



GROUP BENEFITS GUIDE

For Employees of Memorial University of
Newfoundland

Department of Human Resources
April 1, 2025

GENERAL INFORMATION

Introduction

This information guide has been prepared to give you an informal summary of the main features of your group benefits 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.

Group Benefits Plan

All permanent, full-time employees are covered from the first day of active employment. Contractual employees whose initial appointment is to a position of at least six months duration requiring them to work at least 20 hours per week are covered from the first day of active employment. Further, contractual employees who are members of CUPE, Local 1615 and NAPE Locals, 7405, 7801, 7804, 7803 and 7850 who are not eligible for coverage upon initial appointment are covered following completion of six months continuous employment in a position requiring them to work at least 20 hours per week.

The following benefits are provided to eligible employees on a mandatory participation basis:

- Basic Group Life Insurance
- Dependent Life Insurance (available only with family health option)
- Basic Accidental and Dismemberment Insurance
- Long Term Disability Insurance
- Health Plan
- Dental Plan
- Travel Health Plan

The following benefits are provided to eligible employees on an optional or voluntary employee pay all basis.

- Optional, Employee Only, Term Life Insurance and Accidental Death and Dismemberment Insurance
- Voluntary Accidental Death and Dismemberment Insurance
- Optional Spousal and Dependent Child Term Life Insurance

How to Claim

Health and Dental Claims:

The majority of health and dental claims are pay direct at the provider. Claimants would only be responsible to pay any applicable copay.

For those that require payment in full, they can be submitted electronically, mailed to Medavie or, dropped off at their office.

Electronic claims can be submitted via their app or online through their [Member Services Site](#).

For those that need to be mailed or dropped off, Medavie Blue Cross's address is as follows:

Medavie Blue Cross
187 Kenmount Road
St John's NL A1B 3P9

For travel health insurance claims, also refer to the travel insurance brochure. A copy is located on [Human Resource Website](#).

Claims for benefits must be submitted within the timeframes specified by the governing policies as follows:

- Basic, optional and dependent life insurance: the earlier of 15 months following the date of loss and 90 days following termination of an individual's insurance;
- Long term disability: within 6 months after the first month following the qualifying disability period;
- Accidental death and dismemberment: within 12 months following the date of loss;
- Health and dental: within 24 months of the date of service.
- Travel health insurance: written notice within 30 days of the loss and written proof of loss within 90 days of the loss.

For inquiries on health and dental claims, please call 1-800-667-4511 and have your policy number and identification number ready.

Policy # 000 7355 000

ID# refer to your Blue Crosscard

For general inquiries on travel health insurance please call Beneva Insurance at 1-800-848-0158.

Policy# 1HZ50

ID# 427E

BASIC GROUP LIFE INSURANCE

Eligibility

All permanent, full-time employees are covered from the first day of active employment. Contractual employees whose initial appointment is to a position of at least six months duration requiring them to work at least 20 hours per week are covered from the first day of active employment. Further, contractual employees who are members of CUPE, Local 1615 and NAPE Locals, 7405, 7801, 7804, 7803 and 7850 who are not eligible for coverage upon initial appointment are covered following completion of six months continuous employment in a position requiring them to work at least 20 hours per week.

Coverage

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 written notice to the University, subject to any policy or legal limitations. For your convenience a Change of Beneficiary form is available from the Department of Human Resources.

Amount of Insurance

The following basic term life coverage applies to: i) all active employees who are under age 68, and ii) all retired employees up to the August 31 coincident with or next following their 65th birthday:

Active employees:

1 x salary
(minimum coverage of \$70,000)

For purposes of basic life coverage, salary is defined as basic annual salary and includes pensionable stipends and pensionable temporary assignment earnings.

Retirees:

1 x pension
(minimum coverage of \$70,000)

For purposes of basic life coverage pension is defined as the annual pension payable from the Memorial University Pension Plan, the 1996 voluntary early retirement incentive plan and the supplementary retirement income plan

The amount of basic life insurance is reduced to \$7,000 for all active employees between the ages of 68 and 72 and for retirees from the August 31 coincident with or next following their 65th birthday to age 72. Coverage ceases upon attainment of age 72.

Evidence of insurability will not be required.

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.

