses	Maximum not applicable
100%	Dental care due to **accidental injury only** (see dental benefits for routine dental care)	Dental work must be completed within 12 months
100%	Eye Exams/tests by an ophthalmologist or optometrist (if not covered by your provincial plan)	Unlimited

Following chart is for retired members:		
100%	Vision care when recommended by an ophthalmologist or optometrist:	
	Lenses, frames, contacts or laser correction	$400 in the 18-month period*
	Dependent children of OPSSU, ASU and Excluded Members under the age of 18 years	$400 in a 12-month period from October 1 to September 30
	ASU and Excluded members only: Contact lenses, when vision can only be improved to at least the 20/40 level by contact lenses due to severe corneal astigmatism/scarring, Keratoconus (conical cornea) or Aphakia	$400 in the 18-month period*

***The Vision Care 18-month period means a period as specified below and then each subsequent continuous 18-month period thereafter.**

- **October 1, 2011 to March 31, 2013**
- **April 1, 2013 to September 30, 2014**
- **October 1, 2014 to March 31, 2016**
- **April 1, 2016 to September 30, 2017**

Dental Care Benefits

For all eligible members

Provincial plans generally do not cover dental care expenses. Your group plan covers necessary dental services due to non-occupational disease or injury. The plan pays 100% for routine care, 75% for dentures, crowns and bridgework, and 85% for orthodontics (subject to benefit maximums shown below).

Permanent part-time members and retired members and their spouse and dependents only

If application for dental coverage for you or your eligible dependent is made more than 31 days after becoming eligible for dental coverage, the maximum benefit payable during the first 12 months of coverage will be $200 for routine care, dentures, crowns and bridgework combined per covered person. No coverage would be provided for Orthodontic treatment during this 12-month period.

Reimbursement is based on the current year's Ontario Dental Association fee guide for general dental practitioners. The difference between general practitioners' fees and specialists' fees is not covered.

Alternative Services: When there exists more than one customarily employed and professionally adequate method of treating injury or disease to the teeth, SSQ Financial Group reserves the right to determine eligible expenses on the basis of an alternate benefit. Implant-related treatment will be covered up to the maximum that would have been paid for prosthodontic treatment such as bridgework or a partial denture. Charges for implant-related periodontic or oral surgery will not be an eligible expense.

Scaling and cleaning of teeth may be done by a licensed dental hygienist. Installation, adjustment, repair, relining or rebasing of dentures may be done by a denturist, denture therapist, technician or mechanic, who is registered and practising within the scope of their license.

When expenses exceed five hundred dollars ($500) particularly in the case of major restorative services, a detailed written pre-determination plan must be submitted to SSQ prior to the start of treatment. This allows SSQ to determine the eligibility of treatment and the amount of benefits payable. Certain expenses are only eligible for reimbursement if pre-approved by SSQ, following analysis of appropriate supporting documents, such as a copy of the patient’s chart, radiograph(s), periodontal chart, diagnostic cast, etc. All pre-determinations are valid for 90 days only.

For details of exclusions and limitations regarding coverage and payment, please see your Administrator.

Your plan does not cover:

- prostheses, including crowns and bridgework and the fitting thereof, ordered while the person was not covered or ordered while the person was covered but were finally installed or delivered after this Benefit is discontinued or more than 31 days after termination of coverage for any other reason
- dental care that is primarily cosmetic
- services or supplies not furnished by a legally qualified dentist or denturist acting with the scope of their license
- services or supplies which were necessitated either wholly or partly, directly or indirectly as the result of committing, attempting, or provoking an assault or criminal offence, or by a war or act of war (whether declared or undeclared), insurrection or riot, or hostilities of any kind (except for injuries which may arise out of any duties a member is required to perform as part of the member's job)
- miscellaneous charges such as for counseling (instruction, except if included as an eligible expense in this dental benefit), travel, broken appointments, communication costs or filling in of forms
- services or supplies resulting from any intentionally self-inflicted wound
- services covered by any government plan or program; or for which no charge is made; or which SSQ Financial Group is not permitted by law to cover
- hospital charges for board and room and related services and supplies
- dental examinations required by a third party
- services or supplies which are not medically necessary to the care and treatment of any existing or suspected injury, or disease
- charges which would not normally have been made but for the presence of this insurance or for which the member or dependent is not legally obligated to pay
- services or supplies in connection with any procedures excluded as eligible expenses

- implantology, including tooth implantation or transplantation and surgical insertion of fabricated implants will be covered up to the maximum that would have been paid for a crown. Charges for implant related periodontic or oral surgery will not be an eligible expense. This is separate from the final prosthetic cost/reimbursement.
- services or supplies for or in connection with a procedure which is not listed as an eligible expense in this dental benefit
- replacement of lost or stolen dentures, the duplication of dentures and personalization or characterization of dentures

Refer to the following pages for your eligible Dental Care benefits

Dental Care Benefits

For all eligible members:

