MEMORIAL UNIVERSITY

DEPARTMENT OF HUMAN RESOURCES

PEOPLE AND CULTURE

Group Benefits Guide

Memorial University Employees and Retirees

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GENERAL INFORMATION

This information guide has been prepared to give an informal summary of the main features of Memorial's group insurance program.

This is not an insurance policy and does not grant or confer any contractual rights. All rights under this program shall be governed by the provisions of the master policies and by applicable law.

BENEFITS SUMMARY

LIFE INSURANCE BENEFITS		
Member Basic Life Insurance		
Active Employees	100% of annual earnings (minimum of $70,000)	Reduces to $7,000 at age 68 and terminates at age 72.
Retirees	100% of annual earnings (minimum of $70,000)	Reduces to $7,000 on the August 31 following their 65th birthday and terminates at age 72.
Optional Employee Group Life Insurance		
Optional Life Insurance provides additional term life insurance coverage beyond what is provided under Memorial's Basic Life program. Available in units of $10,000 to a maximum of $300,000.		
Dependent Life Insurance		
Dependent	**Amount of Insurance**	
Spouse	$3,000	
Child	$2,000	

Optional Spousal and Dependent Child Term Life Insurance

Optional Spousal and Dependent Child Term Life Insurance provides additional term life insurance coverage beyond what is provided under Memorial's Dependent Life Insurance program. Spousal coverage is available in units of $10,000 to a maximum of $200,000. Dependent child coverage is a flat amount of $10,000.

HEALTH INSURANCE BENEFITS

Prescription Drug Benefits

100% of the ingredient cost (excluding any additional surcharge over the ingredient cost).

Extended Health Benefits

Extended Health Benefits are payable at 80% of Medavie Blue Cross's reasonable and customary charges and are subject to plan maximums are outlined below. There is a $25 deductible per calendar year.

Category / Benefit	Coverage Details
Diagnostic and Medical Services	
Diagnostic and X-Ray Services	Laboratory services and X-ray examinations performed by a Medavie Blue Cross–approved provider
Medical Supplies and Equipment	
Prosthetic Appliances	Artificial limbs, breast prostheses, mastectomy bras, artificial eyes, braces, crutches, casts, support garments, trusses, canes, and medically required wigs, subject to applicable limits
Medical Equipment	Wheelchairs, hospital beds, patient lifters, ventilators, oxygen equipment and related supplies (purchase or rental, subject to approval and frequency limits)
Oxygen	Charges for oxygen and related supplies
Orthopaedic Footwear	Includes orthopaedic footwear, modifications, and repairs; maximum $200 per calendar year
Walkers	Covered at 80% to a maximum of $1,200 per calendar year; prescription and pre-approval requirements apply

Diabetic Benefits	
Diabetic Equipment	Glucometers (maximum $300 every 5 years) and insulin pumps (once every 5 years with pre-approval)
Continuous Glucose Monitoring	Receivers, transmitters, and sensors up to $4,000 per calendar year
Diabetic Supplies	Insulin syringes and home glucose testing supplies
Specialized Medical Supports	
Burn Pressure Garments	Burn garments, lymphoedema sleeves, and support hose
Chronic Disease Management	Assessment, counselling, education, and care planning; maximum $500 per calendar year
Intrauterine Devices (IUDs)	Maximum $300 every 2 calendar years
Practitioner Services	
Private Duty Nursing / Personal Care	Home nursing and personal care services (pre-approval required), including up to 4 hours per day; maximum $10,000 per calendar year
Paramedical Practitioners	Reimbursed at 80%, up to $500 per practitioner and $1,500 combined annual maximum. Eligible Practitioners include: Speech Therapist, Chiropractor, Massage Therapist, Osteopath, Podiatrist, Chiropodist, Physiotherapist / Athletic Therapist, Naturopath, Acupuncturist, and Audiologist
Mental Health Practitioners	Psychologists, social workers, and clinical counsellors; maximum $1,000 per calendar year
Hearing and Vision Care	
Hearing Aids	Maximum $1,000 per ear every 24 months
Lenses and Frames	Maximum $250 every 24 months
Laser Eye Surgery	Maximum $250 every 24 months (in lieu of lenses and frames)
Medically Required Contact Lenses	Maximum $250 every 24 months
Eye Examinations	Once every 12 months (children) and once every 24 months (adults)

Accidental Dental	Dental treatment required due to accidental injury to natural teeth, subject to plan conditions and time limits

DENTAL BENEFITS

Basic Dental Coverage

Basic Dental Coverage is reimbursed at 80% of the current NL Dental Association Fee Guide. There is no annual maximum.

Category	Included Services
Examinations	Complete oral exams; recall exams (once every 5 months); periodontal exams; specific and emergency examinations
Diagnostic Services	X-rays (including full series, panoramic, bitewing, occlusal, TMJ); diagnostic photos; casts; biopsy; lab tests; treatment planning and consultation
Preventive Services	Polishing (two units of time* every 12 Consecutive months for adults; one unit of time* every five Consecutive Months for dependents under 19); fluoride treatments; scaling (1st and 2nd scaling paid under Basic Dental Benefit; all subsequent scalings paid under Major Restorative Benefit in a calendar year); oral hygiene instruction; nutritional counselling; sealants; athletic guards; recontouring; space maintainers
Minor Restorative Services	Amalgam and composite fillings; pin reinforcement; porcelain repairs; crown and inlay recementing; removal of crowns or inlays
Endodontic Services	Root canals; pulpotomy; apexification; periapical services; root amputation; related procedures
Periodontal Services	Treatment of gum conditions; scaling and root planing (as applicable); gum surgery; grafting; splinting; periodontal appliances (excluding TMJ); post-surgical care
Prosthetic Maintenance	Denture adjustments, repairs, rebasing and relining (subject to frequency limits)
Oral Surgery	Extractions (simple and complicated); removal of impacted teeth and roots; alveoloplasty; tumour excision; other surgical procedures
Anaesthesia	Anaesthesia for eligible dental procedures

Professional Services	Consultations with another dentist; professional visits
Other Services	Bleaching of vital teeth; commercial and in-office laboratory charges

Major Restorative Coverage

Major Restorative is reimbursed at 70% of the current NL Dental Association Fee Guide. There is an annual maximum of $1,200 for these services.

Category	Included Services
Other Services	Crowns, inlays, onlays, dentures, and bridgework

OTHER BENEFITS

Travel Insurance

Emergency Medical Expenses

Coverage is provided for emergency medical expenses incurred while travelling outside your province of residence for trips up to 180 days. For Retirees, there is a 6 month stability clause.