The premium rate will be determined from your age and class of risk at the time of conversion. The individual policy upon conversion may be: i) non-convertible term insurance to age 65 (if applicable); ii) a permanent plan that Manulife offers to the public at the time of conversion; or, iii) one-year, non-renewable term insurance which may be converted while it is in force to any plan described in i) and ii).

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; or
- your attainment of age 72.

Insurance Company

Your basic life insurance benefits are underwritten by Manulife Financial (Policy No. 50233).

OPTIONAL GROUP TERM LIFE INSURANCE (EMPLOYEE ONLY)

Eligibility

All permanent, full-time employees may be covered from the first day of active employment. Contractual employees whose initial appointment is to a position of at

least six months duration requiring them to work at least 20 hours per week may be covered from the first day of active employment. Further, contractual employees who are members of CUPE, Local 1615 and NAPE Locals, 7405, 7801, 7804, 7803 and 7850 who are not eligible for coverage upon initial appointment may be covered following completion of six months continuous employment in a position requiring them to work at least 20 hours per week.

Coverage

The plan provides additional term life insurance coverage beyond that provided under the University's basic program to eligible employees on an optional and employee-pay-all basis.

Amount of Insurance

Employees under age 68 may apply for this coverage in units of \$10,000 subject to a maximum of 30 units (\$300,000). Evidence of insurability, satisfactory to the insurer, shall be required for all amounts if application is not made within 45 days after the date employment commences. This coverage is available in addition to, not in lieu of, basic life.

Beneficiary

The employee may appoint any beneficiary desired; you may change your beneficiary at any time by written notice to your employer, subject to any policy or legal limitations. For your convenience, a Change of Beneficiary form is available from the Pension and Benefits Section of the Department of Human Resources.

Benefit Limitations

Benefits are payable as a result of death from any cause; however, should an employee, whose coverage for optional life insurance becomes effective after April 1, 1994, die as a result of stock car racing, no benefit would be payable.

Waiver of Premium for Disabled Employees

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. To qualify, you must be unable to work for compensation or profit or to engage in any business or occupation, and you must submit proof of your continuing disability as may be required by the insurer.

Note: In order to qualify for the Waiver of Premium benefit, you must notify the insurer of your disability within one (1) year of your last active day at work, and must furnish proof of your disability satisfactory to the insurer within 18 months of that last active working day.

Conversion Privilege

Your optional group life insurance continues for 31 days following either the termination of your employment, or your classification changing to one in which you are not insured. During this 31 day period you may convert your optional group life insurance, provided you are under 68 years of age, to a one year convertible term policy, a permanent life policy or an individual non-convertible policy to age 65, if applicable, without submitting evidence of health.

In the event of death, during the conversion period, the amount of benefit payable is limited to the maximum amount of optional life insurance that could have been converted. The amount of the individual policy shall not exceed the amount of insurance for which you were insured when coverage was discontinued, subject to a maximum of \$200,000.

The premium rate will be determined from your 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 attainment of age 68, if actively employed; or
- your retirement.

Insurance Company

Your optional life insurance benefits are underwritten by Manulife Financial (Policy No. 50233).

OPTIONAL SPOUSAL AND DEPENDENT CHILD TERM LIFE INSURANCE

Eligibility

All permanent, full-time employees may apply for coverage on their spouses and eligible dependent children from the first day of active employment. Contractual employees whose initial appointment is to a position of at least six months duration requiring them to work at least 20 hours per week may also apply for coverage from the first day of active employment.

Further, contractual employees who are members of CUPE, Local 1615 and NAPE Locals, 7405, 7801, 7804, 7803 and 7850 who are not eligible to apply for coverage upon initial appointment may apply following completion of six months continuous employment in a position requiring them to work at least 20 hours per week.

Coverage

The plan provides additional term life insurance coverage for a spouse and dependent children beyond that provided under the University's basic dependent life insurance program. Insurance is available to eligible employees on an optional, employee-pay-all basis and is subject to approval by Manulife Financial.

Amount of Insurance

Spouse: Units of \$10,000 to a maximum coverage of \$200,000

Dependent Children: \$10,000

Premiums for spousal coverage are based upon the spouse's age and whether they are a smoker or non-smoker. Misstatement of non-smoker status by an employee or spouse shall constitute fraud and the insurer will not pay any part of the optional spousal life insurance regardless of the cause of death.

Evidence of insurability, satisfactory to the insurer, shall be required for all amounts of spousal life insurance. It is not required for dependent child life insurance.