Your plan pays:	Your plan covers:	Maximum your plan pays:
100%	**Routine Care** • oral exams (including cleaning of teeth) • complete oral exams • fluoride (where necessary for maintenance of sound dental health) x-rays • study casts • passive space maintainers, those that do not move teeth (dependent • children only) • fillings (silver amalgam, silicate or synthetic restorations) • extractions and oral surgery • endodontic treatment (including root canals) • anaesthesia • pit and fissure sealants (where necessary for maintenance of sound • dental health) • scaling and root planing • occlusal equilibration • other periodontal treatment for bone and gum diseases and periodontal appliances • repair, relining, or rebasing of dentures, including addition of new teeth • oral hygiene instruction • consultations • stainless steel crowns	**$2,500 per calendar year (combined for Routine Care, Dentures, Crowns and Bridgework)** Once every 5 months Once every 24 months Complete series or equivalent once every 24 months Once per year Once every 6 months
75%	**Dentures** • the first installation of a partial permanent or full temporary or permanent removable dentures to replace one or more natural teeth • denture adjustments • replacement of a denture (if it is at least 36 months old and no longer serviceable, or if it is a temporary full denture replacing one or more natural teeth and for which replacement by a permanent denture is required and takes place within 1 year from the date the temporary denture was installed)	**$2,500 per calendar year (combined for Routine Care, Dentures, Crowns and Bridgework)**
75%	**Crowns and Bridgework** • gold inlays, onlays and porcelain crowns • initial bridgework including crowns to form abutments, to replace one or more natural teeth • replacement of bridgework (if it is at least 36 months old and no longer serviceable or required due to extraction, loss or fracture of one or more sound natural teeth) • repair, resurfacing or recementing of crowns, inlays, onlays or bridges	**$2,500 per calendar year (combined for Routine Care, Dentures, Crowns and Bridgework)**
85%	**Orthodontics (excludes retired members)** • charges for dependent children for diagnosis or correction of teeth irregularities and malocclusion of jaws, by wire appliances, braces or other mechanical aids, commonly known as "straightening of the teeth". Includes active space retainers, or orthodontic appliances for the purpose of repositioning or moving of the teeth.	**$2,500 per calendar year**

Weekly Disability

(Excludes retired members)

Your weekly disability plan helps protect your income if you are unable to work for a short period of time due to an accidental injury or illness as determined by SSQ Financial Group.

Weekly disability benefits begin after you have been away from work for six consecutive working days due to a qualifying illness or injury. During the first 6 working days of your illness or accident, OPSEU will provide 100% of your earnings in a calendar year. This benefit is coordinated with the insured weekly disability benefits. During the first 6 days of any future illness or accident occurring in the same calendar year, 75% of earnings will be provided by OPSEU.

Weekly disability benefit payments are calculated as 75% of your daily earnings, rounded to the nearest dollar, up to a benefit maximum of $900 per week. After this amount OPSEU will top up the benefit so that you receive 75% of your pre-disability weekly earnings. Provided you continue to be disabled, you may receive benefits for up to 84 working days of consecutive disability.

A new waiting period and benefit duration will start if you return to work for 20 consecutive working days before becoming disabled again due to the same cause, or you return to work for one full day and then become disabled due to a different cause.

Benefits will be reduced by any income or benefit payable under:

- any other plan or program provided to you by or through the employer except for the use of employee banked vacation credits, lieu time, compensating time, paid holidays and accumulated sick leave credits
- any plan or program of any government or the crown or of any subdivision or agency of the government or the crown, including any plan or program established pursuant to a provincial automobile insurance act
- Notwithstanding the above:
  - if this benefit is registered for Employment Insurance premium reduction, the amount of benefit payable under this coverage shall only be reduced in respect of a source of income which has been approved as an acceptable limitation for registered plans under the Employment Insurance Act
  - this benefit shall not be reduced by benefits payable under the Canada or Quebec Pension Plan

This benefit will not be reduced by any income or benefit payable under any government plan or program for an injury or disease totally unrelated to the injury or disease that caused the current disability.

Benefits are not paid for:

- the period you are entitled to receive income replacement benefits or salary continuance by statute, contract or employer arrangement
- any disability resulting from voluntary participation in a war, whether declared or not, riot or insurrection (except for disabilities which may arise out of any duties you are required to perform as part of your job)
- the portion of a period of disability during which you are:
- imprisoned in a penal institution (except for disabilities which may arise out of any duties you are required to perform as part of your job) or
- confined in a hospital or similar institution as a result of criminal proceedings (except for disabilities which may arise out of any duties you are required to perform as part of your job)
- any disability which commences on or after the date a strike or layoff begins, except as outlined in the Employment Standards Act
- any disability that results from or is contributed to by a purposely self-inflicted injury

Important

You must be under treatment by your doctor (M.D.) in order for benefit payments to begin. For benefits to continue for the benefit duration, you must continue to be disabled and under the ongoing care of your doctor (M.D.).

Additional medical information shall be required from time to time. You should ask your doctor (M.D.) to provide detailed information on a timely basis to ensure no disruption in your benefit payment. As well, you may be required to report for a medical examination, as often as is reasonable, by a doctor (M.D.) of SSQ Financial Group's choice. Failure to report for a medical examination may result in termination of your benefit payments.

If your injury is due to a cause for which you may file a lawsuit, you will be required to complete a Reimbursement Agreement. If payment is received by you for lost income or medical or dental expenses, SSQ Financial Group will be entitled to reimbursement and reduction of benefit payments made to you.

For details of exclusions and limitations regarding coverage and payment, please see your Administrator.

Long Term Disability

(Excludes retired members)

Your long term disability plan is designed to provide you with income protection if you become totally disabled while covered, and are not able to return to work for a lengthy period of time. All benefits with the exception of Optional Life Insurance will continue.

You may continue to pay premium for optional life insurance benefits for you, your spouse and dependent children (if applicable). If you do not maintain premium payments, this insurance will lapse. In order to be reinstated, evidence of insurability will be required. Also, if you are a permanent part-time employee, you must continue to pay your portion of the premium for Health Care and Dental Care benefits.

