360° GROUP INSURANCE

Your Group Insurance Plan

ST. JOSEPH'S HEALTH CENTRE

Policy No. 541102

Executives

Proud Partner of

HEART & STROKE FOUNDATION

Desjardins Insurance

LIFE • HEALTH • RETIREMENT

Cooperating in building the future

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This document is an integral part of the Insurance certificate. It is a summary of your Group Insurance Policy effective April 1, 2012. Only the Group Insurance Policy may be used to settle legal matters.

Information on benefits that are not insured by Desjardins Financial Security Life Insurance Company (hereinafter referred to as Desjardins Financial Security) has been inserted in this booklet for convenience and reference purposes only. Inclusion of such wording does not imply nor impart any liability upon Desjardins Financial Security for these coverages.

This electronic version of the booklet has been updated on November 1, 2015. Please be advised that this electronic version is updated more frequently than the printed copy of your booklet. Therefore, there may be discrepancies between the paper and electronic copies.

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CLASSES

Class	Class Name
A15	Executives Full-time
B15	Executives Part-time

SUMMARY BENEFIT

EXTENDED HEALTH CARE BENEFIT

	Deductible		
Benefit	Per Covered Person	Per Family	Reimbursement
Drug with Direct Payment Card	$15	$25	100%
Eyeglasses, Lenses and Eye surgery: $400 in any 24 month period	Combined with Drug	Combined with Drug	100%
Hospitalization Expenses in semi-private accommodation	Nil	Nil	100%
Hospitalization Expenses in private accommodation	Combined with Drug	Combined with Drug	100%
Travel Insurance	Nil	Nil	100%
Other Expenses	Combined with Drug	Combined with Drug	100%

DENTAL CARE BENEFIT

	Deductible per Covered Person or per Family	Reimbursement	Maximum per Covered Person
Preventive Services, Basic Services, Endodontics and Periodontics	Nil	100%	Unlimited
Major Restorative Services	Nil	100%	$5,000
Orthodontics	Nil	50%	Lifetime maximum of $2,000

Benefit termination: End of the month following Member's 70th birthday.

GENERAL GUIDELINES

Participation:	Mandatory for permanent or temporary full-time employees. Optional for permanent or temporary part-time employees.
Eligibility Requirements	
Number of hours worked per week:	A minimum of 30 hours per week for permanent or temporary full-time employees. A minimum of 15 hours per week for permanent or temporary part-time employees.
Eligibility Period:	Nil

BENEFIT SCHEDULE

EXTENDED HEALTH CARE BENEFIT

Self-Insured by St. Joseph's Health Centre and administered by Desjardins Financial Security Life Assurance Company, except with respect to Travel Insurance which is underwritten by Desjardins Financial Security Life Assurance Company.

Deductible Amount

Dispensing fee and mark-up:	Desjardins Financial Security will reimburse the reasonable and customary dispensing fee and mark-up. The Covered Person will be responsible for any amounts in excess of these limits.
Drugs:	$15 per Covered Person, up to a maximum of $25 per family each Calendar Year.
Hospitalization Expenses:	**Short-Term Hospitalization Expenses** In a semi-private accommodation: Nil In a private accommodation: Deductible combined with Drug Expenses **Long-Term Hospitalization Expenses** Deductible combined with Drug Expenses.
Travel Insurance:	Nil
Eyeglasses, Lenses and Eye surgery:	Deductible combined with Drug Expenses.
Vision Care:	Deductible combined with Drug Expenses.
Other Expenses:	Deductible combined with Drug Expenses.
Drug Payment Card:	Direct

Percentage of Reimbursement

Drugs:	100%
Hospitalization Expenses:	100%
Travel Insurance :	100%
Vision Care:	100%
Other Expenses:	100%

Eyeglasses, Lenses and Eye surgery

Eyeglasses, Contact Lenses and Eye surgery:	100%
Contact Lenses: (Special conditions)	100%

Limits for Eligible Expenses

Short-Term Hospitalization Expenses:	The cost of a semi-private or private room for each day of Hospitalization with no limit as to the number of days.
Long-Term Hospitalization Expenses:	**Convalescent / Rehabilitation Centre and Chronic Care Centre** Eligible amount of $20 per day and a combined maximum of 120 days per hospitalization period.
Travel Insurance :	Lifetime payable amount of $5,000,000 per Insured Person.

Nursing Care:	**Registered Nurse (R.N.)** 90 eight-hour shifts per Covered Person, each Calendar Year. **Registered Nursing Assistant (R.N.A.)** Eligible amount of $10 per day, up to a maximum of 120 days.
Paramedical Services:	Eligible amount of $350 for each discipline per Covered Person each Calendar Year: • Naturopath • Osteopath • Podiatrist or Chiropodist (combined maximum amount) • Psychologist • Speech Therapist Eligible amount of $1,000 for all disciplines combined per Covered Person each Calendar Year: • Chiropractor • Massage Therapist • Physiotherapist
Imaging techniques:	Ordered by a chiropractor, a podiatrist, an osteopath or chiropodist are covered.
Eyeglasses, Lenses and Eye surgery:	Eligible amount of $400 per Covered Person once in any 24 month period for adults and children.

Benefit Termination

Age Limit:	End of the month following Member's 70th birthday.

DENTAL CARE BENEFIT

Self-Insured by St. Joseph's Health Centre and administered by Desjardins Financial Security Life Assurance Company.

Fee Guide Year:	Current year
Deductible Amount:	Nil
Percentage of Reimbursement	
Preventive Services:	100%
Basic Services, Endodontics and Periodontics:	100%
Major Restorative Services:	100%
Orthodontics:	50% Eligible Expenses for adults and children.
Maximum Benefit	
Preventive Services, Basic Services, Endodontics and Periodontics:	Unlimited
Major Restorative Services:	$5,000 per Covered Person each Calendar Year.
Orthodontics:	Lifetime maximum of $2,000 per Covered Person.
Frequency:	For recall oral examination, oral hygiene instruction, polishing, light scaling and fluoride treatment, once every 6 months under age 19 and once every 9 months for age 19 and over.

Limitations: Fees for composite restorations performed on either anterior or posterior teeth are eligible.

Benefit Termination

Age Limit: End of the month following Member's 70th birthday.

DEFINITIONS

Wherever used in this Plan:

Accident means any event due to sudden and unforeseeable external causes that inflicts bodily injuries which are certified by a Physician, directly and independently of any other cause. It does not mean any form of disease, or degenerative process, an inguinal, femoral, umbilical or incisional hernia, or any infection other than an infection of a visible, external cut or wound accidentally sustained.

Actively At Work means, on any day, the performance by the Employee of all the usual and customary duties of his job with the Employer for the scheduled number of hours for that day.

Age means the age of the Covered Person on his last birthday when stated or calculated, or on the day when an event referred to under the Plan occurs.

Child means a person who:

1) is under 21 years of Age, and for whom the Member or the Spouse of the Member has legal guardianship or had legal guardianship until he reached the Age of majority; or

2) has no spouse, is under 25 years old and is, or is deemed to be, a full-time student at an accredited educational institution, and for whom the Member or the Spouse of the Member would have legal guardianship if he were a minor; or

3) has reached the Age of majority, has no spouse, and is suffering from a "functional impairment" that must have existed when the status of the person fit the definition of either 1) or 2) above. In addition, in order to be considered a "person suffering from a functional impairment," this person must be living with the Member or the Spouse of the Member who would have legal guardianship of him as if he were a minor.

   It is understood that a functional impairment will be defined as stipulated under the regulations of any provincial legislation, when covered under such regulations.