Age Limitations

Insurance coverage for a spouse terminates on the earlier of:

- the date the employee attains age 68 or retires, or
- the date the spouse attains age 68

Insurance coverage for a dependent child terminates on the earlier of:

- the date the employee attains age 68 or retires, or
- the date the child attains the limiting age for dependent children, as explained in the definition of dependent child.

Eligible Dependents

- i) Unmarried children who are under age 21, or under age 25 if attending an accredited school, college, or university as a full time student. A student whose normal residence is in Canada will also be considered a dependent when attending school outside Canada. Dependent children includes children of a marriage, legally adopted children and step children. In the case of an unmarried spouse, a dependent child shall also include:
 - the biological child of the employee and spouse; and,
 - the child of the spouse provided the spouse is living with the employee and has custody of the child.

Dependent children must be dependent on you for support and not employed at a regular full-time job.

- ii) Functionally impaired children who are totally dependent upon you for support and maintenance may remain insured beyond the limiting age for dependent children. For purposes of this plan, functionally impaired shall mean an unmarried person who was insured as a dependent prior to becoming functionally impaired and who is not receiving payments from an aid program and is incapable of self-sustaining employment within the terms of government regulation.
- iii) Your spouse as the result of a valid civil or religious ceremony, or a person whose common law relationship with you has existed for a minimum period of 12 consecutive months immediately prior to the date on which a claim arose. Divorced or separated spouses (with or without a court order or separation agreement) are not eligible for coverage. For purposes of optional spousal life insurance an employee can have only one spouse, being the person with whom the employee was in the most recent spousal relationship.

Beneficiary

For purposes of optional spousal and dependent child life insurance, the beneficiary is the employee. If the employee is not living, the insurance benefit will be paid to the employee's estate.

Benefit Limitations

Benefits are payable as a result of death from any cause. Eligible children, if covered, may be insured as dependents of only one employee even though both parents may be insured as eligible employees.

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 for Spousal Insurance

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*
- your retirement.

Insurance Company

Your optional life insurance benefits are underwritten by Manulife Financial (Policy No. 50233).

Applications for optional spousal and dependent child life insurance are available from the Department of Human Resources by calling 709-709-864-2434 or via e-mail at myhr@mun.ca

DEPENDENT LIFE INSURANCE

Eligibility

All permanent, full-time employees may be covered from the first day of active employment. Contractual employees whose initial appointment is to a position of at least six months duration requiring them to work at least 20 hours per week may be covered from the first day of active employment. Further, contractual employees who are members of CUPE, Local 1615 and NAPE Locals, 7405, 7801, 7804, 7803 and 7850 who are not eligible for coverage upon initial appointment may be covered following completion of six months continuous employment in a position requiring them to work at least 20 hours per week. Dependent life coverage applies only where employees maintain dependent coverage under the supplementary health plan.

Coverage

In the event of the death of your spouse and/or dependent children while insured, the amount of Dependent Life Insurance is payable to you.

Amount of Coverage

The amount of insurance on your spouse and each dependent child is as follows:

Spouse	-	\$3,000
Each Child	-	\$2,000

Eligible Dependents

- i) Unmarried children who are under age 21, or under age 25 if attending an accredited school, college, or university as a full time student. A student whose normal residence is in Canada will also be considered a dependent when attending school outside Canada. Dependent children includes children of a marriage, legally adopted children and step children. In the case of an unmarried spouse, a dependent child shall also include:
 - the biological child of the employee and spouse; and,
 - the child of the spouse provided the spouse is living with the employee and has custody of the child.Dependent children must be dependent on you for support and not employed at a regular full-time job.
- ii) Functionally impaired children who are totally dependent upon you for support and maintenance may remain insured beyond the limiting age for dependent children. For purposes of this plan, functionally impaired shall mean an unmarried person who was insured as a dependent prior to becoming functionally impaired and who is not receiving payments from an aid program and is incapable of self-sustaining employment within the terms a government regulation.
- iii) A stillborn child will be eligible for Dependent Life Insurance. A stillbirth is an intrauterine death that can occur on or after the 28th week of pregnancy all the way up to the birth. The "stillborn infant" is born without any attempt at respiration, including a beating umbilical cord.
- iv) Your spouse as the result of a valid civil or religious ceremony, or a person whose common law relationship with you has existed for a minimum period of 12 consecutive months immediately prior to the date on which a claim arose. Divorced or separated spouses (with or without a court order or separation agreement) are not eligible for coverage. For purposes of optional spousal life insurance an employee can have only one spouse, being the person with whom the employee was in the most recent spousal relationship.