You must be away from work for at least 90 consecutive working days (prior to age 65) before benefits may begin. This is called the waiting period.

Long term disability benefit payments would be calculated as follows: 75% of your monthly earnings, rounded to the nearest dollar, up to a maximum benefit of $4,800 per month, less offsets. The maximum benefit payable by SSQ Financial Group is $4,800 per month. After this amount, OPSEU will top up the benefit so that you receive 75% of your pre-disability monthly earnings.

If you are receiving long term disability benefits, or are within the waiting period for benefits, you are eligible for an increase in the monthly benefit payable if your bargaining unit has negotiated an increase in salary for your job class. However, your benefit is still subject to the maximums as stated in this description of the benefit.

Your LTD benefit payment will be reduced by income payable (or would have been payable had you applied for it)

- under a pension or retirement plan, or any plan or arrangement resulting in the payment of any salary, wage, or other payment by the employer during your total disability except for any employer payment made to provide the difference between the maximum benefit amount payable by the insurer and 75% of your pre-disability earnings
- because you are disabled or retired under any plan required or provided by a government or pursuant to a statute, such as, Workers' Compensation, any automobile insurance act and the Canada/Quebec Pension Plans (CPP/QPP), excluding income payable for your spouse, children or other dependents
- and by any amount necessary to limit the income payable from all sources to 80% of pre-disability earnings. For purposes of this calculation, income payable will include the following sources:
- income benefit payable under this benefit
- from all of the sources mentioned above
- for the spouse, children or other dependents because you are disabled or retired under any plan required or provided by a government or pursuant to a statute, excluding CPP/QPP income payable for your spouse, children or other dependents

In order to receive benefits, you must be totally disabled and be seen and treated by a doctor (M.D.), and meet the claim requirements. Totally disabled means that for the first 24 consecutive months of benefit payments, you are unable to perform your regular job. After such 24 months, totally disabled shall mean you are unable to perform any job for which you are reasonably suited by education, training, or experience. Such incapacity must result from a medically determinable physical or mental impairment. The availability of employment will not be considered in the assessment of your disability.

You may continue to receive benefits as long as you are totally disabled and under the care of a doctor (M.D.) until you reach age 65. Benefits may be payable after age 65 if you satisfy the waiting period while age 64, in which case the maximum benefit period will be 12 consecutive months, provided you remain totally disabled, but not beyond age 66.

If your disability benefit plan terminates while you are still totally disabled, your benefit payments may continue as long as you remain totally disabled, but not beyond the age limitations.

Your benefit payments may be terminated if:

- you do not provide proof that you continue to be totally disabled
- you do not undergo a medical examination as required by a licensed doctor (M.D.) of SSQ Financial Group's choice as often as is reasonable
- you are not receiving accepted standard professional treatment for your condition
- you do not complete or refuse to follow the terms of the Reimbursement Agreement

Benefits are not paid for:

- the period you are entitled to receive income replacement benefits or salary continuance by statue, contract or employer arrangement or for any disability that results from or is contributed to by:
- voluntary participation in a war, whether declared or not, riot or insurrection (except for disabilities which may arise out of any duties you are required to perform as part of your job)
- your commission of, or attempt to commit, an assault or criminal offence (except for disabilities which may arise out of any duties you are required to perform as part of your job)
- the portion of a period of disability during which you are:
- imprisoned in a penal institution (except for disabilities which may arise out of any duties you are required to perform as part of your job) or
- confined in a hospital or similar institution as a result of criminal proceedings (except for disabilities which may arise out of any duties a member is required to perform as part of your job)
- any disability which commences on or after the date a strike, layoff or leave of absence begins, except as outlined under the temporary absence from work provisions or the Employment Standards Act
- a purposely self-inflicted injury
- chronic alcoholism, or use of narcotics, barbiturates or hallucinogens, unless you are receiving ongoing active professional treatment deemed appropriate for the condition being treated
- a disability, occurring during the first 6 months you are covered, that is due to an injury or illness for which you received treatment, consultation, care or service or took prescribed drugs during the 90-day period before you became covered.

Any 2 periods of total disability that are due to the same or a related cause and separated by return to active full-time work for less than 6 months (20 days during the waiting period) will be deemed to be one period of total disability with only the initial waiting period applying, provided the first period begins while you are covered under this benefit.

If you recover from your disability sufficiently to work part-time or full-time, you may be eligible to participate in a rehabilitation program or a modified work arrangement. Contact Staff Relations for details.

If your injury is due to a cause for which you may file a lawsuit, you will be required to complete a Reimbursement Agreement. If payment is received by you for past or future lost income, medical, or dental expenses, SSQ Financial Group will be entitled to reimbursement and reduction of benefit payments made to you.

No premium is required for this Benefit during a period for which you are entitled to receive benefit payments.

Lump sum benefit payable upon death

In the event of your death while disabled, a lump sum benefit payment equivalent to 3 months' benefits will be made to your estate. The lump sum is calculated based on the amount of the last payment made.

Life Insurance

(Excludes retired members)

Life insurance provides financial protection for survivors in the event of the insured's death. If you die while covered and the claim requirements are met, your life insurance benefit would be paid to the beneficiary you have named. You are the beneficiary if your spouse or dependent child should die while covered.

BASIC LIFE INSURANCE

Member: 3 times your annual earnings rounded to the next higher $1,000, if not already a multiple thereof, to a maximum of $350,000 *

*** Subject to a combined Member Basic and Member Optional Life amount of $500,000**

Life insurance coverage for you ceases the earlier of termination of employment or retirement.