Continuing Medical Care means the treatment a Member receives. It must be accepted by the medical profession as an effective, appropriate and essential treatment in the diagnosis or care of the specific Illness or injury. It must be reasonable, considered as standard practice and provided or prescribed by a Physician or, when Desjardins Financial Security deems necessary, by a specialist in the appropriate field. Such care is not limited to examination and tests, and must be provided at the frequency required for the specific Illness or injury.

Covered Person means the Member or one of his covered Dependents, as the case may be.

Day Surgery means any surgery performed by a Physician that requires local or general anaesthesia, with the exception of any minor surgery performed in the office of the Physician.

Dependent means a Spouse or Child who is domiciled in Canada. However, if a Dependent is domiciled outside Canada, such Dependent may be deemed to be domiciled in Canada provided such individual is covered under a provincial medical plan and prior written approval is obtained from Desjardins Financial Security.

Effective Date means April 1, 2012.

Employee means a person who is domiciled in Canada, who is employed by the Employer on a permanent or temporary full-time or part-time basis for not less than the number of hours specified in the Benefit Schedule and who earns a salary for his services on a regular basis. However, if an Employee is domiciled outside Canada, such Employee may be deemed to be domiciled in Canada provided prior written approval is obtained from Desjardins Financial Security.

Employer means St. Joseph's Health Centre.

Hospital means a legally licensed hospital which provides facilities for diagnosis, major surgery and the care and treatment of a person suffering from disease or injury, on an in-patient basis, whit 24 hour services by registered nurses and physicians. This includes legally licensed hospitals providing specialized treatment for mental illness, drug and alcohol addiction, cancer, arthritis and convalescing or chornically ill persons when approved by Desjardins Financial Security. This does not include a nursing home, home for the aged, rest home or other places providing similar care.

Illness means any health deterioration or bodily disorder certified by a Physician. For the purposes of this Plan, organ donations and related complications are also considered illnesses.

Immediate Family means a person who is the Spouse, son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law of the Member.

Maternity Leave or Parental Leave means any official period of maternity or parental leave taken by a Member in accordance with provincial or federal legislation, or an agreement between the Member and the Employer, or any other period during which a Member receives maternity benefits under the Employment Insurance program.

Member means an Employee who is covered under this Plan.

Physician means a legally qualified medical practitioner lawfully entitled to practice medicine in the place where he provides the medical services.

Plan means St. Joseph's Health Centre Extended Health Care and Dental Care Plans.

Spouse means the person who is married to the Member, except that a person of the opposite or same sex who is living with and has been living with the Member in a conjugal relationship for at least 1 year will be considered to be the Member's Spouse.

MEMBER COVERAGE

EMPLOYEE ELIGIBILITY

An Employee is eligible for coverage:

1) on the Effective Date, if he meets the Eligibility Requirements specified in the Benefit Schedule; or

2) after the Effective Date, on the date on which he meets the Eligibility Requirements specified in the Benefit Schedule.

COMMENCEMENT OF MEMBER COVERAGE

The coverage of any Employee will become effective on the latest of the following dates, provided that Employee is Actively At Work on such date:

1) the Effective Date of this plan,

2) the date on which he first becomes eligible, provided his written application, completed using the form required by Desjardins Financial Security, is received by Desjardins Security Financial on or before that date,

3) the date on which his written application, completed using the form required by Desjardins Security Financial, is signed by him, provided this application is received by Desjardins Security Financial within 31 days of his date of eligibility,

4) the date on which the insurability of the Employee is approved by Desjardins Security Financial, if the application of the Employee for coverage is received by Desjardins Security Financial more than 31 days after the date of his eligibility.

If an Employee is not Actively At Work on the date his coverage would have otherwise commenced, such coverage will commence on the first day he is subsequently Actively At Work.

If the Employee is not Actively At Work on the date his coverage would have otherwise commenced, due solely to a paid leave or a statutory holiday, then he will be considered Actively At Work on such date.

EXEMPTION PRIVILEGE

A Member may decline to be covered under the Extended Health Care Benefit or Dental Care Benefit, if such Member is covered as a Dependent under this Plan or another similar group coverage plan. However, if the other plan terminates or the Spouse ceases to be a member of an eligible class, the Member will be eligible for coverage under the Benefit he previously opted out of as of the date of such termination.

TERMINATION OF MEMBER COVERAGE

The coverage of the Member will terminate on the earliest of the following dates:

1) the date on which the Member no longer qualifies as an Employee, as defined in this Plan,

2) the date on which the Member reaches the applicable Age Limit specified in the Benefit Schedule,

3) the date on which notice of termination is given to Desjardins Financial Security by the Plan Sponsor,

4) the date on which this Plan is terminated.

DEPENDENT COVERAGE

DEPENDENT ELIGIBILITY

A Member with a Dependent on the date he becomes eligible for coverage under this Plan will be eligible for Dependent coverage on such date.

A Member without a Dependent who is covered under this Plan will be eligible for Dependent coverage on the date he acquires a Dependent.

COMMENCEMENT OF DEPENDENT COVERAGE

The coverage for the Dependent of a Member will become effective on the latest of the following dates:

1) the date on which the coverage of a Member first becomes effective under this plan,

2) the date on which a Member covered under this plan first becomes eligible for Dependent coverage, provided written application is made within 31 days of the date of such eligibility,

3) the date on which the insurability of the Dependent is approved by Desjardins Financial Security, if evidence of insurability is requested of a Member because his application for coverage is received more than 31 days after the date he became eligible,

4) the date on which the insurability of the Dependent is approved by Desjardins Financial Security, if the application of the Member for Dependent coverage is made more than 31 days after the Member first became eligible for such coverage.

The coverage for any individual becoming an eligible Dependent of a Member covered with Dependent coverage will become effective on the date on which such individual becomes a Dependent as defined in this plan.

TERMINATION OF DEPENDENT COVERAGE

Coverage of a Dependent of a Member will terminate on the earliest of the following dates:

1) the date on which the coverage of the Member terminates,

2) the date on which the Member no longer has any Dependents,

3) the date on which Dependent coverage under this Plan is terminated;

4) the date on which this Plan is terminated.

The coverage of any Dependent of a Member will terminate on the date the Dependent no longer qualifies as a Dependent, as defined in this Plan.

CO-ORDINATION OF BENEFITS

If an individual, who is covered for a Benefit that is subject to the CO-ORDINATION OF BENEFITS provision, is also covered under another Plan that provides similar benefits, the amount of benefits payable during any calendar year will be co-ordinated.

Coordination of benefits under this plan will be done in accordance with the guidelines of the Canadian Life and Health Insurance Association so that the total payments under all Plans will not exceed the individual's total incurred eligible expenses.

As used in this provision, "Plan" means this plan and any plan providing benefits or services under

1) other group coverage programs;

2) any other arrangement of coverage for individuals in a group, whether on a covered or uncovered basis;

3) government programs or any coverage required by statute.

The term "Plan" will be construed separately with respect to each plan, contract, or other arrangement for benefits or services and separately with respect to that portion of any such plan, contract, or other arrangement which reserves the right to take the benefits or services of other Plans into consideration in determining its benefits and that portion which does not.

PAYMENT OF BENEFIT

1) A benefit payable during the lifetime of the Member will be made to the Member unless otherwise indicated elsewhere in the Plan.

2) If a Member dies before payments to which he is entitled are made or if a Member is not competent to give a valid release for payments to which he is entitled, Desjardins Financial Security, on behalf of the Plan Sponsor, pays, to the extent permitted by law, to a relative by blood or connection by marriage of the Member or to any person appearing to St. Joseph's Health Centre to be equitably entitled to such payment.

3) No action or proceedings may be initiated against Desjardins Financial Security, acting on behalf of the Plan Sponsor, for the recovery of any claim within 60 days or after 2 years following the expiration of the time in which proof of claim is required.