Benefit	Coverage Details
Medical Reimbursement Expense	Up to $2,000,000 per participant, per travel incident
Emergency Dental Treatment	$2,000 per incident
Maximum Trip Duration	180 consecutive days per trip
Eligible Participants	Employees and Retirees
Deductible	Nil
Coinsurance	100% of eligible expenses
Emergency Assistance	24/7 worldwide travel assistance included

Evacuation Benefit	Included (pre-approval required)
Repatriation	Up to $15,000
Family Transportation & Accommodation	Up to $5,000 per incident
Return of Vehicle	Up to $500 per incident
Rental Expense	Up to $200 per incident
Hotel Convalescence	Up to $1,000 per incident
Referral Services Outside Canada	Up to $500,000 (lifetime maximum; pre-authorization required)

Flight Delay Coverage

In the event of a flight delay, lounge access, hotel accommodations, and financial compensation are available when flights are delayed for a minimum of 3 hours.

PLEASE NOTE: In order to be eligible for this coverage, all flights must be registered a minimum of 24 hours prior to the original scheduled departure time.

Flights can be registered online at www.flightdelayservice.ca.

Delay	Coverage Details
3+ hours	Airport lounge access or $40 per person if a lounge is unavailable
6+ hours	Airport lounge access plus $50 per person and hotel accommodation, or $250 per policy if a hotel is unavailable

Accidental Death and Dismemberment (AD&D)

Basic AD&D principal sum is flat amount of $35,000. Optional AD&D principal sum is the amount equal to your Optional Life Insurance. Voluntary AD&D principal sum available in units of $10,000 to a maximum of $300,000.

SUBMITTING A CLAIM OVERVIEW

How to Submit a Life Insurance and Accidental Death & Dismemberment (AD&D) Claim

The designated beneficiary should contact Human Resources for assistance with the claims process.

Contact Human Resources

- **HR Case Management:** Log in to the Employee portal at my.mun.ca/Employee and select "Submit a Case" in the HR Case Management channel.
- **Live Chat:** https://www.mun.ca/hr
- **Email:** MyHR@mun.ca
- **Phone:** 709-864-2437

Human Resources will guide beneficiaries through the claims process and required documentation.

How to Submit a Health & Dental Claim

Most health and dental claims are submitted directly to Blue Cross by your healthcare provider. In these cases, you are only responsible for paying any applicable copayment. If you are required to pay the full cost of a service, you may submit a claim to Blue Cross for reimbursement using one of the following methods:

- **Mobile App:** Submit claims through the Blue Cross mobile app, available on the App Store and Google Play.
- **Online:** Log in to the Blue Cross Member Services website at https://www.medaviebc.ca and select Login in the upper-right corner.
- **Mail:** Send your completed claim form and receipts to the address indicated on the claim form.
- **Fax:** Fax your completed claim form and receipts toll-free to 1-844-622-6063.
- **Email:** Email your completed claim form and receipts to inquiry@medavie.bluecross.ca with "Claims Submission" in the subject line.
- **In Person:** Visit the Blue Cross office at 187 Kenmount Road, St. John's, NL.

Important Information

Claim forms for mail, fax, or email submissions are available on the Blue Cross website: Blue Cross Member Forms.

All claims must be submitted within 24 months of the date of service.

How to Submit a Travel Insurance (Emergency Medical Expenses) Claim

To initiate a claim for emergency medical expenses incurred while travelling, contact **Worldwide Travel Assistance** as soon as possible and, when feasible, before seeking medical treatment.

Within Canada: 1-800-563-4444

Outside Canada (collect calls accepted): 1-506-854-2222

Important Information

Be prepared to provide your Blue Cross ID number, provincial health card number (e.g., MCP), name, employer, date of birth, home and travel addresses, travel dates, contact number, and details of the medical emergency.

When possible, direct payment arrangements will be made and claim instructions and forms will be provided.

Coverage cannot be guaranteed if Worldwide Travel Assistance is not contacted before treatment is received.

How to Submit a Travel Insurance (Flight Delay) Claim

Register your trip using the flight delay service. For first-time registration, use an access code consisting of **MBC** followed by your Medavie Blue Cross group policy number and Identification Number (e.g., MBC7355000123456789).

Important Information

Once registered, your flight is monitored automatically. If an eligible delay occurs, you will receive a text message and email with compensation details, such as airport lounge access, hotel accommodations, and/or a monetary payment.

Monetary payments are issued by Interac e-Transfer or direct deposit based on your selected payment method. Remain connected to Wi-Fi or a cellular network to receive notifications.

How to Submit a Long Term Disability (LTD) Claim

If your absence is expected to extend beyond the 60 day waiting period, contact your manager as soon as possible to discuss the LTD claim process.

Important Information

Submitting required claim documentation early may help avoid delays in claim adjudication and benefit payments.

BASIC LIFE INSURANCE

ELIGIBILITY

ACTIVE EMPLOYEES

All permanent, full-time Employees are covered from the first day of active employment.

Contractual Employees whose initial appointment is for a term of at least six months and who are required to work a minimum of 20 hours per week are covered effective the first day of active employment.

Contractual Employees who do not meet these eligibility requirements at the time of initial appointment are covered after completing six months of continuous employment in a position requiring at least 20 hours of work per week.

Contractual Employees who are extended into a position with a term of at least six months are covered effective the date of the extension, provided the position requires a minimum of 20 hours of work per week.

RETIREES

Retirees are eligible for coverage in retirement if they are in receipt of a Memorial University pension and were insured under Memorial's group benefits plan the day before they retired and:

- They meet the criteria outlined in the Eligibility Criteria for Other Post-Employment Benefits for Non-Bargaining, Management Professional, and Senior Administrative Management Employees Guidelines; or
- They meet the eligibility criteria outlined in their collective agreement if they are a union Employee.

AMOUNT OF INSURANCE

Member Basic Life Insurance		
Active Employees	100% of annual earnings (minimum of $70,000)	Reduces to $7,000 at age 68 and terminates at age 72.
Retirees	100% of annual earnings (minimum of $70,000)	Reduces to $7,000 on the August 31 following their 65th birthday and terminates at age 72.

BENEFICIARY

In the event of your death while insured, the amount of your life insurance is payable to your beneficiary. You may change your beneficiary at any time by submitting written notice to the University, subject to any policy or legal limitations. For your convenience a Change of Beneficiary form is available at my.mun.ca.

CONVERSION PRIVILEGE

If your Basic Life insurance terminates or reduces due to reaching an age threshold, and you are under age 72 or have just attained age 72, you may be eligible to convert your life insurance to an individual policy, without medical evidence.

Your application for the individual policy along with the first monthly premium must be received by Manulife Financial within 31 days of the termination or reduction of your life insurance. If you die during this 31 day period, the amount of life insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion.

TERMINATION OF COVERAGE

Your insurance terminates in the event of:

- Non-payment of premium;
- A change in your classification to one not insured;
- Termination of your employment;
- Termination or amendment of the master policy;
- Your commencement of active duty in the armed forces; or
- Your attainment of age 72.