(Contact Staff Relations regarding further coverage at least 30 days prior to your retirement).

See page 5.

OPTIONAL LIFE INSURANCE

Member: 1 times your annual earnings rounded to the next higher $1,000, if not already a multiple thereof, to a maximum of $200,000*

*** Subject to a combined Member Basic and Member Optional Life amount of $500,000**

Spouse: $20,000

Spouse (Additional Benefits) Units of $10,000 to a maximum of $200,000

Dependent child(ren) $10,000

If you elect the member optional life insurance benefit more than 31 days after becoming eligible, or if you elect the spouse optional life insurance (additional benefit), including any increase, a completed health questionnaire will be required and medical evidence of good health satisfactory to SSQ Financial Group may have to be submitted. Optional life insurance for you and your dependent children will terminate at age 65, or prior retirement, or when your membership in the plan terminates, whichever is earlier. Spousal optional life insurance will terminate when your optional life insurance terminates or when your spouse attains age 65, whichever is earlier.

Important

If death results directly or indirectly from suicide or purposefully self-inflicted injury (whether sane or insane), no amount will be paid for the member optional life or the spouse (additional benefit) coverage that has been in force for less than two years.

If you become totally disabled while covered for life insurance and continue to be disabled for 6 months, you may qualify to have your life insurance coverage continue free of charge until your 65th birthday. In order to qualify you must notify SSQ Financial Group within 12 months of the last active day at work and must submit proof of your disability within 18 months of your last day at work. SSQ Financial Group shall determine eligibility. Upon approval you may be required to submit proof of your continuing disability as required by SSQ Financial Group.

If your life insurance coverage ceases as a result of termination or retirement, you may be eligible to convert the amount of member coverage and/or spousal coverage to individual life insurance policies, without having to submit a health questionnaire or undergo a medical examination.

Prior to turning age 65, you may convert your current amount of life insurance to a maximum of $200,000.

If you are age 65 or over, the maximum conversion amount is $25,000.

Written application must be made to SSQ Financial Group within 31 days of the date your life insurance terminates. If you or your spouse dies within 31 days of the date life insurance terminates, an insurance benefit will be paid even if you did not apply for conversion. The benefit will be the amount of life insurance you could have converted if you had applied.

To change your beneficiary: you must advise your employer in writing.

Living Benefit: If you are certain to die within 12 months, you may be eligible for a Living Benefit (an advance on the Life insurance claim). If you wish to apply, your employer will advise you of the necessary application requirements.

Accidental Death and Dismemberment Insurance

(Excludes retired members)

If you die or are severely injured in an accident, while covered and the claim requirements are met, your accidental death and dismemberment insurance (AD&D) will pay a benefit to you (in the case of injury) or your beneficiary (in the case of your death).

AD&D INSURANCE

Member: 3 times your annual earnings rounded to the next higher 1,000, if not already a multiple thereof, to a maximum of $350,000

AD&D insurance coverage ceases the earlier of termination of employment or retirement.

(Contact Staff Relations regarding further coverage at least 30 days prior to your retirement).

See page 5.

Your AD&D insurance provides different levels of coverage, depending on the circumstances. For example,

For loss of:	**Your plan would pay:**
Life, both hands or feet, both arms or legs, sight of both eyes, speech and hearing	100%
Sight of one eye, speech or hearing	66 2/3%
Hearing in one ear	33 1/3%
All toes of one foot	25%
For loss of (or permanent loss of use of):	
One arm or leg	75%
Hand or foot	66 2/3%
Thumb and index finger, four fingers of one hand	33 1/3%

The maximum that would be paid for all losses sustained in any one accident is 100% of the benefit. However, a benefit of 200% of the coverage amount is provided for quadriplegia (total paralysis of arms and legs), paraplegia (total paralysis of legs), or hemiplegia (total paralysis of one arm and one leg on the same side of the body) but, if loss of life occurs within 90 days of the accident, only 100% of the coverage amount will be paid.

The aggregate limit of losses for all insured members involved in any one accident is $5,000,000.

Benefits will not be paid: if the loss is the result of war, suicide, self-inflicted injury, committing, attempting, or provoking an assault or criminal offence (except for a loss which may arise out of any duties you are required to perform as part of your job), an accident which occurs while you are operating a motor vehicle/motorized transportation with more than 80 milligrams of alcohol in 100 milliliters in your blood (.08%) or if the loss is a result of being in or on, boarding or alighting from or being struck by any aircraft owned, operated or leased by the employer.

Any benefit payable may be increased by 10% if the loss was sustained in an automobile accident in which the insured was wearing a properly fastened seat belt.

Benefits are also available for transportation of a family member to you if you are hospitalized after an accident, rehabilitation for injuries sustained in an accident, alterations of your home or vehicle to accommodate disabilities sustained in an accident, education or day care for your dependent children or occupational training for your spouse if you die in an accident, hospital indemnity benefit if you are hospitalized, and repatriation of your body. Contact your benefits administrator for details.

Loss due to exposure to the elements as a result of accident is covered.
If an insured person disappears due to the accidental disappearance, wrecking, or sinking of the conveyance in which they were riding, accidental death will be presumed if there is no evidence within one year that the person is still alive.

While premiums are waived under the Member Life Insurance Disability Provision, your Accidental Death and Dismemberment Benefit will also be continued without payment of premium while the Accidental Death and Dismemberment policy is in force, but not beyond age 65.