Conversion Privilege

The Dependent Life Insurance continues for 31 days following your death, your classification changing to one

in which you are not insured or your termination of employment. 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 any individual whole life or convertible one-year term or term to age 65 (if applicable) plan without submitting evidence of health. 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 attainment of age 68, if actively employed; or,
- your retirement

Insurance Company

Your dependent life insurance benefits are underwritten by Manulife Financial (Policy No. 50233).

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Eligibility

All permanent, full-time employees are covered from the first day of active employment. Contractual employees whose initial appointment is to a position of at least six months duration requiring them to work at least 20 hours per week are covered from the first day of active employment. Further, contractual employees who are members of CUPE, Local 1615 and NAPE Locals, 7405, 7801, 7804, 7803 and 7850 who are not eligible for coverage upon initial appointment are covered following completion of six months continuous employment in a position requiring them to work at least 20 hours per week.

Amount of Insurance

The principal sum is equal to \$35,000, plus

- for employees who were insured under the Optional Group Life program prior to March 1, 1985, and who did not make any changes to their amount of coverage:
an amount equal to their basic annual salary rounded to the next higher \$10,000.

- for employees who were insured under the Optional Group Life program prior to March 1, 1985, and who increase or decrease their amount of coverage, or for employees who purchase optional group life insurance for the first time after March 1, 1985:

an amount equal to their amount of Optional Life Insurance.

Evidence of insurability, satisfactory to the insurer, shall be required for all amounts of Optional Accidental Death and Dismemberment if application is not made within 45 days after the date employment commences.

Beneficiary

With respect to the first \$35,000, your loss of life benefit shall be payable to the beneficiary or beneficiaries designated under your basic group life insurance, or if there is no such beneficiary designation the benefit shall be payable to your Estate.

With respect to the amount purchased on your optional group life insurance, your loss of life benefit shall be payable to the beneficiary or beneficiaries designated under your optional group life insurance, or if there is no such beneficiary designation the benefit shall be payable to your Estate.

With the exception of "occupational training", "education", "day care", and "identification" benefits all other indemnities payable shall be payable to you.

Dependent Children - means persons that are either legitimate or illegitimate children, adopted children, step-children or children who are in a parent-child relationship with the insured person. The children are unmarried, under 25 years of age, and dependent on the insured person for maintenance and support.

Definition of Injury - "Injury" means bodily injury caused by an accident occurring while your coverage is in force under the policy, and resulting directly and independently of all other causes in loss covered by the policy, 24 hours a day, anywhere in the world.

Benefit Payable

If injuries caused by an accident result in any of the following losses within one year after the date of the accident, the plan provides the following benefits:

Schedule of Losses

<u>For Loss of:</u>	<u>Amount Payable</u>
Life	Principal Sum
Entire Sight of One Eye	Principal Sum
Speech	Principal Sum
Hearing in One Ear	1/2 x Principal Sum
All Toes of One Foot	1/4 x Principal Sum
<u>For Loss or Loss of Use of:</u>	
One Arm	Principal Sum
One Leg	Principal Sum
One Hand	Principal Sum
One Foot	Principal Sum
Thumb & Index Finger or at least four Fingers of One Hand	1/3 x Principal Sum
<u>For Total Paralysis of:</u>	
Both Upper and Lower Limbs (Quadriplegia)	2 x Principal Sum
Both Lower Limbs (Paraplegia)	2 x Principal Sum
Upper and Lower Limbs of One Side of Body (Hemiplegia)	2 x Principal Sum

Indemnity provided under this section for all losses sustained by any one insured person as the result of any one accident will not exceed the Principal Sum, with the exception of quadriplegia, paraplegia and hemiplegia. With respect to quadriplegia, paraplegia and hemiplegia, indemnity will not exceed two times the Principal Sum for all losses sustained by an insured person as the result of the same accident, or 100% of the Principal Sum if loss of life occurs within 90 days after the date of the accident.

In no event will indemnity provided under this section exceed two times the Principal Sum for all losses sustained by an insured person as the result of the same accident.