HOW TO SUBMIT A CLAIM

Life Insurance Claims

In the event of a claim, the designated beneficiary should contact Human Resources for assistance with the claims process.

Contact Human Resources:

- HR Case Management: Log in to the Employee portal at my.mun.ca/Employee and select "Submit a Case" in the HR Case Management channel.
- Live Chat: https://www.mun.ca/hr
- Email: MyHR@mun.ca
- Phone: 709-864-2437

OPTIONAL EMPLOYEE GROUP LIFE INSURANCE

Optional Life Insurance provides additional term life insurance coverage beyond what is provided under Memorial's Basic Life program.

ELIGIBILITY

ACTIVE EMPLOYEES

All permanent, full-time Employees are eligible for coverage from the first day of active employment.

Contractual Employees whose initial appointment is for a term of at least six months and who are required to work a minimum of 20 hours per week are eligible for coverage effective the first day of active employment.

Contractual Employees who do not meet these eligibility requirements at the time of initial appointment become eligible for coverage after completing six months of continuous employment in a position requiring at least 20 hours of work per week.

Contractual Employees who are extended into a position with a term of at least six months become eligible for benefits coverage effective the date of the extension, provided the position requires a minimum of 20 hours of work per week.

RETIREES

Retired Members are not eligible for Optional Life Insurance.

AMOUNT OF INSURANCE

Available in units of $10,000 to a maximum of $300,000.

If you apply for coverage within 45 days of becoming eligible to participate in the plan, coverage will not be subject to evidence of insurability. If you apply for coverage after 45 days of becoming eligible to participate in the plan, coverage is subject to evidence of insurability.

WAIVER OF PREMIUM

If you become totally disabled for six consecutive months before reaching age 65, your optional life insurance will be continued free of charge until you cease to be totally disabled or to the August 31 coincident with or next following age 65, whichever occurs first.

In order to qualify for waiver of premium, you must notify Manulife Financial within 12 months of your last active day at work and proof of disability must be submitted within 18 months of the date the Employee became Totally Disabled.

TERMINATION OF COVERAGE

Your insurance terminates in the event of:

- Non-payment of premium;
- A change in your classification to one not insured;
- Termination of your employment;
- Termination or amendment of the master policy;
- Your commencing active duty in any armed forces;
- Your attainment of age 68, if actively employed; or
- Your retirement.

DEPENDENT LIFE INSURANCE

ELIGIBILITY

ACTIVE EMPLOYEES

Dependent Life insurance is applicable to Members with family Healthcare coverage only.

All permanent, full-time Employees are eligible for coverage from the first day of active employment.

Contractual Employees whose initial appointment is for a term of at least six months and who are required to work a minimum of 20 hours per week are eligible for coverage effective the first day of active employment.

Contractual Employees who do not meet these eligibility requirements at the time of initial appointment become eligible for coverage after completing six months of continuous employment in a position requiring at least 20 hours of work per week.

Contractual Employees who are extended into a position with a term of at least six months become eligible for benefits coverage effective the date of the extension, provided the position requires a minimum of 20 hours of work per week.

RETIREES

Retired Members are not eligible for Dependent Life Insurance.

ELIGIBILE DEPENDENTS

An eligible Spouse is an Employee's legal Spouse, or the person who has been living with you for at least 12 months or until the earlier birth or adoption of a child of the relationship.

A former Spouse is not eligible for Dependent Life.

An eligible Dependent Child is an Employee's natural or adoption child, or stepchild who is:

- unmarried;
- Is not employed on a regular and full-time basis;
- Is not eligible for insurance as an Employee under this or any other group policy; and
- Is under age 21, or under age 25 if enrolled as a full-time student at an accredited school, college, or university.

A Dependent Child insured under Dependent Life who is incapacitated due to mental or physical disability on the date he reaches the age when he would otherwise cease to be an eligible dependent, will continue to be an eligible dependent.

AMOUNT OF INSURANCE

Dependent	Amount of Insurance
Spouse	$3,000
Child	$2,000

BENEFICIARY

The beneficiary is the Employee. If the Employee is deceased at the time of the claim, the benefit is payable to the Employee's estate.

CONVERSION PRIVILEGE

The Dependent Life Insurance continues for 31 days following termination of coverage. During this 31 day period your Spouse's amount of Dependent Life Insurance may be converted, provided your Spouse is under 66 years of age, to an individual plan. The premium rate will be determined from your Spouse's age and class of risk at the time of conversion.

TERMINATION OF COVERAGE

Your insurance terminates in the event of:

- Non-payment of premium;
- A change in your classification to one not insured;
- Termination of your employment;
- Termination or amendment of the master policy;
- Your commencing active duty in any armed forces;
- Your death;
- Your attainment of age 68, if actively employed; or,
- Your retirement.

OPTIONAL SPOUSAL AND DEPENDENT CHILD TERM LIFE INSURANCE

ELIGIBILITY

ACTIVE EMPLOYEES

All permanent, full-time Employees may apply for coverage from the first day of active employment.

Contractual Employees whose initial appointment is for a term of at least six months and who are required to work a minimum of 20 hours per week may apply for coverage effective the first day of active employment.

Contractual Employees who do not meet these eligibility requirements at the time of initial appointment may apply for coverage after completing six months of continuous employment in a position requiring at least 20 hours of work per week.

Contractual Employees who are extended into a position with a term of at least six months may apply for coverage effective the date of the extension, provided the position requires a minimum of 20 hours of work per week.

RETIREES

Retired Members are not eligible for Optional Spousal and Dependent Child Term Life Insurance.

ELIGIBLE DEPENDENTS

An eligible Spouse is an Employee's legal Spouse, or the person who has been living with you for at least 12 months or until the earlier birth or adoption of a child

of the relationship. A former Spouse is not eligible for Spousal Life.

An eligible Dependent Child is an Employee's natural or adoption child, or stepchild who is:

a) unmarried;

b) is not employed on a regular and full-time basis;

c) is not eligible for insurance as an Employee under this or any other group policy; and

d) is either 21 years of age, or, if a full-time student at an accredited school, college, or university under 25 years of age

A Dependent Child insured under Optional Dependent Life who is incapacitated due to mental or physical disability on the date he reaches the age when he would otherwise cease to be an eligible dependent, will continue to be an eligible dependent.

Eligible children may be insured as dependents of only one eligible Member even though both parents may be insured as eligible Employees.

AMOUNT OF INSURANCE

Spousal coverage is available in units of $10,000 to a maximum of $200,000.

Dependent child coverage is a flat amount of $10,000.

BENEFICIARY

The beneficiary is the Employee. If the Employee is deceased at the time of the claim, the benefit is payable to the Employee's estate.

WAIVER OF PREMIUM

If while insured for coverage, an Employee becomes disabled and qualifies for the waiver of premium benefit under the Employee only optional life insurance, the Insurer will also waive the payment of optional spousal and Dependent Child life insurance premiums.