4) Desjardins Financial Security, acting on behalf of the Plan Sponsor, upon providing payment for incurred expenses or assuming liability for incurred expenses, is subrogated to all rights of recovery of the Member against any individual and may bring action in the name of the Member to enforce such rights.

SETTLEMENT OF CLAIMS

1) In the event of a dispute between Desjardins Financial Security, the Plan Sponsor, the Member or any of these parties concerning the benefits payable under this Plan, the Plan Sponsor shall be entitled to direct Desjardins Financial Security as to the way in which the dispute is to be resolved. In so directing Desjardins Financial Security, the Plan Sponsor shall follow the procedures for adjudicating disputes which apply from time to time to this Plan, but Desjardins Financial Security shall not be obligated to ensure that the Plan Sponsor has done so.

2) Notwithstanding any other provisions in this Plan, the Plan Sponsor may determine the amount payment to be made in respect of a claim submitted to Desjardins Financial Security provided that the Plan Sponsor informs Desjardins Financial Security in writing as to the manner in which the claim will be settled, and the amount of payment.

EXTENDED HEALTH CARE BENEFIT

DEFINITIONS

As used in this Benefit

Calendar Year means the period extending from January 1st to December 31st inclusive.

Convalescent/Rehabilitation Centre and Chronic Care Centre means any facility or institution in Canada which is licensed as a convalescent hospital or a chronic hospital by the licensing body having jurisdiction for the care and treatment of sick and injured persons who require supervision of either a Physician or a registered nurse. This institution must provide nursing care 24 hours a day by a registered nurse and maintain a daily record of each patient under the care of a Physician. However, it does not include a nursing home, home for the aged, home for the mentally ill, rest home, or an institution for the care and treatment of alcoholism or drug addiction.

Day Surgery means any surgery performed by a Physician that requires local or general anaesthesia, with the exception of any minor surgery performed in the office of the Physician.

Dentist means a person who is licensed to practise dentistry by the appropriate authority of the jurisdiction where the services are provided.

Dispensing fee means the part of the price of each prescription sold by a drugstore which corresponds to the amount covering the cost of the pharmacist's services.

Drugs available on prescription means drugs prescribed by a Physician or a dental surgeon. This will also include certain drugs requiring a prescription when prescribed by other health practitioners where permitted to do so by provincial law.

Hospitalization means

1) to be admitted to a Hospital as an In-patient for more than 18 consecutive hours; or

2) any Hospital stay in order to receive Day Surgery.

In-patient means a person admitted to and assigned a bed in a Hospital In-patient area on the order of a Physician.

Mark-up means the part of the price of each prescription sold by a drugstore which corresponds to the profit made on the drug.

Medical Emergency means any acute and unexpected condition, Illness or injury requiring immediate medical treatment.

Medical Recommendation means the order to provide medication or care given by a Physician, dental surgeon or a podiatrist duly authorized to do so in the normal performance of his profession.

Orthesis means any orthopaedic appliance constructed of rigid material, such as metal or plastic, used to maintain a part of the body in the correct position. Elastic supports are not included in this category.

Period Of Hospitalization means any continuous period of Hospitalization in a Canadian Hospital or successive periods of Hospitalization resulting from the same Illness or Accident and separated by less than 60 consecutive days during which the Covered Person was not hospitalized. If, during a given period, Hospitalization results from an Illness or Accident entirely unrelated to the Illness or Accident that resulted in the previous Hospitalization, this Hospitalization will be treated as a new Period Of Hospitalization.

Prosthesis means an appliance used to replace all, or part, of a limb or organ.

Sound Tooth means a natural tooth that is not afflicted with any pathology either itself or in the adjacent structures. In addition, a tooth that has been treated or repaired and restored to normal function will be considered sound.

Stable refers to the health condition of a Covered Person who, within 30 days prior to the trip departure date, is not affected by any medical condition, or is affected by a medical condition that:

1) does not require a change or for which no change was recommended in the treatment or dosage of prescribed drugs; and

2) does not demonstrate any symptoms that would indicate a deterioration of the medical condition in the course of the trip.

Vehicle means a car, a motor home or a van with a maximum load of 1,000 kilograms.

DEFINITIONS FOR DRUGS

Brand Name Drug means the first drug developed, said to be original, and put on the market.

Generic Drug means any reproduction of a Brand Name Drug.

PAYMENT OF BENEFIT

Upon receipt of Proof of Claim satisfactory to Desjardins Financial Security that a Member, or one of his Dependents, while covered under this Benefit, incurred Eligible Expenses, Desjardins Financial Security will reimburse the portion of expenses in excess of the Deductible, where applicable, subject to the applicable Percentage of Reimbursement and the limits specified in the Benefit Schedule, and in accordance with the other applicable provisions of this Benefit and this plan.

To be eligible, the expenses must have been incurred as a result of Illness, pregnancy or an Accident, and cover care:

1) which is medically necessary to treat the Covered Person;

2) which is generally provided for an Illness or injury of similar type or seriousness; and

3) which, unless otherwise indicated, was on the prior recommendation of the attending Physician.

In addition, the Eligible Expenses will be limited to the reasonable and customary charges generally paid in the area where the services are provided.

Eligible Expenses will be considered to have been incurred on the date the service or supply was provided.

COMMENCEMENT OF DEPENDENT COVERAGE

If a Dependent is hospitalized on the day his coverage would normally become effective, the effective date of coverage will be delayed, and his coverage will commence 24 hours after his discharge from the hospital. However, the newborn Child of a Member, with Dependents who are already covered, will become covered at birth.

DEDUCTIBLE

The Deductible is the amount of Eligible Expenses that the Member must pay in any Calendar Year before reimbursement will be made under this Benefit. The Deductible is specified in the Benefit Schedule.

PERCENTAGE OF REIMBURSEMENT

The Percentage of Reimbursement specified in the Benefit Schedule is the percentage of Eligible Expenses in excess of the Deductible that will be reimbursed by Desjardins Financial Security, in accordance with the provisions of this Benefit.

DRUG EXPENSE LIMITS

The maximum amount specified in the BENEFIT SCHEDULE is applicable to all drug expenses incurred by each Covered Person, per Calendar Year.

ELIGIBLE EXPENSES IN CANADA – EXTENDED HEALTH CARE

Eligible Expenses include charges for the following and must be incurred:

1) in the Member's province of residence; and

2) outside the Member's province of residence, but in Canada, for any reason other than a Medical Emergency.

HOSPITALIZATION EXPENSES

Hospital: Hospital charges for active treatment for each day of Hospitalization, with no limit as to the number of days, up to the maximum specified in the Benefit Schedule.

Convalescent/Rehabilitation Centre and Chronic Care Centre: semi-private accommodation and meals in a licensed Convalescent or Rehabilitation Centre or Chronic Care Centre, provided that the Covered Person was admitted within 14 days of discharge from a Hospital to which he was confined as an In-patient and that this stay was primarily required for rehabilitation and not custodial care, up to the maximum specified in the Benefit Schedule.

Detoxification: Hospital charges for the treatment of alcoholism and drug addiction, provided that the condition of the Covered Person requires treatment under the supervision and control of a Physician and that treatment has been approved by Desjardins Financial Security. Payable under the Short-Term Hospitalization Expenses in a semi-private room with an unlimited amount, no deductible and 100% of co-insurance.

DRUGS

1) Generic Drugs that are included in the most recent Provincial Governmental Drug Program Formulary, any non-substitutable drugs or Therapeutic Cross Selected Drugs, dispensed by a licensed pharmacist, Physician or Dentist, that are available only on prescription from a licensed Physician or Dentist, for a pathologic condition or bodily injuries.