Repatriation Benefit* - If you sustain accidental loss of life not less than 50 kilometres from your normal place of residence and indemnity for such loss becomes payable under this program, the insurer will pay the reasonable and customary expenses actually incurred for the transportation of your body to the first resting place (including but not limited to a funeral home or the place of interment) in proximity to your normal place of residence. The repatriation benefit up to \$10,000 will be paid for expenses incurred for the return home of your body (including charges for the preparation of the body for such transportation).

Rehabilitation Benefit* - If you sustain any loss which becomes payable under the program and such loss requires you to participate in a rehabilitation program in

order to qualify to engage in an occupation in which you would not have engaged except for such loss, the insurer will pay the reasonable and necessary expenses actually incurred within 3 years from the date of the accident to a maximum of \$10,000. No payment will be made for room, board or other ordinary living, travelling or clothing expenses.

Occupational Training Benefit* - If you sustain accidental loss of life which becomes payable under the program, this benefit will refund expenses incurred for your spouse to engage in a formal occupational training program in order to upgrade his/her employment qualifications, to a maximum of \$10,000 within 3 years from the date of the accident. No payment will be made for room, board or other ordinary living, travelling or clothing expenses.

Permanent Total Disability - The principal sum is payable to you in a lump sum, less any other amounts paid or payable under this plan as a result of the same accident, if, while gainfully employed, you become totally disabled and the following conditions are met:

- a) the disability is the result of an injury occurring prior to age 65;
- b) the disability commences within 365 days of the accident;
- c) the disability prevents you from engaging in each and every occupation or employment for compensation or profit for which you are or may become reasonably qualified by education, training or experience.
- d) the disability has continued for a period of 12 consecutive months, remains total and is deemed to be permanent at the end of such period.

Family Transportation Benefit* - If any loss covered under the program confines you to a hospital or if any injury confines you to a hospital for four days, and such hospital is located more than 150 km from your residence, this benefit will refund expenses incurred by all members of your immediate family for hotel accommodation and transportation (via the most direct route) to your bedside, up to a maximum of \$1,000. Private transportation expenses are limited to \$0.20 per km travelled. Payment is not made for board or other ordinary living, travelling or clothing expenses.

Identification Benefit* - If you sustain accidental loss of life, and the police require the identification of the body by a member of the immediate family, and indemnity for

loss of life subsequently becomes payable under the policy, the insurer will refund expenses incurred by such family member for:

- a) accommodation and board (up to a maximum of three consecutive nights) while en route and/or during the stay in the city or town where the body is located, and,
 - b) transportation via the most direct route to this location,
- provided this location is not less than 150 km from the family member's usual residence. Private transportation expenses are limited to \$0.20 per km travelled and the total maximum refundable for all expenses is limited to \$5,000.

Home Alteration & Vehicle Modification Benefit* - If you sustain the loss of or loss of use of both feet or legs or become quadriplegic, paraplegic or hemiplegic, for which indemnity is payable under the policy, and subsequently require the use of a wheelchair to be ambulatory, the insurer will pay the reasonable and necessary expenses actually incurred within three years of the date of the accident causing such loss for:

- (a) the cost of alterations to your principal residence to make it wheelchair accessible; and/or
- (b) the cost of modifications to one motor vehicle utilized by you to make it wheelchair accessible when such modifications are approved by licensing authorities where required.

Payment by the insurer for the total of all expenses incurred by or for any insured person will not exceed \$10,000 as the result of any one accident.

Education Benefit** - If you sustain accidental loss of life which becomes payable under the program, up to 5% of your principal sum (maximum \$5,000 - this maximum is in combination with the education benefit maximum provided under any other policy issued to the University by the insurer) will be payable for each qualifying dependent child for post-secondary education expenses provided the child (i) is already enrolled full-time in an institution of higher learning, or (ii) is at a secondary school level but will enroll, as a full-time student in a post-secondary education program within 365 days of your death.

This is payable annually for each year for up to four consecutive years. No payment will be made for expenses incurred prior to your death nor will payment be made for room, board or other ordinary living, travelling or clothing expenses.

If your dependent child satisfies the above requirements, any benefits payable will be paid to such child. If none of your dependent children satisfy the above requirements or the requirements as shown under "Day Care Benefit", an amount equal to \$2,500 will be paid to your beneficiary. This amount will only be paid under one of the policies issued to the University by the insurer.

"Post-secondary education" includes any university, college, CEGEP or trade school.