CONVERSION PRIVILEGE

An individual life insurance policy issued by Manulife Financial may be purchased on the life of a Spouse who is under age 68 or has just attained age 68, if the

insurance ceases due to:

a) termination of the Employee's employment; or

b) a change in the Employee's classification or the dependent status of the Spouse; or

c) death of the Employee.

The conversion privilege is available for 31 days following cessation of insurance coverage. If a Spouse dies within the 31 day period during which the Spouse's life insurance could have been converted, the Insurer will pay the maximum amount of insurance that could have been converted. If an individual policy has already been issued through conversion, no payment shall be made under this provision unless the individual policy is surrendered without payment of claim. Upon surrender, the Insurer shall refund premiums paid on the individual policy.

The amount of the individual policy shall not exceed the amount of insurance in place when coverage was discontinued and is subject to a maximum of $200,000.

The premium rate will be determined based upon the Spouse's age and class of risk at the time of conversion.

TERMINATION OF COVERAGE

Your optional spousal and Dependent Child life insurance terminates in the event of:

- non-payment of premium;
- a change in your classification to one not insured;
- termination of your employment;
- termination or amendment of the master policy;
- commencement of active duty in any armed forces by your Spouse or child;
- your attainment of age 68, if actively employed;
- your Spouse's attainment of age 68;
- the limiting age for Dependent Children as defined under Eligible Dependents; or
- your retirement.

HEALTH INSURANCE BENEFITS

ELIGIBILITY

ACTIVE EMPLOYEES

All permanent, full-time Employees are covered from the first day of active employment.

Contractual Employees whose initial appointment is for a term of at least six months and who are required to work a minimum of 20 hours per week may apply for coverage effective the first day of active employment.

Contractual Employees who do not meet these eligibility requirements at the time of initial appointment may apply for coverage after completing six months of continuous employment in a position requiring at least 20 hours of work per week.

Contractual Employees who are extended into a position with a term of at least six months may apply for coverage effective the date of the extension, provided the position requires a minimum of 20 hours of work per week.

RETIREES

Retirees are eligible for coverage in retirement if they are in receipt of a Memorial University pension and were insured under Memorial's group benefits plan the day before they retired and:

- They meet the criteria outlined in the Eligibility Criteria for Other Post-Employment Benefits for Non-Bargaining, Management Professional, and Senior Administrative Management Employees Guidelines; or
- They meet the eligibility criteria outlined in their collective agreement if they are a union Employee.

All eligible Employees, Retirees, Spouses, and Dependent Children are required to be covered by the provincial and/or territorial public health plan in their province or territory of residence. Those ineligible for provincial/territorial coverage are ineligible for Memorial's Health and Dental coverage.

ELIGIBLE DEPENDENTS

An eligible Spouse is an Employee's legal Spouse, or the person who has been living with you for at least 12 months or until the earlier birth or adoption of a child of the relationship.

A former Spouse means a divorced, ex-civil union, or ex-common-law Spouse who was covered on the health plan. At the Member's discretion, they will be

eligible for Memorial's Health coverage when mandated by court order.

An eligible Dependent Child is an Employee's natural or adoption child, or stepchild who is:

- unmarried;
- is not employed on a regular and full-time basis;
- is not eligible for insurance as an Employee under this or any other group policy; and
- Is under age 21, or under age 25 if enrolled as a full-time student at an accredited school, college, or university.

A Dependent Child insured under Health is incapacitated due to mental or physical disability on the date he reaches the age when he would otherwise cease to be an eligible dependent, will continue to be an eligible dependent.

PRESCRIPTION DRUG BENEFITS

All prescription drug products included in the Medavie Blue Cross HealthWise List are eligible benefits. With the exception of drugs eligible for Specialty Select, the program pays the ingredient cost for each eligible prescription drug item; the Employee pays the pharmacy dispensing fee and any mark-up, if applicable.

For Specialty Select High Cost Drugs, payment will be reduced by the amount of financial assistance available under the Patient Support Programs. Specialty Select Drugs are:

- $10,000 or more per treatment per calendar year;
- Used to treat complex chronic or life-threatening conditions such as cardiac, rheumatoid arthritis, cancer, multiple sclerosis, or hepatitis C; and
- Prescribed by a specialist

Medavie Blue Cross reserves the right, on an ongoing basis, to add, delete or amend the prescription drug products on the list of eligible drug benefits, at its discretion and without notice.

Certain prescription-requiring drugs are eligible benefits on an individual basis based on specific medical needs and when approved by Blue Cross under the Special Authorization process.

Claims for refills of prescription drugs beyond one year from the original prescription date are not eligible. A new prescription order must be obtained for any item beyond the one-year period.

EXTENDED HEALTH BENEFITS

Extended Health Benefits are payable at 80% of Medavie Blue Cross's reasonable and customary charges and are subject to plan maximums as outlined below. There is a $25 deductible per calendar year.

Category / Benefit	Coverage Details
Diagnostic and Medical Services	
Diagnostic and X-Ray Services	Laboratory services and X-ray examinations performed by a Medavie Blue Cross–approved provider
Medical Supplies and Equipment	
Prosthetic Appliances	Artificial limbs, breast prostheses, mastectomy bras, artificial eyes, braces, crutches, casts, support garments, trusses, canes, and medically required wigs, subject to applicable limits
Medical Equipment	Wheelchairs, hospital beds, patient lifters, ventilators, oxygen equipment and related supplies (purchase or rental, subject to approval and frequency limits)
Oxygen	Charges for oxygen and related supplies
Orthopaedic Footwear	Includes orthopaedic footwear, modifications, and repairs; maximum $200 per calendar year
Walkers	Covered at 80% to a maximum of $1,200 per calendar year; prescription and pre-approval requirements apply
Diabetic Benefits	
Diabetic Equipment	Glucometers (maximum $300 every 5 years) and insulin pumps (once every 5 years with pre-approval)
Continuous Glucose Monitoring	Receivers, transmitters, and sensors up to $4,000 per calendar year
Diabetic Supplies	Insulin syringes and home glucose testing supplies

Specialized Medical Supports	
Burn Pressure Garments	Burn garments, lymphoedema sleeves, and support hose
Chronic Disease Management	Assessment, counselling, education, and care planning; maximum $500 per calendar year
Intrauterine Devices (IUDs)	Maximum $300 every 2 calendar years
Practitioner Services	
Private Duty Nursing / Personal Care	Home nursing and personal care services (pre-approval required), including up to 4 hours per day; maximum $10,000 per calendar year
Paramedical Practitioners	Reimbursed at 80%, up to $500 per practitioner and $1,500 combined annual maximum. Eligible Practitioners include: Speech Therapist, Chiropractor, Massage Therapist, Osteopath, Podiatrist, Chiropodist, Physiotherapist / Athletic Therapist, Naturopath, Acupuncturist, and Audiologist
Mental Health Practitioners	Psychologists, social workers, and clinical counsellors; maximum $1,000 per calendar year
Hearing and Vision Care	
Hearing Aids	Maximum $1,000 per ear every 24 months
Lenses and Frames	Maximum $250 every 24 months
Laser Eye Surgery	Maximum $250 every 24 months (in lieu of lenses and frames)
Medically Required Contact Lenses	Maximum $250 every 24 months
Eye Examinations	Once every 12 months (children) and once every 24 months (adults)
Accidental Dental	Dental treatment required due to accidental injury to natural teeth, subject to plan conditions and time limits

DENTAL

For the most up-to-date coverage information, including claims limitations and claim requirements, please refer to your Medavie Member Services Site or Blue Cross Mobile App (available on the App Store or Google Play).