   Also eligible are drugs available on prescription that are necessary for the treatment of certain pathological conditions, excluding homeopathic preparations, and for which the therapeutic indication suggested by the manufacturer in the Compendium of Pharmaceuticals and Specialties is directly linked to the treatment of the following pathological conditions:

   cardiac problems;

   pulmonary problems;

   diabetes;

   arthritis;

   Parkinson's disease;

   epilepsy;

   cystic fibrosis;

   glaucoma.

   If the attending Physician will not permit the substitution of Generic Drugs for the drugs prescribed, Eligible Expenses will include the cost of the Brand Name Drug.

For a Covered Person domiciled in British Columbia, Saskatchewan or Manitoba, expenses for prescribed drugs must not exceed the Deductible and Co-insurance percentage prescribed from time to time under the British Columbia or Manitoba Pharmacare program, or under the Saskatchewan Prescription Drug Plan.

2) Contraceptives prescribed by a Physician.

3) Injectable drugs, serums and vaccines prescribed by a Physician for preventing or treating an Illness.

4) Reagent strips and syringes for the treatment of diabetes.

5) Smoking cessation aids (products only), up to a lifetime maximum of Eligible Expenses of $500 per Covered Person.

6) Drugs used for fertility treatment.

HEALTH PROFESSIONALS

Nursing Care: Services of a registered nurse, a licensed practical nurse or a registered nursing assistant are eligible, up to the amount specified in the Benefit Schedule per Covered Person, provided the patient is not confined in a Hospital and the services are medically necessary, are not rendered solely for custodial care, supervision or companionship and psychotherapy, and within the competence of such nurse. In addition, the nurse must not be related to the Member or to any of his Dependents by birth or marriage, and must not ordinarily reside in his or his Dependent's home.

Paramedical Services: Services of the practitioner disciplines specified in the Benefit Schedule and up to the maximum amount specified, provided that the practitioner is operating within his recognized field. He must be a member in good standing of his professional association that must be recognized by Desjardins Financial Security. Unless otherwise indicated in the Benefit Schedule, these services do not require prior Medical Recommendation.

In the province of Ontario, Eligible Expenses incurred for the services of a podiatrist or a chiropodist are reimbursed after the annual benefit for such services covered under the provincial health insurance plan has been exhausted. Proof that the benefit has been exhausted will be required.

In all other provinces, reimbursement will be made as allowed under the relevant provincial health plan. If applicable, proof that the benefit has been exhausted will be required.

AMBULANCE

In the event of a Medical Emergency, or if the Covered Person must be transferred to another Hospital, transportation by a licensed ground ambulance

1) from the place of the Accident or Illness to the nearest Hospital where adequate medical treatment is available;

2) between Hospitals; and

3) from the Hospital to the place of residence of the Covered Person, when his condition warrants it.

Medical Emergency transportation by a licensed air ambulance to the nearest Hospital where adequate treatment is available, or to another Hospital when certified as medically necessary by the attending Physician.

MOBILITY AIDS

Conventional wheelchair: Rental or purchase, at the discretion of Desjardins Financial Security, up to a maximum of $6,000 for any period of 5 years, including repairs.

Electric wheelchair**:** Rental or purchase, at the discretion of Desjardins Financial Security, up to a maximum of $20,000 for any period of 5 years, if medically necessary.

Scooter: Rental or purchase, at the discretion of Desjardins Financial Security, up to a maximum of $4,400 for any period of 5 years, if medically necessary.

Walkers or crutches: Purchase or rental, at the discretion of Desjardins Financial Security.

ORTHOPAEDIC SUPPLIES

Wheelchair cushions: Purchase.

Spinal brace: Purchase, but not repair, including traction kit.

Brace for a limb, truss and plaster: Purchase, but not the repair or replacement.

Conventional hospital bed: Purchase or rental, at the discretion of Desjardins Financial Security.

Orthopaedic shoes: Purchase of one pair each Calendar Year, up to a maximum of Eligible Expenses of $350 per Covered Person each Calendar Year, combined with the maximum eligible expenses for purchase of podiatric orthesis or arch support. Orthopaedic shoes are defined as custom-molded shoes specifically designed for an individual to correct a foot defect, as well as open-toed shoes, in-flare or out-flare shoes, straight-laced shoes and shoes required for Denis Browne braces. The cost of modifications or adjustments to stock item footwear is also eligible; in-depth shoes and off-the-shelf shoes that are regular stock are excluded.

ORTHESIS AND PROSTHESIS

Podiatric Orthesis or arch support: Purchase, up to a maximum of Eligible Expenses of $350 per Covered Person each Calendar Year, combined with the maximum Eligible Expenses for purchase of orthopaedic shoes.

Artificial limb: Purchase; the cost for the repair is also eligible; replacement is included when required due to physiological change.

Artificial eye: Purchase, including reimbursement for one polishing or one re-making of the artificial eye each Calendar Year, per Covered Person.

External breast Prosthesis:

Purchase of an external breast Prosthesis when required because of total or radical mastectomy that has been performed while the Covered Person is covered under this Benefit or a comparable benefit in force immediately before the effective date of this Benefit, up to a maximum of Eligible Expenses of $1,200 per Covered Person for any period of 24 consecutive months.

Purchase of an external breast Prosthesis when required because of a single mastectomy that has been performed while the Covered Person is covered under this Benefit or a comparable benefit in force immediately before the effective date of this Benefit, up to a maximum of Eligible Expenses of $600 per Covered Person for any period of 24 consecutive months.

Surgical brassieres: Purchase of 2 surgical brassieres each Calendar Year, per Covered Person, up to a maximum of Eligible Expenses of $80 per bra.

Hearing aids: Purchase on the written prescription of a licensed otolaryngologist, up to a maximum of Eligible Expenses of $500 per Covered Person for any period of 36 consecutive months.

Wigs: Purchase of wigs required as a result of chemotherapy, up to a lifetime eligible amount of $500 per Covered Person.

THERAPEUTIC EQUIPMENT

Glucometer or reflectant meter: Purchase, or rental, upon medical recommendation, up to an eligible amount of $200 and one device for any period of 36 consecutive months.

Oxygen, and equipment required for its administration: Purchase or rental, at the discretion of Desjardins Financial Security.

Apnea monitor: Purchase or rental, at the discretion of Desjardins Financial Security.

TENS nerve stimulators: Purchase or rental, at the discretion of Desjardins Financial Security.

Other therapeutic equipment: Purchase or rental, at the discretion of Desjardins Financial Security, provided such equipment is medically required and is intended to cure or treat the affliction. This category of equipment includes, for example, non-union bone stimulators, insulin pumps, aerosol therapy equipment, intermittent positive pressure breathing machines, enuresis (bedwetting) monitor, mechanical/hydraulic lift and therapeutic mattress. Mask replacements allows up to 2 masks for any period of 12 consecutive months per Covered Person, limited to an eligible amount of $400 per mask.

MEDICAL SUPPLIES

Colostomy, ileostomy or uretherostomy supplies: Purchase.

Compression hose and elastic support stockings: Purchase, up to a maximum of 4 pairs per Covered Person, for any period of 12 consecutive months. Stockings with a compression value of 19.99 mm HG and less are limited to an eligible amount of $50 per pair and stockings with a compression value of 20.00 mm HG and over are limited to an eligible amount of $200 per pair. A doctor's referral is required every 12 months.

Supplies for paraplegics: Purchase, provided such supplies are required for the treatment and the care of a paraplegic Covered Person.

Catheter: Purchase.

Medical supplies for gavage: Purchase.

Medical supplies necessary following a tracheotomy: Purchase.