Medical Information Bureau (MIB)

MIB Group, Inc. (MIB) is a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

SSQ Financial Group or its reinsurers may periodically report information to the MIB. If you apply to receive life, disability or health insurance coverage from another MIB member company or submit a claim for benefits to such a company, the MIB upon request will supply the other insurer with the information on file.

SSQ Financial Group or its reinsurers may also release information in its file to other life and health insurance companies to whom you may apply for insurance or submit a claim for benefits. All information obtained will be treated as confidential.

Upon your request, the MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the MIB file, you may contact the MIB and seek a correction. Their address is: MIB, 330 University Ave., Suite 501, Toronto, Ontario, M5G 1R7. Tel: (416) 597-0590.

“APPENDIX A”

Travel Insurance and Assistance

For information before you travel, to obtain approval before incurring or paying any expenses, or to request assistance, contact SSQ’s travel assistance service at one of the numbers below:

- **From Canada or the United States: 1 800 465-2928**
- **From elsewhere in the world: +1 (514) 286-8412 (collect call)**
- **You must provide the Contract Number specified on your SSQ Insurance Certificate or SSQ Travel Smart Card when calling.**

1. Scope of coverage

If, during a trip, the insured dies, is injured due to an accident, or suffers a sudden and unexpected illness, the following expenses, when incurred in an emergency situation, will be considered by SSQ to be eligible for reimbursement, up to the amount stipulated in the Schedule of Insurance (SOI) per insured, per trip.

The expenses specified below are covered, provided that insured’s are covered under their provincial health insurance and hospitalization plan.

This Travel Insurance benefit covers the excess portion of expenses that is not reimbursed under the insured’s provincial hospitalization insurance or health insurance plan, subject to the maximum amounts specified below.

2. Stability of health condition

If the insured already has a known disease or illness before the trip, you must ensure before departure that the insured:

- is in a good, stable state of health. The insured’s state of health is considered unstable if:
  - symptoms worsen;
  - a relapse is suffered;
  - the disease or illness is in its terminal phase;
  - the disease or illness is chronic and shows signs that deterioration may occur or foreseeable complications may arise during the trip;
- is able to carry out usual daily activities; and
- is experiencing no symptoms that may reasonably suggest that any complications may arise or medical care may be required during the trip outside the province of residence.

SSQ’s travel assistance service can provide you with details of exactly what is meant by sudden and unexpected illness, and can clarify whether your health condition meets the eligibility criteria for this coverage.

3. Expenses covered

3.1 Hospitalization

Hospitalization in a hospital where the insured receives curative treatment.

3.2 Professional fees

Fees charged by the following health care professionals:

Physician

Professional fees of a physician for medical, surgical or anaesthetic care other than fees for dental care.

Nurse

Registered nurse fees for private nursing care provided exclusively in a hospital.

Limitations

SSQ will pay eligible expenses up to a maximum of $5,000.

The nurse must not be related to the insured nor be a travel companion.

Chiropractor, podiatrist or physiotherapist

Dentist

Professional fees of a dentist for accidental injury to natural teeth. The accident must have occurred outside the insured's province of residence. Expenses covered are limited to those incurred while this benefit is in force.

Expenses must be paid within the 12 months following the accident and treatment may be obtained after the insured's return to the province of residence.

Limitations

SSQ will pay eligible expenses up to a maximum of $1,000.

3.3 Medications

Medications obtainable only with a medical prescription.

3.4 Transportation

Ambulance

Transportation by ambulance to the nearest hospital by a licensed ambulance service.

Repatriation of the insured

The cost of returning the insured to the province of residence for immediate hospitalization and the cost of transporting the insured to the nearest location where appropriate medical services are available. Costs must previously be approved by SSQ or its travel assistance service before being incurred. Benefits are limited to the cost of the most economical transport option, taking the insured's health condition into account.

Air transport for medical escort

The cost of economy class return air fare for a medical escort when required by the air carrier or the attending physician of the insured.

Costs must previously be approved by SSQ or its travel assistance service. The medical escort must not be a relative of the insured nor a travel companion.

Transportation of a close relative

The cost of accommodation and meals in a commercial establishment and the cost of economy class return transportation for a close relative between the place of residence and the hospital when the insured is hospitalized for at least 7 days. Eligible expenses, including transportation costs incurred by a close relative in order to identify the deceased insured's body are subject to the following limits :

- Transportation: $2,500 per trip for all insured family members;
- Accommodation and meals: $200 per day for all insured family members, up to a maximum of $1,600 per trip.

Transportation must be by bus, train or air, whichever is the most economical means.

The attending physician or local authorities must certify in writing that the visit was necessary. Costs must previously be approved by SSQ or its travel assistance service.

Transportation of the insured's body if deceased

The cost of preparing and returning the insured's body to the point of departure in Canada by the most direct route, not including the cost of the coffin or casket, up to a maximum of $5,000.

Expenses must be approved by SSQ or its travel assistance service before being incurred.

Return of personal or rental vehicle

The cost of returning the insured's personal vehicle home or rental vehicle to the nearest appropriate vehicle rental agency. Eligible expenses are limited to a maximum of $1,000 per trip for all insured family members.

The vehicle must be returned by a recognized commercial agency. The insured must be incapable of doing so personally due to an accident or injury that is confirmed by the attending physician, and the insured's travel companions, if applicable, must also be unable to return the vehicle.

Expenses must be approved by SSQ or its travel assistance service before being incurred.

Limitations

SSQ will pay eligible expenses up to a maximum of $1,000.