ELIGIBILITY

ACTIVE EMPLOYEES

All permanent, full-time Employees are covered from the first day of active employment.

Contractual Employees whose initial appointment is for a term of at least six months and who are required to work a minimum of 20 hours per week may apply for coverage effective the first day of active employment.

Contractual Employees who do not meet these eligibility requirements at the time of initial appointment may apply for coverage after completing six months of continuous employment in a position requiring at least 20 hours of work per week.

Contractual Employees who are extended into a position with a term of at least six months may apply for coverage effective the date of the extension, provided the position requires a minimum of 20 hours of work per week.

RETIREES

Retirees are eligible for coverage in retirement if they are in receipt of a Memorial University pension and were insured under Memorial's group benefits plan the day before they retired and:

- They meet the criteria outlined in the Eligibility Criteria for Other Post-Employment Benefits for Non-Bargaining, Management Professional, and Senior Administrative Management Employees Guidelines; or
- They meet the eligibility criteria outlined in their collective agreement if they are a union Employee.

All eligible Employees, Retirees, Spouses, and Dependent Children are required to be covered by the provincial and/or territorial public health plan in their province or territory of residence. Those ineligible for provincial/territorial coverage are ineligible for Memorial's Health and Dental coverage.

ELIGIBLE DEPENDENTS

An eligible Spouse is an Employee's legal Spouse, or the person who has been living with you for at least 12 months or until the earlier birth or adoption of a child of the relationship.

A former Spouse means a divorced, ex-civil union, or ex-common-law Spouse who was covered on the health plan. At the Member's discretion, they will be eligible for Memorial's Health coverage when mandated by court order.

An eligible Dependent Child is an Employee's natural or adoption child, or stepchild who is:

- unmarried;
- is not employed on a regular and full-time basis;
- is not eligible for insurance as an Employee under this or any other group policy; and
- Is under age 21, or under age 25 if enrolled as a full-time student at an accredited school, college, or university.

A Dependent Child insured under Dental who is incapacitated due to mental or physical disability on the date he reaches the age when he would otherwise cease to be an eligible dependent, will continue to be an eligible dependent.

PRE-DETERMINATION

For dental services expected to exceed $500, you should ask your dental service provider to submit a treatment plan to Medavie Blue Cross in advance. The provider submitting the treatment plan must be the same provider who will perform the work. Medavie Blue Cross will review the proposed treatment and determine the eligible coverage, allowing you to understand the approximate portion of the cost you will be responsible for before treatment begins.

Coverage under the dental plan will cease as per the termination provisions. No benefits will be payable for treatment rendered to an Employee/Retiree after the date of termination of coverage.

BASIC DENTAL COVERAGE

Basic Dental Coverage is reimbursed at 80% of the current NL Dental Association Fee Guide. There is no annual maximum.

Category	Included Services
Examinations	Complete oral exams; recall exams (once every 5 months); periodontal exams; specific and emergency examinations
Diagnostic Services	X-rays (including full series, panoramic, bitewing, occlusal, TMJ); diagnostic photos; casts; biopsy; lab tests; treatment planning and consultation
Preventive Services	Polishing (two units of time* every 12 Consecutive months for adults; one unit of time* every five Consecutive Months for dependents under 19); fluoride treatments; scaling (1st and 2nd scaling paid under Basic Dental Benefit; all subsequent scalings paid under Major Restorative Benefit in a calendar year); oral hygiene instruction; nutritional counselling; sealants; athletic guards; recontouring; space maintainers
Minor Restorative Services	Amalgam and composite fillings; pin reinforcement; porcelain repairs; crown and inlay recementing; removal of crowns or inlays
Endodontic Services	Root canals; pulpotomy; apexification; periapical services; root amputation; related procedures
Periodontal Services	Treatment of gum conditions; scaling and root planing (as applicable); gum surgery; grafting; splinting; periodontal appliances (excluding TMJ); post-surgical care
Prosthetic Maintenance	Denture adjustments, repairs, rebasing and relining (subject to frequency limits)
Oral Surgery	Extractions (simple and complicated); removal of impacted teeth and roots; alveoplasty; tumour excision; other surgical procedures
Anaesthesia	Anaesthesia for eligible dental procedures
Professional Services	Consultations with another dentist; professional visits
Other Services	Bleaching of vital teeth; commercial and in-office laboratory charges

MAJOR RESTORATIVE COVERAGE

Major Restorative is reimbursed at 70% of the current NL Dental Association Fee Guide. There is an annual maximum of $1,200 for these services.

Category	Included Services
Other Services	Crowns, inlays, onlays, dentures, and bridgework

HOW TO SUBMIT A CLAIM

Most health and dental claims are submitted directly to Blue Cross by your healthcare provider. In these cases, you are only responsible for paying any applicable copayment.

If you are required to pay the full cost of a service, you may submit a claim to Blue Cross for reimbursement using one of the following methods:

- **Mobile App:** Submit claims through the Blue Cross mobile app, available on the App Store and Google Play.
- **Online:** Log in to the Blue Cross Member Services website at https://www.medaviebc.ca and select Login in the upper-right corner.
- **Mail:** Send your completed claim form and receipts to the address indicated on the claim form.
- **Fax:** Fax your completed claim form and receipts toll-free to 1-844-622-6063.
- **Email:** Email your completed claim form and receipts to inquiry@medavie.bluecross.ca with "Claims Submission" in the subject line.
- **In Person:** Visit the Blue Cross office at 187 Kenmount Road, St. John's, NL.

All health and dental claims must be submitted within 24 months of the date of service.

TRAVEL INSURANCE

ELIGIBILITY

ACTIVE EMPLOYEES

All permanent, full-time Employees are covered from the first day of active employment.

Contractual Employees whose initial appointment is for a term of at least six months and who are required to work a minimum of 20 hours per week may apply for coverage effective the first day of active employment.

Contractual Employees who do not meet these eligibility requirements at the time of initial appointment may apply for coverage after completing six months of continuous employment in a position requiring at least 20 hours of work per week.

Contractual Employees who are extended into a position with a term of at least six months may apply for coverage effective the date of the extension, provided the position requires a minimum of 20 hours of work per week.