Compressive garments for the treatment of burns: Purchase.

DIAGNOSTIC SERVICES

Imaging techniques (including X-ray, ultrasound or MRI examinations), diagnostic laboratory tests and radiotherapy or radium therapy, up to a maximum of Eligible Expenses of $500 per Covered Person each Calendar Year. Such procedures do not include services received in a Hospital.

DENTAL TREATMENT DUE TO AN ACCIDENT

The services of a dental surgeon, including dental prosthesis, required for the treatment of a fractured jaw or for the treatment of accidental injuries to natural teeth if the fracture or injury was caused by external, violent and accidental means, provided the services are performed within 3 years of the accident but excluding services required in conjunction with such fracture or injury due to a condition that existed before the accident, limited to $500. A physician's prescription is not required.

VISION CARE

Eye examinations: Including eye refraction, provided they are performed by a qualified ophthalmologist or a licensed optometrist, up to one exam and a maximum of $150 per hour, per Covered Person for any period of 24 consecutive months in the case of adults, and 12 months in the case of children under Age 18.

EYEGLASSES, LENSES AND EYE SURGERY

Eyeglasses or contact lenses and their replacement, provided they are prescribed in writing by a qualified ophthalmologist or a licensed optometrist and dispensed by a qualified ophthalmologist, a licensed optometrist or a qualified optician; or surgery to correct myopia, hypermetropia and astigmatism, up to the payable amount specified in the Benefit Schedule. Including the purchase of prescription sunglasses and prescription safety glasses.

Treatment of keratoconus: Eyeglasses and contact lenses certified by an ophthalmologist as necessary due to a surgical procedure or the treatment of keratoconus, limited to a lifetime maximum of $200 for the non-surgical treatment of keratoconus per Covered Person and a maximum of $200 for expenses incurred within 6 months of each surgical procedure.

ELIGIBLE EXPENSES - TRAVEL INSURANCE

If an Insured Person incurs Medical Emergency expenses during the first 180 days of a stay outside his province of residence, the Insurer will reimburse the Eligible Expenses in accordance with the Benefit Schedule and the following conditions:

1) the Insured Person must be covered under government health and hospital insurance plans;

2) expenses must be eligible under the Extended Health Care Benefit; and

3) expenses must be related to a Stable health condition prior to the trip departure date.

The Participant must contact the Insurer if the duration of the stay outside the province of residence is, or may be, longer than 180 days. Otherwise the Insured Person may not be covered under the Travel Insurance benefit.

1) Eligible Health Care Expenses

   a) Hospital services and room and board charges in a semi-private room until the Insured Person is discharged from the Hospital;

   b) Services of a Physician, a surgeon and an anaesthetist;

   c) All other Eligible Expenses that are covered under this Benefit in the normal province of residence of the Insured Person, excluding Hospital and Convalescent Care Eligible Expenses, if insured.

2) Eligible Transportation Expenses

a) Expenses incurred for the repatriation of the Insured Person to his place of residence by a suitable means of public transportation to receive appropriate care as soon as his state of health allows it, provided the means of transportation originally arranged for the return trip cannot be used; repatriation must be approved and arranged by "Voyage Assistance". Furthermore, if "Voyage Assistance" recommends repatriation and the Insured Person declines, his insurance under the Travel Insurance provision will terminate.

b) Expenses incurred for the repatriation (at the same time as the repatriation provided for above) of any Immediate Family member insured under this Benefit, if he cannot return to the point of departure by the means of transportation originally arranged for the return trip; repatriation must be approved and arranged by "Voyage Assistance".

c) Round-trip economy transportation for a qualified medical attendant who is not a family member, a friend, or a travelling companion, provided the presence of this attendant is ordered by the attending Physician and approved by "Voyage Assistance".

d) Round-trip economy air, bus or train transportation by the most direct route for one Immediate Family member to the Hospital where the Insured Person must be confined for at least 7 days (expenses will be reimbursed only if the Insured Person remains in Hospital for at least 7 days). This visit is eligible for reimbursement provided that the Insured Person is not accompanied by an Immediate Family member age 18 or over. The cost of meals and accommodation for the Immediate Family member up to $500 are also covered. The visit must be considered beneficial to the patient by the attending Physician, and prior approval must be obtained from "Voyage Assistance".

e) Cost of returning the personal or rented Vehicle of the Insured Person if the Insured Person suffers from a disability as a result of a Medical Emergency, certified by a Physician, that prevents him from operating this Vehicle and none of the Immediate Family members accompanying him are able to return it. A commercial agency may be hired to return the Vehicle, but the return must be arranged and approved by "Voyage Assistance". The amount reimbursed is limited to $1,000 per Participant.

f) If the Insured Person should die, round-trip economy air, bus or train transportation by the most direct route for one Immediate Family member of the deceased to identify the body before repatriation (the trip must be pre-approved and arranged by "Voyage Assistance"). These expenses are not reimbursed if the Insured Person was accompanied by an Immediate Family member age 18 or over.

g) If the Insured Person should die, the costs of preparation and the return of the body or ashes to the place of residence by the most direct route (plane, bus or train), up to $5,000; the cost of the burial coffin is not covered. The return must be pre-approved and arranged by "Voyage Assistance".

3) Eligible Daily Allowance

The cost of meals and accommodations for an Insured Person who must delay his return because of an Illness or bodily injury suffered by the Insured Person himself, an accompanying member of his Immediate Family or a travelling companion, as well as additional child care expenses for Children not accompanying the Insured Person. Eligible Expenses are limited to $200 per day per Participant for a maximum of 10 days and the Illness or injury must be certified by a Physician.

4) Eligible Long-distance Telephone Charges

Long-distance telephone charges to reach a member of the Immediate Family if the Insured Person is hospitalized, provided that the transportation allowance, provided under section d) above, to visit that person is not used and that the Insured Person is not accompanied by an Immediate Family member age 18 or over - up to $50 per day, and up to an overall maximum of $200 per Period Of Hospitalization.

5) Medical Decisions

Decisions by a Physician or other health care professional employed by, under contract to, or designated by "Voyage Assistance", regarding the medical need for providing any of the covered services outlined above are medical decisions based on medical factors and, as such, will be conclusive in determining the need for these services.

6) Voyage Assistance service

"Voyage Assistance" will take the necessary steps to provide the following services to any Insured Person who requires them:

a) 24 hour toll-free telephone assistance;

b) referral to Physicians or health-care facilities;

c) assistance for Hospital admission;

d) cash advances to the Hospital when required by the facility;

e) repatriation of the Insured Person to his home city, as soon as his state of health permits it;

f) establishing and staying in contact with the Insurer;

g) handling arrangements in the event of death;

h) repatriation of the Children of the Insured Person, if the Insured Person cannot be moved;

i) delivery of medical assistance and drugs to an Insured Person who is too far from health care facilities to be transported there;

j) arrangements to bring a member of the Immediate Family to the bedside of the Insured Person if he must be confined to Hospital for at least 7 days, provided that such visit is ordered by the attending Physician;

k) assistance in replacing lost or stolen travel documents so that the Insured Person can continue his trip;

l) referral to lawyers if legal problems arise;

m) translation services for emergency calls;

n) transmission of urgent messages to close friends or family in case of emergency; or

o) information prior to departure concerning passports, visas and vaccinations required in the country of destination.

HEALTH ASSISTANCE

Health Assistance is a confidential telephone service that is available 24 hours a day enabling the Covered Person to speak with experienced health care professionals and to obtain information immediately.

This telephone service provides the Covered Person with information on the following topics:

- health
- nutrition
- physical fitness
- availability of local resources
- immunization
- lifestyle
- child care

Health Assistance should be considered as a complement to medical consultations and emergency medical services (911 or other); it is not intended to replace the regular health care provider of the Covered Person, nor the emergency medical services of a municipality.