3.5 Services, products and articles

The following expenses paid for medical services, products or articles are also covered:

- Rental of a wheelchair, hospital bed or respirator;
- X-ray and laboratory analysis fees;
- Purchase of trusses, corsets, crutches, splints, casts and other orthopaedic devices.

3.6 Living expenses

The cost of accommodation and meals in a commercial establishment paid by the insured, when obliged to postpone the return home due to hospitalization of the insured, a family member or a travel companion.

Limitations

The duration of hospitalization must be at least 24 hours. SSQ will pay eligible expenses, up to a maximum of $200 per day, subject to a limit of $1,600 per stay outside the province of residence, for all persons covered.

3.7 Travel assistance services

Your insurance covers certain travel assistance services. These services may not be available in all countries and are subject to change by SSQ without notice.

These services include, when necessary:

a) Directing the insured to an appropriate clinic or hospital;

b) Verifying medical insurance coverage to avoid, wherever possible, the insured having to pay for services up front;

c) Ensuring the proper follow-up of the insured's medical file;

d) Coordinating the return and transport of the insured as soon as medically possible;

e) Providing emergency support and coordinating settlement applications;

f) Arranging the transportation of a family member to the bedside of the insured, to identify the insured's body if deceased and/or coordinate the repatriation of the deceased insured;

g) Arranging for the return of insured persons to their home (return expenses not included);

h) Arranging for the return of the insured's personal vehicle if the insured is unable to do so due to illness or accident;

i) Communicating with the insured's family or employer;

j) Acting as an interpreter for emergency calls;

k) Recommending a lawyer in the case of a serious accident. Legal fees are not covered.

4. Coordination and reduction of benefits

Expenses eligible for reimbursement under this Travel Assistance benefit will be reduced by the amount of any corresponding benefits payable under another insurance contract. However, if you are entitled to benefits for the same expenses under other provisions of your SSQ Health Insurance coverage, benefits will only be payable under the provisions of Travel Insurance.

5. Exclusions

This Travel Assistance benefit does not cover:

a) Expenses incurred as a result of the insured's refusal to be repatriated, upon SSQ's request;

b) Expenses incurred by the insured outside the province of residence when such expenses could have been incurred or paid in the province of residence, without danger to the insured's life or health. The fact that the services available in the province of residence may be of a different quality than those available outside the province of residence does not constitute a danger to the insured's life or health;

c) Expenses incurred in a country subject to a Government of Canada travel advisory. This exclusion does not apply to an insured who is already present in a foreign country at the time the Government of Canada issues a travel advisory, provided the insured takes the necessary measures to comply with the advisory as soon as possible;

d) Expenses incurred after the insured's return to the province of residence;

e) Expenses paid or payable under social welfare legislation or a public insurance plan;

f) Expenses related to elective or non-emergency surgery or treatment;

g) Expenses incurred during a trip taken for the purposes of obtaining or with the intention of receiving medical treatment, a medical consultation or medical services, whether or not the trip is taken upon the recommendation of a physician;

h) Expenses for chronic care incurred in a facility treating chronic illnesses;

i) Expenses incurred for insureds in thermal spa facilities or extended care homes;

j) Expenses incurred as a result of a criminal act the insured commits or attempts to commit;

k) Expenses incurred due to suicide or attempted suicide. In the case of suicide, only expenses paid for the preparation and repatriation of the body are covered;

l) Expenses incurred due to self-inflicted injury by the insured, regardless of whether the insured is sane or insane;

m) Expenses incurred due to injury or death as a result of practising any of the following activities or sports: gliding, hang-gliding, paragliding, bungee jumping, skydiving or any other similar activity, mountaineering, all extreme or combat sports, any motorized vehicle competition, as well as any sporting activity involving remuneration;

n) Expenses related to a pregnancy, miscarriage, childbirth or related complications occurring within the 2 months preceding the normal expected date of delivery.

6. How to claim

In the event of an emergency that occurs during your stay outside your province of residence, all the travel assistance services described under Section 3.7 *Travel assistance services* above, and many of the eligible expenses mentioned above will be covered by SSQ's travel assistance service, provided you contact one of its representatives.

When you return home, SSQ's travel assistance service will send you:

- the documents you need to file your claim. All receipts and paid invoices for eligible expenses paid should be enclosed with your claim;
- a form for you to sign, authorizing SSQ's travel assistance service to obtain reimbursement in your name for expenses incurred from your provincial health and hospitalization plan.

For information before you travel, to obtain approval before incurring or paying any expenses, or to request assistance, contact SSQ's travel assistance service at one of the numbers below:

From Canada or the United States: 1 800 465-2928

From elsewhere in the world: +1 (514) 286-8412 (collect call)

You must provide the Contract Number specified on your SSQ Insurance Certificate or SSQ Travel Smart Card when calling.

Travel Cancellation Insurance

1. Scope of coverage

If the insured has to cancel or interrupt a trip, SSQ will reimburse eligible expenses incurred, provided that:

- **amounts incurred were paid in advance by the insured;**
- **at the time travel arrangements were finalized, the insured was not aware of any event that could reasonably lead to the cancellation or interruption of the planned trip.**

SSQ will reimburse expenses up to a maximum of $5,000 per insured, per trip.

2. Eligible reasons for cancellation

The trip must be cancelled or interrupted due to:

a) An illness or accident suffered by the insured, a travel companion, a business partner, or a family member. The illness or accident must prevent the patient from performing his or her usual activities and must be sufficiently serious to justify the cancellation or interruption of the insured's trip;

b) Death of one of the following persons:

- The insured;
- A member of the insured's family, the family of the insured's travel companion, or the insured's travel companion;
- The insured's business partner.