This benefit does not apply to Postdoctoral Fellows.

RETIREES

Retirees are eligible for coverage in retirement if they are in receipt of a Memorial University pension and were insured under Memorial's group benefits plan the day before they retired and:

- They meet the criteria outlined in the Eligibility Criteria for Other Post-Employment Benefits for Non-Bargaining, Management Professional, and Senior Administrative Management Employees Guidelines; or
- They meet the eligibility criteria outlined in their collective agreement if they are a union Employee.

All eligible Employees, Retirees, Spouses, and Dependent Children are required to be covered by the provincial and/or territorial public health plan in their province or territory of residence. Those ineligible for provincial/territorial coverage are ineligible for Memorial's Health and Dental coverage.

ELIGIBLE DEPENDENTS

An eligible Spouse is an Employee's legal Spouse, or the person who has been living with you for at least 12 months or until the earlier birth or adoption of a child of the relationship.

A former Spouse means a divorced, ex-civil union, or ex-common-law Spouse who was covered on the travel plan. At the Member's discretion, they will be eligible for Memorial's Health coverage when mandated by court order.

An eligible Dependent Child is an Employee's natural or adoption child, or stepchild who is:

- unmarried;
- is not employed on a regular and full-time basis;
- is not eligible for insurance as an Employee under this or any other group policy; and
- Is under age 21, or under age 25 if enrolled as a full-time student at an accredited school, college, or university.

A Dependent Child insured under Travel who is incapacitated due to mental or physical disability on the date he reaches the age when he would otherwise cease to be an eligible dependent, will continue to be an eligible dependent.

EMERGENCY MEDICAL EXPENSES

Coverage is provided for emergency medical expenses incurred while travelling outside your province of residence for trips up to 180 days. An emergency medical expense means a sudden, unforeseen injury, or a sudden, unforeseen illness or acute episode of disease that could not reasonably have been anticipated in light of the patient's prior medical condition.

For Retirees, there is a 6 month stability clause. In order for expenses related to a specific medical condition to be eligible, the pre-existing condition must be stable – no change requiring medical or psychiatric intervention – for a minimum of 6 months before departure.

For Employees, Retirees, and their eligible family Members, if they are uncertain if expenses related to a medical condition would be covered, pre-trip consultation is available by contacting Worldwide Travel Assistance – 1-800-563-4444.

Benefit	Coverage Details
Medical Reimbursement Expense	Up to $2,000,000 per participant, per travel incident
Emergency Dental Treatment	$2,000 per incident
Maximum Trip Duration	180 consecutive days per trip
Eligible Participants	Employees and Retirees
Deductible	Nil
Coinsurance	100% of eligible expenses
Emergency Assistance	24/7 worldwide travel assistance included
Evacuation Benefit	Included (pre-approval required)
Repatriation	Up to $15,000
Family Transportation & Accommodation	Up to $5,000 per incident
Return of Vehicle	Up to $500 per incident
Rental Expense	Up to $200 per incident
Hotel Convalescence	Up to $1,000 per incident
Referral Services Outside Canada	Up to $500,000 (lifetime maximum; pre-authorization required)

HOW TO SUBMIT A CLAIM

To initiate a claim for emergency medical expenses incurred while travelling, contact Worldwide Travel Assistance as soon as possible and, when feasible, before seeking medical treatment.

- **Within Canada:** 1-800-563-4444
- **Outside Canada (collect calls accepted):** 1-506-854-2222

When you call, you will be asked to provide the following information:

- Your Blue Cross ID number (found on your Blue Cross card)

- Your provincial or territorial health card number (e.g., MCP)
- Your name and employer's name
- Your date of birth
- Your home address and travel address
- Your travel dates
- A contact telephone number
- Details of the medical emergency

When possible, direct payment arrangements will be made.

Worldwide Travel Assistance will provide all claim instructions, including any required forms.

When Worldwide Travel Assistance is not contacted prior to seeking medical attention, coverage cannot be guaranteed.

FLIGHT DELAY COVERAGE

In the event of a flight delay, lounge access, hotel accommodations, and financial compensation are available when flights are delayed for a minimum of 3 hours.

NOTE: In order to be eligible for this coverage, all flights must be registered a minimum of **24 hours prior** to the original scheduled departure time. Flights can be registered online at www.flightdelayservice.ca.

For first-time registration, the registration access code consists of **MBC** followed by the Member's Medavie Blue Cross group policy number and Identification Number (e.g., **MBC7355000123456789**).

Delay	Coverage Details
3+ hours	Airport lounge access or $40 per person if a lounge is unavailable.
6+ hours	Airport lounge access plus $50 per person and hotel accommodation, or $250 per policy if a hotel is unavailable.

HOW TO SUBMIT A CLAIM

Once a trip is registered for the Member and/or their eligible dependents, the service begins tracking the flight's status in real time. If a delay occurs and compensation becomes available, the Member will receive a text message (SMS) and an email containing a link to a webpage where the compensation can be

accessed. Through the webpage, the Member can download an airport lounge access pass and/or hotel reservation details, as applicable.

If the compensation includes a monetary payment, it will be issued in real time via Interac e-Transfer or direct deposit, based on the payment method selected during registration. The Member will receive both a text message (SMS) and an email notification when the payment has been sent.

To ensure timely receipt of notifications and updates, Members should remain connected to Wi-Fi or a cellular network. Please note that roaming and wireless data charges are not covered by this service.

LONG TERM DISABILITY

ELIGIBILITY

All permanent, full-time Employees are covered from the first day of active employment.

Contractual Employees whose initial appointment is for a term of at least six months and who are required to work a minimum of 20 hours per week are covered effective the first day of active employment.

Contractual Employees who do not meet these eligibility requirements at the time of initial appointment are covered after completing six months of continuous employment in a position requiring at least 20 hours of work per week.

Contractual Employees who are extended into a position with a term of at least six months are covered effective the date of the extension, provided the position requires a minimum of 20 hours of work per week.

This benefit does not apply to Postdoctoral Fellows.

BENEFITS PAYABLE

The benefit is equal to 72 2/3% of monthly earnings to a maximum of $8,500 less the amount requested to be contributed to the Memorial University Pension Plan (maximum insurable $140,367 annually).

QUALIFYING DISABILITY PERIOD (QDP)

The QDP starts when you first become totally disabled and ends after 60 consecutive days provided your disability is continuous. If the disability is not continuous, the days you are disabled will be accumulated to satisfy the QDP period provided:

i. no interruption is longer than 2 weeks; and

ii. the disabilities arise from the same or related disease or injury

MAXIMUM DISABILITY PERIOD

The maximum benefit period ends on the August 31 that falls on or after the attainment of age 65, or at retirement, whichever occurs first.