This information service may be of use in improving the quality of life of the Member and of his Dependents.

The Insured Person may contact HEALTH ASSISTANCE at any time.

Calls from	**Dial**
Anywhere in Canada	1 877 875-2632

RESTRICTIONS, EXCLUSIONS AND LIMITATIONS

1) No reimbursement will be made under this Benefit for the following:

   a) services or treatment that a government health plan prohibits from being paid in whole or in part, except to the extent that it permits reimbursement of the excess amount;

   b) services, treatment or supplies that a person receives without charge or that are reimbursed under a provincial or federal law. If a person is not covered under the laws in question, Desjardins Financial Security will not reimburse the expenses that would normally be covered under the hospital or health insurance legislation in force in the Covered Person's province of residence;

   c) services, treatment or supplies which are experimental in nature;

   d) expenses incurred for surgically implanted prostheses, except for crystalline lenses if covered under this plan;

   e) services, treatment or supplies provided to the Member by the Employer;

   f) wheelchairs adapted or designed for sports activities;

   g) electric beds;

   h) monitoring devices such as stethoscopes, sphygmomanometers and similar equipment, and domestic appliances such as air purifiers, humidifiers, air conditioners, whirlpools and other similar equipment;

   i) equipment such as "Obus form" type;

   j) training, exercise programs, physical fitness programs using equipment or floor exercises, floating baths, mud baths, therapeutic baths, relaxation exercises, gym exercises, stretching and strengthening exercises, postural evaluations and ear candling;

k) diapers for incontinence;

l) dental services, except those provided for in this Benefit;

m) dental services and supplies for the purposes of full mouth reconstructions, for vertical dimension correction or for any other temporomandibular joint dysfunction;

n) travel for health reasons or for medical examinations required for coverage, consultation or assessment purposes;

o) services, treatment or supplies not included in the list of Eligible Expenses;

p) Eligible Expenses which result directly or indirectly from the following:

i) intentionally self-inflicted injuries while sane or insane;

ii) cosmetic treatment;

iii) committing, or attempting to commit a criminal offence;

iv) any cause for which payment is provided under any Workers' Compensation Act or similar legislation or under any other government plan;

v) war, whether the war be declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion;

vi) driving a motorized Vehicle while impaired by drugs, or with an alcohol level that exceeds the limit set under the Criminal Code of Canada; the Eligible Expenses incurred for detoxification treatment are not subject to this exclusion;

q) services, treatment or supplies for fertility treatment.

2) Exclusions applicable to drugs

No reimbursement will be made under this Benefit for the following:

a) products and drugs, including hormones and injections, used in the treatment of obesity;

b) contraceptives (prophylactics and contraceptive jellies and foams) except those provided for under this Benefit;

c) the following products, whether or not prescribed:

i) shampoos and other scalp care products, including hair growth products;

ii) beauty-care products;

iii) cosmetics;

iv) so-called "natural" products and homeopathic preparations;

v) sun-tan emulsions (sunscreens);

vi) soaps;

vii) over-the-counter laxatives;

viii) over-the-counter antacids;

ix) skin softeners;

x) disinfectants and ordinary dressings;

xi) mineral water;

xii) any infant milk formulas;

xiii) proteins and food supplements (i.e. products used to supplement or complement a diet);

d) sclerosing injections used in the treatment of varicosities, telangiectasia and minor dilation when this treatment is primarily for cosmetic and not therapeutic purposes;

e) products and drugs used in the treatment of sexual dysfunctions.

3) Drug restrictions

Any one prescription for drugs or medicines must not be in excess of a 34 day supply and a 100 day supply in the case of maintenance drugs.

4) Exclusions and limitations applicable to Travel Insurance

If an Insured Person fails to contact "Voyage Assistance" immediately when he requires Medical Emergency services that require Hospitalization outside the country, the Insurer may reduce or deny reimbursement of a portion of the incurred Eligible Expenses. It is understood that the Insurer is not responsible for the availability or quality of such services.

Exclusions applicable to the Extended Health Care Benefit also apply to the Travel Insurance provision. Furthermore, the Insurer will not pay any of the benefits provided for under the Travel Insurance provision in the following circumstances:

a) if the Insured Person is not covered under government health and hospital insurance plans;

b) if the purpose of the trip is to receive medical or paramedical treatment or Hospital services, even if the trip was recommended by a Physician;

c) for elective, non-emergency treatment or surgery, when this service could have been provided in the province of residence of the Insured Person without endangering his life or health, even if such service is provided as a result of a Medical Emergency;

d) if the Insured Person does not agree to repatriation as recommended by "Voyage Assistance";

e) for health care and Hospital expenses incurred for an Insured Person who cannot be repatriated in his province of residence and who refuses medical treatment prescribed by the Physician, and approved by "Voyage Assistance";

f) for any Medical Emergency incurred in a country or region for which the Canadian government issued, prior to the trip departure date, one of the following travel warnings:

   i) avoid non-essential travel; or

   ii) avoid all travel.

   The Insured Person who is in the country or region for which a travel warning is issued during his trip is not subject to this exclusion. However, he must make the necessary arrangements to leave the country or region as soon as possible;

g) if the Insured Person refuses to disclose to the Insurer necessary information regarding other insurance plans under which he also has travel insurance coverage, or if he refuses the use of such information by the Insurer;

h) if the expenses incurred are related to a health condition that was not Stable prior to the trip departure date.

Travel Insurance benefits are limited to the maximum specified in the Benefit Schedule.

CO-ORDINATION OF BENEFITS

This Benefit is subject to the CO-ORDINATION OF BENEFITS provision in the CO-ORDINATION OF BENEFITS section of this plan.

BENEFIT TERMINATION

This Benefit terminates on the date the Member attains the Age Limit specified in the Benefit Schedule or on the earliest of the dates indicated in the TERMINATION OF MEMBER COVERAGE provision.

DEPENDENT BENEFIT EXTENSION AFTER MEMBER'S DEATH

In the event of the death of the Member and subject to plan provisions, coverage under this Benefit will continue for covered Dependents, until the earliest of the following dates:

1) 12 months following the death of the Member;

2) the date on which the Dependent ceases to be eligible as a Dependent for a reason other than the death of the Member;

3) the date on which Dependent coverage would have terminated if the Member had not died; or

4) the date on which this Benefit or plan terminates.

NOTICE AND PROOF OF CLAIM

All claims, other than drug claims, must be submitted to Desjardins Financial Security along with any receipts every 120 day period, if the amount claimed justifies it, and within 12 months of the date the expense was incurred. In the event of an Accident for which the Member must submit a claim, written notice must be sent to Desjardins Financial Security within the 30 days immediately following the Accident.

Subsequent written proof satisfactory to Desjardins Financial Security of continuing Total Disability must be submitted to Desjardins Financial Security in accordance with any request made by Desjardins Financial Security.

DRUG CLAIMS

When incurring drug expenses, the Covered Person must show his payment card to the pharmacist. With this method of payment, which is referred to as “direct”, the Covered Person only pays the pharmacist for the uncovered portion of the drug expenses incurred and, therefore, the Member is not required to submit a claim to Desjardins Financial Security.

DENTAL CARE BENEFIT

DEFINITIONS

As used in this Benefit

Calendar Year means the period from January 1st to December 31st inclusive.

Dental Hygienist means a person licensed by an accredited dental faculty to perform dental prophylaxis.

Dentist means a person who is licensed to practise dentistry by the appropriate authority of the jurisdiction where the services are provided.