The funeral must be scheduled to take place during the planned trip or the preceding 14 days;

c) Death, illness or accident suffered by a person for whom the insured is the legal guardian;

d) Suicide or attempted suicide of a member of the insured's family, the insured's travel companion, or a member of the family of the insured's travel companion;

e) Death of a person for whom the insured is the executor of the will;

f) Death or emergency hospitalization of the host at destination;

g) The insured's or travel companion's summons for jury duty or subpoena to act as a witness in a hearing scheduled to take place during the trip. The individual subpoenaed must have taken all necessary measures to obtain postponement of such hearing.

Cancellation or interruption of a trip due to a summons or subpoena is not considered eligible if the individual:

- instigates proceedings; or
- is a defendant in the hearing;

h) Quarantine of the insured. Quarantine must end 7 days or less before the scheduled date of departure, or must occur during the time of the trip;

i) Hijacking of the airplane on which the insured is travelling;

j) Damage rendering the principal residence of the insured or of the host at destination uninhabitable, provided the residence remains uninhabitable 7 days or less before the scheduled date of departure or the damage occurs during the trip;

k) Transfer of the insured, for the same employer, to a location more than 100 kilometres from the current residence, within the 30 days preceding the scheduled date of departure;

l) Terrorism, war, whether declared or undeclared, or an epidemic in the country which the insured is travelling to, provided the Government of Canada issues an advisory that Canadians should not travel in that country during the time of the planned trip. The advisory must have been issued after finalization of travel arrangements;

m) Delay of the transportation used by the insured to reach the point of departure of the planned trip or to the point of departure of a scheduled connection after departure of the planned trip.

The means of transport used must provide for scheduled arrival at the point of departure at least 3 hours prior to before the time of departure or at least 2 hours if the distance to be covered is less than 100 kilometres.

The delay must be caused by one or more of the following:

- Mechanical problems, except those affecting the insured's private automobile;
- A traffic accident;
- An emergency road closure;

The last two causes must be confirmed by a police report;

n) Weather conditions such that:

- the departure of the public carrier used by the insured, at the point of departure of the planned trip, is delayed for by at least 30% (minimum 48 hours) of the planned duration of the trip; or
- the insured is unable to make a scheduled connection, after departure, with another carrier, provided the scheduled connection after departure is delayed by at least 30% (minimum 48 hours) of the planned duration of the trip;

o) Damage occurring to a commercial establishment or to the physical location where a commercial activity is to be held. The damage must prevent the activity in question from taking place. A written cancellation notice must be issued by the organization officially responsible for the activity;

p) Death or hospitalization of the person with whom the insured had arranged a business meeting or commercial activity.

Limitations

Reimbursement is limited to transportation expenses and a maximum of 3 days' accommodation.

3. Expenses covered

3.1 In the event of cancellation prior to departure

a) The non-refundable portion of prepaid travel expenses;

b) Additional expenses incurred by the insured if the travel companion who was to share a room or apartment at destination must cancel for a reason specified in Section 2. Eligible reasons for cancellation, and the insured decides to proceed with the initially-planned trip. Expenses are covered, up to the amount of the cancellation penalty applicable at the time the travel companion had to cancel;

c) The non-refundable portion of prepaid travel expenses, up to 70% of such expenses, if departure is delayed due to weather conditions and the insured decides not to proceed with the trip.

3.2 In the event of missed departure or if the trip must be interrupted

The additional cost of a one-way economy class ticket on a scheduled flight of a public carrier, by the most direct route to the initially-planned trip destination.

Departure must be missed due to a delay in the means of transportation used by the insured, as specified under Section 2 m).

The trip must be temporarily interrupted following departure due to an illness or an accident suffered by the insured or travel companion, as specified under Section 2 a).

3.3 If the return is earlier or later than planned

a) The additional cost of a one-way economy class ticket, by the most direct route, to return to the initial point of departure, by the initially-planned means of transportation. If the initially-planned means of transportation cannot be used, the expenses covered will be equal to the fees charged by a regular air carrier for economy class travel, by the most economical means of

transportation, via the most direct route, for the insured to return to the initial point of departure. These expenses must be approved in advance by SSQ;

b) The unused and non-refundable portion of the ground part of the prepaid travel expenses.

Limitations:

If the return is delayed by more than 7 days, the expenses incurred are covered, provided the person in question was admitted to hospital as an in-patient for more than 48 hours within the seven-day period.

If travel expenses were not paid in advance, the expenses incurred by the insured will be covered, provided the insured was not aware of any event that could reasonably lead to the interruption of the planned trip before the scheduled date of departure.

3.4 Round-trip transportation

Your insurance will cover the cost of transportation by the most economical means, for the insured to return to the province of residence and then back to the trip destination, provided it is for one of the following situations:

a) Death or hospitalization of a member of the insured's family, a person for whom the insured is the legal guardian or a person for whom the insured is the testamentary executor;

b) A disaster that has made the principal residence of the insured uninhabitable or has caused significant damage to the insured's business establishment.

4. Coordination and reduction of benefits

Expenses eligible for reimbursement under this Travel Cancellation Insurance benefit will be reduced by the amount of any corresponding benefits payable under another individual or group insurance contract. However, if the insured is entitled to similar benefits under other provisions of your SSQ Health Insurance coverage, benefits will only be payable under provisions of the Travel Cancellation Insurance.