DEFINITION OF DISABILITY

You are considered totally disabled, during the 24 months in which you receive benefits, if you are unable to perform any and every duty of your occupation. After this period, you are considered totally disabled if you are unable to perform any and every duty of any occupation for which you are reasonably qualified by training, education or experience.

RECURRENCE OF DISABILITY

If a disability recurs and it is due to the same or related causes, it will be considered as one continuous disability and will not be subject to the qualifying disability period unless you have returned to active, full-time employment for a period of 6 consecutive months or longer. If your new disability is due to causes unrelated to your prior disability you may be eligible for a new disability period, subject to the qualifying disability period, if you have returned to active work for at least one full day.

BENEFIT REDUCTION

The amount payable will be less any amount of benefits you receive or are entitled to receive from the following sources:

i. Canada or Quebec Pension Plans, including Canada or Quebec Pension

Plan Retirement benefits and those of any other country, excluding dependent benefits

ii. Workers' Compensation or similar coverage

iii. any government motor vehicle automobile insurance plan or policy, unless prohibited by law

iv. any retirement or pension plan from Memorial University

v. earnings or payments from any employer, including severance payments

vi. any government plan, excluding Employment Insurance Benefits

vii. for an Employee who elects a different and lesser paid occupation not related to Rehabilitation Assistance 50% of the earnings from the lesser paid occupation elected.

ALL SOURCE MAXIMUM

The benefit amount payable will be further reduced so that your total income from All Sources does not exceed 100% of your pre-disability Net Earnings.

All Sources include those stated above and any benefit you are entitled to receive from:

i. self-employment

ii. CPP/QPP Dependant Benefits received after the first 45 days of benefits

REHABILITATION BENEFITS

Employees may, upon the recommendation and approval of the Insurer, participate in a program of rehabilitation which could include the Employee's regular occupation on a part-time basis; a formal vocational training program or; any other training program deemed suitable by the Insurer.

Benefits under such a program may be payable for up to 24 consecutive months and may, subject to written approval of the Insurer be extended for an additional 24 months, but in no event will benefits be continued beyond 48 months in a rehabilitation program during any one period of total disability.

Reasonable and customary expenses incurred by Employees in connection with the program, which are not payable through government programs or by a third party Insurer may, upon prior approval of the Insurer be reimbursed to the Employee.

The gross monthly benefit less any reductions applied under the Benefit

Reduction section will be further reduced by 50% of any earnings received from employment under the rehabilitation program, subject to the All Source Maximum.

An Employee's participation in a rehabilitation program will cease on the earlier of:

i. The date the Employee ceases to be totally disabled;

ii. the date the Employee completes the rehabilitation program; or

iii. the date it is determined by the Insurer that the Employee is not participating in the rehabilitation program to the extent previously agreed upon by the Employee and the Insurer.

EXCLUSIONS

No benefits are payable for any Disability directly or indirectly related to:

i. self-inflicted injuries, unless medical evidence establishes that the injuries are related to a mental health illness;

ii. the committing of or the attempt to commit an assault or criminal offence;

iii. abuse of addictive substances, including Drugs and alcohol, unless the Employee is actively participating and co-operating in an in-patient medical treatment program for substance abuse which has been approved by Manulife Financial;

iv. the portion of the period of Disability during which the Employee is imprisoned in a penal institution or confined to a hospital, or similar institution, as a result of criminal proceedings;

v. the portion of the period of Disability during any leave of absence (including Maternity Leave as defined in the Definitions section); and

vi. the portion of the period of Disability which commences on or after the date a strike or lay-off begins, subject to any provincial employment or labour standards act.

HOW TO SUBMIT A CLAIM

Employees whose sick leave is expected to extend beyond the 60 day waiting period should contact their manager as soon as possible to discuss the Long Term Disability (LTD) claim process. Submitting required claim documentation early may help avoid delays in claim adjudication and benefit payments.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

ELIGIBILITY

ACTIVE EMPLOYEES

All permanent, full-time Employees are eligible for coverage from the first day of active employment.

Contractual Employees whose initial appointment is for a term of at least six months and who are required to work a minimum of 20 hours per week are eligible for coverage effective the first day of active employment.

Contractual Employees who do not meet these eligibility requirements at the time of initial appointment become eligible for coverage after completing six months of continuous employment in a position requiring at least 20 hours of work per week.

Contractual Employees who are extended into a position with a term of at least six months become eligible for benefits coverage effective the date of the extension, provided the position requires a minimum of 20 hours of work per week.

RETIREES

Retired Members are not eligible for Basic AD&D.

AMOUNT OF INSURANCE

Basic AD&D principal sum is flat amount of $35,000.

Optional AD&D principal sum is the amount equal to your Optional Life Insurance.

Voluntary AD&D principal sum available in units of $10,000 to a maximum of $300,000.

BENEFITS PAYABLE

Benefit	Coverage Details
Specific Loss Accident Indemnity	**Loss of Life or Major Functions** • Life – Principal Sum • Entire sight of both eyes – Principal Sum • Speech and hearing in both ears – Principal Sum • One hand and the entire sight of one eye – Principal Sum • One foot and the entire sight of one eye – Principal Sum • Entire sight of one eye – Principal Sum • Speech – Principal Sum • Hearing in both ears – Principal Sum **Partial Losses** • Hearing in one ear – One-half of the Principal Sum • All toes of one foot – One-third of the Principal Sum **Loss of or Loss of Use** • Both hands – Principal Sum • Both feet – Principal Sum • One hand and one foot – Principal Sum • One arm – Principal Sum • One leg – Principal Sum • One hand – Principal Sum • One foot – Principal Sum • Thumb and index finger (or at least four fingers of one hand) – Two-fifths of the Principal Sum **Paralysis** • Quadriplegia – Two times the Principal Sum* • Paraplegia – Two times the Principal Sum* • Hemiplegia – Two times the Principal Sum* *If death occurs within ninety (90) days of the accident, the benefit is limited to the Principal Sum. The maximum indemnity payable for all losses resulting from one accident will not exceed the Principal Sum, or two times the Principal Sum in the case of paralysis, provided the Insured Person survives longer than ninety (90) days.

Escalation Benefit (Voluntary AD&D Only)	If a benefit is payable, the Insurer will increase the indemnity by 1% for each year the Insured Employee's coverage has remained continuously in force, to a maximum increase of 5%. Coverage that is discontinued and later reinstated is treated as new coverage for this purpose.
Surgical Reattachment Benefit	If a severed limb or appendage is surgically reattached within 365 days, the Insurer will pay 50% of the benefit that would have applied had reattachment not occurred. Additional benefits may be payable if loss of use results or if reattachment fails. Total payments will not exceed the Principal Sum for the same accident.
Repatriation Benefit	In the event an Insured Person suffers a Loss of Life resulting from Injury more than fifty (50) kilometres from their normal place of residence, the Insurer will pay the reasonable and necessary expenses incurred for the transportation of the body to a resting place near the residence, including preparation costs, up to a maximum of $25,000 per accident.
Education Benefit	If an Insured Employee dies as a result of an Injury, the Insurer will pay reasonable and necessary tuition fees for Dependent Children enrolled full-time in an institution for higher learning, up to the lesser of 5% of the Principal Sum or $5,000 per year, for up to five (5) consecutive years per Dependent Child.
Day-Care Benefit	If an Insured Employee dies as a result of an Injury, the Insurer will pay day-care expenses for Dependent Children under age 13, up to the lesser of 5% of the Principal Sum or $5,000 per year, for up to five (5) years per child.
Rehabilitation Benefit	Pays reasonable and necessary rehabilitation expenses incurred within three (3) years of the loss when retraining is required to work in another occupation, up to a maximum of $15,000 per accident.