Fee Guide means the Dental Association Fee Guide for General Practitioners or Specialists of the Province in which the service is provided to the Covered Person, for the Calendar Year mentioned in the BENEFIT SCHEDULE.

LATE APPLICATION

With respect to this Benefit, if the Member applies for coverage for himself or his Dependents more than 31 days after the date of his eligibility, evidence of insurability will not be required by Desjardins Financial Security. However, in all cases, Desjardins Financial Security will limit the amount of Eligible Expenses in accordance with the RESTRICTIONS, EXCLUSIONS AND LIMITATIONS provision under this Benefit.

PAYMENT OF BENEFIT

On receipt of Proof of Claim satisfactory to Desjardins Financial Security that a Covered Person, while covered under this Benefit, incurred Eligible Expenses which were necessary and which were for services recommended by a Dentist, Desjardins Financial Security will reimburse the expenses in excess of the Deductible, if any, subject to the Percentage of Reimbursement and maximums specified in the Benefit Schedule, and in accordance with other applicable plan provisions.

To be eligible, the expenses must have been performed

1) by a Dentist; or

2) by a Dental Hygienist under the supervision of a Dentist; or

3) by a licensed denturist when such services are within the scope of his licence.

Eligible Expenses will be considered to have been incurred on the date the service or supply was provided. However, with respect to a bridge, crown or denture, the date of insertion of such appliance will be the date such expense was incurred, and with respect to root canal therapy, the date of the final treatment will be the date that expense was incurred.

COMMENCEMENT OF DEPENDENT COVERAGE

If a Dependent is hospitalized on the day his coverage would normally become effective, the effective date of coverage is delayed, and his coverage will commence 24 hours after his discharge from the Hospital. However, the newborn Child of a Member with Dependents who are already covered becomes covered at birth.

DEDUCTIBLE

The Deductible is the amount of Eligible Expenses that the Member must pay in any Calendar Year before reimbursement will be made under this Benefit. The Deductible is specified in the Benefit Schedule.

PERCENTAGE OF REIMBURSEMENT

The Percentage of Reimbursement specified in the Benefit Schedule is the percentage of Eligible Expenses in excess of the Deductible that will be reimbursed by Desjardins Financial Security, in accordance with the provisions of this Benefit.

ELIGIBLE EXPENSES IN CANADA

PREVENTIVE SERVICES

EXAMINATIONS

- Complete oral examination, once every 3 years
- Recall oral examination, according to the frequency specified in the Benefit Schedule
- Specific oral examination
- Treatment planning
- Consultation
- House call, institutional call and office visit

RADIOGRAPHS (X-RAYS)

- Complete series, limited to one complete series in any 3 years
- Panoramic radiographs, once every 3 years
- Periapical films, 1 to 10 films
- Occlusal
- Bitewing films, once every 6 months under age 19 and every 9 months for age 19 and over

- Extra oral
- Sialography
- Radiopaque dyes to demonstrate lesions
- Temporomandibular joint
- Cephalometric film
- Interpretation of radiographs from another source
- Tomography
- Radiograph of the hand and wrist as a diagnostic aid for dental treatment

LAB TESTS AND EXAMINATIONS

- Microbiological culture
- Caries susceptibility test
- Biopsy of oral tissue
- Cytologic smear from oral cavity
- Pulp vitality tests

PREVENTIVE SERVICES

- Polishing, according to the frequency specified in the Benefit Schedule
- Light scaling for preventive purposes rather than therapeutic, according to the frequency specified in the Benefit Schedule
- Topical application of fluoride, according to the frequency specified in the Benefit Schedule
- Oral hygiene instruction, according to the frequency specified in the Benefit Schedule
- Pit and fissure sealants, for persons under 19 years of age
- Caries control
- Interproximal discing
- Recontouring to teeth for functional reasons
- Occlusal adjustment/equilibration, 8 units of time every 12 months

BASIC SERVICES, ENDODONTICS AND PERIODONTICS

RESTORATIONS

- Amalgam
- Composite restorations in accordance with the LIMITATIONS provision of the Dental Care section in the Benefit Schedule
- Retentive pins
- Stainless steel crowns

ENDODONTICS

- Pulpotomy
- Root canal therapy
- Gingival curettage alveolectomy, banding of tooth
- Hemisection
- Canal and/or pulp enlargement
- Chemical bleaching only (per unit of time)
- Intentional removal, apical filing and reimplantation
- Emergency procedures
- Treatment of disease of the pulp chamber and pulp canals (root canal therapy)

PERIODONTICS

- Non surgical services
- Surgical services
- Post-surgical treatment
- Scaling and root planning
- Adjunctive procedures
- Alveoloplasty

MAINTENANCE OF REMOVABLE DENTURES

- Adjustments to dentures
- Repairs

- Structure addition
- Relining
- Rebasing

ORAL SURGERY

- Uncomplicated removals
- Surgical removals
- Surgical exposure, transplantation and repositioning
- Excisions
- Incisions
- Fractures
- Frenectomy
- Miscellaneous surgical procedures

OTHER SERVICES

Only general anaesthesia and conscious sedation are covered. These expenses are eligible if they are administered in conjunction with extractions.

Laboratory procedures are eligible for all services.

MAJOR RESTORATIVE SERVICES

PROSTHODONTICS

Expenses incurred for a permanent initial prosthodontic appliance, such as partial or full removable denture or fixed bridge, are covered if such appliance was necessary because of the extraction of at least one natural tooth while the covered is covered under this Benefit or a comparable benefit held by the Plan Sponsor in force immediately before the effective date of this Benefit.

Replacement of an existing denture or bridge by a permanent denture or bridge:

a) if the replacement was necessary because of the extraction of one or more natural teeth while the covered is covered under this Benefit or a comparable benefit in force immediately before the effective date of this Benefit, or

b) if the existing denture or bridge is at least 3 years old; or

c) if the existing denture or bridge is temporary and is being replaced with a permanent denture or bridge within 12 months of the installation of the temporary appliance. With respect to a permanent appliance that replaces a temporary one, the amount eligible for reimbursement will be reduced by the amount previously reimbursed by Desjardins Financial Security for the temporary appliance.

A temporary appliance which is at least 12 months old will be considered to be a permanent denture or bridge for the purposes of this provision.

REMOVABLE DENTURES

- Complete dentures, once every 3 years
- Partial dentures, once every 3 years

FIXED PROSTHODONTICS (bridges)

- Pontics
- Repairs
- Retainers
- Other prosthetic services

OTHER SINGLE RESTORATIONS

- Onlays, inlays, crowns, once every 3 years
- Gold foil restorations
- Inlay restorations
- Porcelain restorations
- Onlay crowns
- Other restorative services

ORTHODONTICS

If a Covered Person, while covered under this Benefit, incurs Eligible Expenses that are for necessary dental treatment, which has as its objective the correction of malocclusion of the teeth, as listed below, Desjardins Financial Security will reimburse such expenses, in accordance with the provisions of this plan and subject to any maximum specified in the Benefit Schedule.

- space maintainers
- diagnostic cast
- observation and adjustment

- active appliances for tooth guidance or uncomplicated tooth movement
- appliances to control harmful oral habits
- myofunctional therapy
- repairs and maintenance
- retention appliances

ELIGIBLE EXPENSES OUTSIDE CANADA

Payment will be made for dental treatment rendered while travelling outside Canada, but only to the extent that payment would have been made under this Benefit if such treatment had been rendered in the normal province of residence of the Insured Person and provided that such treatment was rendered for emergency purposes only.

RESTRICTIONS, EXCLUSIONS AND LIMITATIONS

In the event of late application of the Member or his Dependents, in accordance with the Late Application provision under this Benefit, reimbursement will be limited to $250 per Covered Person for the first 12 months of coverage and Orthodontics will not be covered during the first 24 months of such coverage.