5. Limitations

In the event of cancellation prior to departure, the trip must be cancelled through the travel agent or carrier within 48 hours, or, in the case of a holiday, on the next working day. SSQ must be notified at the same time.

SSQ's liability is limited to the applicable cancellation costs stipulated in the travel contract 48 hours after the date of the event justifying cancellation or on the next working day in the case of a statutory holiday.

However, this limitation will not apply if the insured and spouse provide proof deemed satisfactory by SSQ that they were totally incapable of doing so. In such case, the trip must be cancelled as soon as one of these persons is able to do so. SSQ's liability is limited to the applicable cancellation expenses stipulated in the travel contract at this date.

6. Exclusions specific to Travel Cancellation Insurance

This clause does not cover losses due to the following causes or to which such causes have contributed:

a) War or acts of war, whether declared or undeclared, in Canada or abroad, provided the Government of Canada issued a travel advisory for the country in question. This exclusion does not apply to an insured already present in a foreign country at the time war breaks out or an act of war occurs and the Government of Canada then recommends leaving that country. The insured must, however, take the necessary measures to leave the country as soon as possible.

b) Active participation of the insured in a riot or insurrection, or perpetration or attempted perpetration of a criminal act by the insured;

c) Abusive consumption of medication, drugs or alcohol and the ensuing consequences;

d) Self-inflicted injury, suicide or attempted suicide, whether the insured is sane or insane;

e) Participation in any of the following activities or sports: gliding, hang-gliding, paragliding, bungee jumping, skydiving or any other similar activity, mountaineering, all extreme or combat sports, any motorized vehicle competition, as well as any sporting activity involving remuneration;

f) Pregnancy, miscarriage, childbirth or related complications occurring within the 2 months preceding the normal expected date of delivery;

g) A trip taken for the purposes of obtaining or with the intention of receiving medical treatment, a medical consultation or hospital services, whether or not the trip is taken upon the recommendation of a physician;

h) A trip taken to visit or be at the bedside of a person who is ill or has suffered an accident, and whose medical condition or subsequent death leads to cancellation, early return or late return.

7. How to claim

To file a claim, contact travel assistance service at one of the numbers below:

From Canada or the United States: 1 800 465-2928

From elsewhere in the world: 1 (514) 286-8412 (collect call)

You must provide the Contract Number specified on your SSQ Insurance Certificate or SSQ Travel Smart Card when calling.

You must include the following supporting documents with your claim:

a) Unused travel tickets;

b) Official receipts for additional transportation expenses;

c) Receipts for travel arrangements. Receipts must include the contracts officially issued by a travel agent or accredited firm, specifying the non-refundable amounts in the event of cancellation. Written proof that you have requested a reimbursement of travel expenses from the travel agent or accredited firm must be forwarded to SSQ, along with the reply you receive from the travel agent or accredited firm;

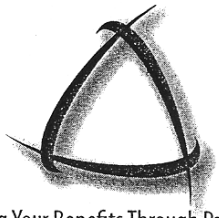
d) Official documents certifying the reason for cancellation. If the trip is cancelled for medical reasons, the insured must provide a medical certificate issued by a legally authorized physician practising where the illness or accident occurred. The medical certificate must specify the complete diagnosis confirming the need to cancel, delay or interrupt the trip;

e) If the means of transportation used by the insured is delayed because of a traffic accident or emergency road closure, the insured must provide an official police report;

f) If applicable, an official report issued by the appropriate authorities pertaining to weather conditions;

g) Written proof issued by the official organizer of a commercial activity to the effect that an event is cancelled and the specific reasons why;

h) Any other report required by SSQ in support of the insured’s claim.



Securing Your Benefits Through Partnership
Since 1996
OPSEU Joint Trusteed Benefit Fund

May 24, 2005

Ms. Catherine Barker
Administrator of Staff Relations
OPSEU
100 Lesmill Road
North York, Ontario M3B 3P8

Dear Catherine,

Re: OPSEU Staff Benefit Plan and
The OPSEU Joint Trusteed Benefit Plan

I am writing to you to confirm that the OPSEU Joint Trusteed Benefit Fund will honour the applicable provisions of the former Great West Life policy, Maritime Life policy, and Aetna policy and any collective agreement provisions that OPSEU, ASU and OPSSU may have negotiated.

Please do not hesitate to contact me should you require further information or clarification.

Yours truly,

William R. Mathison
Executive Director

WRM/km

c. Joint Benefits Review Committee

156 Duncan Mill Road, Unit 7
North York, ON M3B 3N2
Tel: 416 443 9223
1 877 766 7823
Fax: 416 443 3185
Email: benefits@ojtbf.ca

SSQ FINANCIAL GROUP
Group Insurance

June 15, 2004

Catherine Barker
Administrator of Staff Relations
OPSEU
100 Lesmill Road
Toronto Ontario
M3B 3P8

Dear Catherine,

Re: OPSEU Staff Benefit Plan and
The OPSEU Joint Trusteed Benefit Fund

I am writing to you to confirm that SSQ Financial Group will honour the provisions of The former Aetna policy, Great West Life policy, Maritime Life policy and any Collective Agreement provisions that OPSEU, ASU and OPSSU may have negotiated.

Please do not hesitate to contact me if you need any more information.

Sincerely,

Gary Mitchell
Director of Sales
Toronto Office

SSQ, Life Insurance Company Inc.
5160, Yonge Street | suite 730 | Toronto (North York) ON M2N 6L9
Telephone (416) 221-3477 | 1 866 696-6001 | Fax (416) 221-2898

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