Workplace Modification Benefit	If a covered loss requires workplace modifications or special equipment to support a return to work, the Insurer will reimburse reasonable expenses incurred by the Policyholder, subject to prior approval, up to $5,000 per accident.
Occupational Training Benefit	Provides reimbursement for a Spouse's occupational training following loss of life, up to $15,000 within three (3) years of the loss.
Enhanced Child Benefit (Voluntary AD&D Only)	If a Dependent Child suffers a covered loss, the Insurer will pay double the applicable indemnity (excluding Loss of Life), provided the child survives more than ninety (90) days after the accident.
Permanent Total Disability	If total disability occurs within 365 days of an accident and continues for 12 consecutive months, the Insurer will pay the Principal Sum, less any amounts already paid for the same accident.
Family Transportation Benefit	If hospitalization occurs more than 50 km from home, the Insurer will pay reasonable transportation and accommodation costs for one family Member, up to $25,000 per accident.
Identification Benefit	If required to identify the deceased, the Insurer will pay reasonable transportation and accommodation expenses for a family Member, up to $25,000 per accident.
Seat Belt Benefit	Pays an additional indemnity equal to 10% of the applicable benefit if the Insured Person was properly restrained by a seat belt at the time of the accident.
Home/Vehicle Modification Benefit	Pays reasonable expenses up to $15,000 for modifications to a home or vehicle when a covered loss requires wheelchair accessibility.

Hospital Indemnity	Pays a daily benefit equal to 1/30 of 1% of the Principal Sum, up to a monthly maximum of $2,500, for up to 365 days when hospitalization is required.
Cosmetic Disfigurement (Burns)	Pays a benefit based on severity and body area affected, calculated as a percentage of the Principal Sum, subject to a maximum of 100%.
Bereavement Benefit	Reimburses grief counselling expenses for eligible family Members, up to $2,500.
Funeral Expense Benefit	Reimburses funeral-related expenses up to a maximum of $5,000.
Psychological Therapy Benefit	Reimburses psychological therapy expenses up to 12 sessions and a maximum of $5,000 per accident.
Assault Benefit	Pays an additional 10% of the applicable indemnity if the injury is caused by an assault, up to a maximum of $25,000.
Carjacking Benefit	Pays an additional 10% of the applicable indemnity if the injury occurs during a carjacking, up to a maximum of $10,000.
Public Transportation Benefit	Pays an additional 100% of the applicable indemnity if the Insured Person was travelling as a fare-paying passenger on public transportation.
Comatose Benefit	Pays the Principal Sum if the Insured Person remains in a coma for at least six (6) consecutive months.
Brain Damage Benefit	Pays the Principal Sum if the Insured Person suffers irreversible brain damage, subject to policy conditions.

Aircraft / Exposure / Disappearance Coverage	Coverage applies to injuries sustained as a passenger on approved aircraft and includes losses resulting from unavoidable exposure or disappearance where loss of life is presumed.

IN THE EVENT OF A CLAIM

In the event of a claim, written notice of injury must be given to the Insurer within 30 days after the date of the accident and written proof of loss must be furnished to them within 90 days after the date of such loss. Failure to furnish such notice or proof within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as was reasonably possible, but in no event later than 1 year after the date of the accident.

TERMINATION OF COVERAGE

Your insurance coverage will terminate on the earliest of the following dates:

- on the date the policy is terminated;
- on the premium due date in the event of non-payment of premium;
- your attainment of age 68, if actively employed;
- your attainment of age 65, if retired;
- on the date you cease to be an eligible Employee;
- on the date you cease to be an active Employee of the University on account of leave of absence, lay-off, maternity leave, disability, resignation, dismissal, pension or retirement, except as provided under the following sections:
    - Waiver of Premium
    - Continuation of Coverage During Approved Leaves
    - Extension of Coverage

WAIVER OF PREMIUM

If, under the Policyholder's Basic Group Life Insurance policy, an Insured Person's life insurance is extended under a waiver of premium provision as the result of total disability, coverage under this policy will also be extended and waiver of premium granted.

The Insurer reserves the right to request proof of total disability or any continuance thereof from time to time as the Insurer may reasonably require. Failure to provide proof satisfactory to the Insurer may result in termination of this Waiver of Premium clause.

The coverage which is continued under this clause will be subject to the terms and provisions of this policy in effect as of the date of commencement of disability, including any provision providing for reductions in amounts of insurance.

Notwithstanding anything contained to the contrary in this policy, in no event will benefits payable for any Loss which occurs while coverage is being continued under this clause exceed the amount of insurance that would have been payable to the Insured Person at the date of commencement of disability.

CONTINUATION OF COVERAGE DURING APPROVED LEAVES

An Insured Person who is granted a leave of absence by the Policyholder shall remain insured during the period of such leave provided premiums are paid and that the election to retain the coverage is made in writing to the Benefits Office, Personnel Department of the Policyholder, prior to the commencement of his leave of absence.

Coverage with respect to Employees on layoff status between semester shall also remain in force during such semester breaks, provided that premiums are paid.

EXTENSION OF COVERAGE

Individual coverage under the Policy will be continued for a period of up to twelve (12) months for an Insured Employee whose employment has been terminated by the Policyholder provided such continuation of coverage is required by any applicable provincial or federal employment law or by a severance package agreement received by the Insured Employee from the Policyholder and payment of premium in accordance with the Master Application is continued.

This extension of coverage will terminate at 12:01 a.m., Standard Time, on the first (1st) day of the month following either the completion of the twelve (12) month period or the date the Insured Employee returns to work in any capacity, whichever is earlier.

Extensions of coverage for periods in excess of twelve (12) months may be granted, provided written request is submitted by the Policyholder to the Insurer.

The coverage which is provided as a result of extension under this section will be subject to the terms and provisions of the Policy which were in effect as of the date of termination of employment, including any provision providing for reductions in amounts of insurance.

Notwithstanding anything contained to the contrary in the Policy, in no event will indemnities payable for any event insured against which occurs while coverage is being continued under this clause exceed the amount that would have been payable to the Insured Employee at the date of termination of employment.