Reimbursement will not be made for any portion of the charge in excess of the suggested fee in the appropriate Fee Guide, as specified in the Benefit Schedule. When there are two or more courses of treatment available to adequately correct a dental condition, this plan will provide reimbursement for the treatment that incurs the lowest cost consistent with good dental care.

Reimbursement of lab fees will be limited to the reasonable and customary charge for such services in the area where the services are provided. However, in no event will the total reimbursement of lab fees exceed 66 2/3% of the suggested fee in the appropriate Fee Guide, as specified in the Benefit Schedule, for the particular dental treatment requiring the lab services.

Reimbursement of fees for composite restorations performed on posterior teeth may be limited to the fees for amalgam restorations as specified in the LIMITATIONS provision of the Dental Care section in the Benefit Schedule.

No reimbursement will be made under this Benefit for the following:

1) any dental treatment which is for cosmetic purposes when the form and function of the teeth are satisfactory and no pathological condition exists;

2) charges for nutritional counselling and dental plaque control programs;

3) any dental services or supplies, including X-rays, provided for full mouth reconstruction, for vertical dimension correction, for the restoration of occlusion, for the correction of temporomandibular joint dysfunction or for permanent splinting of teeth;

4) charges levied by a Dentist for broken appointments, completion of claim forms or advice by telephone;

5) expenses incurred for bacteriologic cultures/smears followed by a Chlorzoïn treatment;

6) expenses incurred for implants;

7) expenses incurred for duplicate diagnostic casts (unmounted);

8) expenses incurred for anaesthesia administered by acupuncture;

9) any dental treatment that is not yet approved by the Canadian Dental Association or that is for experimental purposes;

10) dental services, treatment or supplies that the individual received without charge or that a government health plan prohibits from being paid;

11) services, treatment or supplies provided to the Member by the Employer;

12) any dental treatment rendered outside Canada except as specifically provided under the ELIGIBLE EXPENSES OUTSIDE CANADA provision;

13) dental services and supplies not included in the list of Eligible Expenses;

14) Eligible Expenses that result directly or indirectly from the following:

    a) intentionally self-inflicted injuries while sane or insane;

    b) committing, or attempting to commit a criminal offence;

    c) any cause for which payment is provided under any Workers' Compensation Act or similar legislation or under any other government plan;

    d) war, whether war be declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion.

EXCLUSIONS RELATED TO PROSTHESES AND CROWNS

No reimbursement will be made under this Benefit for the following:

1) expenses incurred for the replacement of dentures and appliances that are lost, mislaid or stolen;

2) prosthetics with precision attachments or stress breakers;

3) precision attachments and telescoping crown units for fixed bridgework;

4) preformed stainless steel or polycarbonate crowns, except in the case of primary teeth;

5) transfer coping for crowns.

EXCLUSIONS RELATED TO ORTHODONTIC TREATMENT

No reimbursement will be made under this Benefit for the following:

1) replacement of an orthodontic appliance;

2) patient motivation (psychological evaluation and progress, per visit);

3) procedure requiring the insertion of an adjustable orthodontic appliance before the person is covered under this Benefit.

CO-ORDINATION OF BENEFITS

This Benefit is subject to the CO-ORDINATION OF BENEFITS provision in the CO-ORDINATION OF BENEFITS section of this plan.

PRE-DETERMINATION OF BENEFIT

When the total cost of any proposed dental treatment for a Covered Person is expected to exceed $500, the Member should submit a detailed treatment plan to Desjardins Financial Security before treatment commences. Desjardins Financial Security will then advise the Member of the amount of reimbursement for which the Covered Person is eligible in accordance with the provisions of this plan. The treatment plan should outline the type of treatment to be provided, the anticipated treatment dates, and the cost of such treatment.

The treatment plan submitted must be completed by the Dentist who first proposed the treatment, otherwise the Member will be required to submit a new treatment plan to Desjardins Financial Security for re-assessment.

BENEFIT TERMINATION

This Benefit terminates on the date the Member reaches the Age Limit specified in the Benefit Schedule or on the earliest of the dates indicated in the TERMINATION OF MEMBER COVERAGE provision.

No benefits are payable for expenses incurred after the date the plan of the Member terminates, even if a detailed treatment plan under the PRE-DETERMINATION OF BENEFIT provision was filed and benefits were determined by Desjardins Financial Security prior to such termination date.

DEPENDENT BENEFIT EXTENSION AFTER MEMBER'S DEATH

In the event of the death of the Member and subject to plan provisions, coverage under this Benefit will continue for covered Dependents, until the earliest of the following dates:

1) 12 months following the death of the Member;

2) the date on which the Dependent ceases to be eligible as a Dependent for a reason other than the death of the Member;

3) the date on which Dependent coverage would have terminated if the Member had not died;

4) the date on which this Benefit or plan terminates.

PROOF OF CLAIM

The Covered Person domiciled in Quebec must show his government health card and payment card to a Dentist participating in the payment card program to be reimbursed for dental expenses. A simple telephone call allows the Dentist to validate the payment card, confirm that the care provided or prescribed is covered, and obtain confirmation of the amount payable directly to the Dentist by Desjardins Financial Security and the amount payable by the Covered Person. The Dentist submits the benefit claim to the service provider and gives a copy to the Covered Person who only pays the uncovered portion of the dental expenses incurred. In the case of a Dentist who is not participating in the payment card program, the Covered Person must pay all treatment charges and submit a benefit claim to Desjardins Financial Security.

For a Covered Person domiciled outside Quebec or if the Dentist uses the Electronic Data Interchange (EDI), the Member is not required to submit a claim to Desjardins Financial Security. EDI allows the Dentist to validate the Covered Person's eligibility, confirm that the care provided or prescribed is covered, and obtain confirmation of the amount payable directly to the Member, or the Dentist, by Desjardins Financial Security, and the amount payable by the Covered Person. The Dentist submits the benefit claim through EDI and gives a copy of the confirmation to the Covered Person. If the Dentist does not use the Electronic Data Interchange (EDI), the Covered Person must submit a benefit claim to Desjardins Financial Security.

All claims must be submitted to Desjardins Financial Security along with any receipts every 120 day period, if the amount claimed justifies it, and within 12 months of the date the expenses were incurred.

Desjardins Financial Security reserves the right to require radiographs and other types of diagnostics such as specialist reports, periodontal charts and study models.

PAYMENT OF ORTHODONTIC CLAIMS

Notwithstanding anything to the contrary under the CLAIMS provision of this plan, the payment of orthodontic claims will be made on one of the following bases:

1) If a single charge is estimated for the entire course of treatment and the Covered Person pays this charge to the orthodontist in prearranged instalments over an estimated period of treatment or in one lump sum, Desjardins Financial Security will reimburse the Member each time he submits a bill, certificate or receipt that specifies the amount of expenses, the date and the nature of the treatment received; or

2) If in lieu of a single charge, a charge is made for each treatment as it is performed, Desjardins Financial Security will reimburse the Member as each charge is incurred.

Our Commitment to Our Plan Members

As one of our valued Plan Members, you are entitled to our attention and respect. We make it a point to be available to provide you with any assistance you may require. You can rely on our knowledgeable team that is committed to settling your claims objectively and diligently, thereby delivering the kind of service you have come to expect.

At Desjardins Insurance, the needs of the Plan Members are at the heart of the organization. Your financial security is vital to us and, as such, we will provide financial support in the event of illness, an accident or death.

Please accept this brochure which summarizes our financial obligations toward you.

desjardinslifeinsurance.com

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Insurance
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Cooperating in building the future

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

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