Seat Belt Benefit** - If, at the time of the accident, you or your insured dependents were wearing a properly fastened seat belt and driving or riding in a vehicle driven by a driver who was neither intoxicated nor under the influence of drugs (unless taken as prescribed by a physician), and a loss becomes payable under the program, the applicable amount of Principal Sum will be increased by 10% for those wearing a seat belt.

"Intoxicated" and "being under the influence of drugs" is as defined by the jurisdiction in which the accident occurs. "Vehicle" means a passenger car, station wagon, van, jeep-type automobile, truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces.

Hospital Indemnity Benefit** - A daily benefit of 1/30th of 1% of your Principal Sum, to a maximum of \$2,500 per month. This maximum which is in combination with the hospital indemnity benefit maximum provided under any other policy issued to the University by the insurer, will be payable to you when you are in hospital and under the care of a physician, but only if the period of hospitalization is uninterrupted, results from an injury and begins while insurance under the policy is in force.

Such daily benefit will be paid from the first day of hospitalization if hospitalized:

- a) due to a loss payable under the program, or
- b) due to an injury which requires hospitalization for at least 4 consecutive days;

but in no event for more than 365 days per accident.

Cosmetic Disfigurement Benefit - If you suffer cosmetic disfigurement due to a burn, the insurer will pay the cosmetic disfigurement benefit provided that such burn is classified as a third degree burn.

The amount of benefit payable under this section is based on the percentage of the principal sum, as shown in the Schedule below, which is determined by the Area Classification Factor times the percentage of body surface actually burned. Maximum allowable percentage for body surface burned is based on 100% of the specific body part burned. The attending physician will determine the actual percentage applicable to each burn. If you suffer burns to more than one part of your body as a result of any one accident, benefits payable for all such burns will not exceed 100% of the principal sum.

Day Care Benefit** - If you sustain accidental loss of life which becomes payable under the program, up to 5% of your Principal Sum (maximum \$5,000 which is in combination with the day care benefit maximum provided under any other policy issued to the University by the insurer) will be payable for each qualifying dependent child for day care expenses provided the child (i) is enrolled in a legally licensed day care centre on the date of the accident, or (ii) enrolls in a legally licensed day care centre within 365 days after the date of your death and (iii) is under 13 years of age.

This is payable annually for each year for up to 4 consecutive years. No payment will be made for expenses incurred prior to your death nor will payment be made for room, board or other ordinary living, travelling or clothing expenses. If a dependent child does satisfy the requirements indicated above, the day care benefit will be payable to the surviving spouse if the spouse has custody of the child. If there is no surviving spouse or the child does not reside with the spouse, benefits will then be paid to the child's legally appointed guardian. If none of your dependent children satisfy the above requirements or the requirements as shown under "Education Benefit", the insurer will pay an amount equal to \$2,500 to your beneficiary. This amount will only be paid under one of the policies issued to the University by the insurer.

Cosmetic Burn Schedule			
Body Part	Area Classification Factor	Maximum Allowable % for Body Surface Burned	Maximum % of Principal Sum Payable
Face, Neck, Head	11	9.0%	99.9%
Hand and Forearm (Right)	5	4.5%	22.5%
Hand and Forearm (Left)	5	4.5%	22.5%
Upper Arm (Right)	3	4.5%	13.5%
Upper Arm (Left)	3	4.5%	13.5%
Torso (Front)	2	18.0%	36.0%
Torso (Back)	2	18.0%	36.0%
Thigh (Right)	1	9.0%	9.0%
Thigh (Left)	1	9.0%	9.0%
Lower Leg - below knee (Right)	3	9.0%	27.0%
Lower Leg - below knee (Left)	3	9.0%	27.0%

The benefits marked with an asterisk (*) are only payable under one of the policies issued to the University by the insurer. The benefits marked with two asterisks (**) are payable under all other policies issued to the University by the insurer subject to the maximum amount stated in the policies.

Aircraft Coverage - You are covered while riding as a passenger, but not as a pilot, operator or member of the crew, in any aircraft provided the aircraft has a current and valid certificate of airworthiness and is flown by a licensed pilot. You are also covered when boarding or alighting from or struck by any aircraft.

Exposure and Disappearance - If, by reason of an accident covered by this program, you are unavoidably exposed to the elements and such exposure results in a covered loss, such loss will be covered.

If you are not found within one year of the disappearance, sinking or wrecking of a conveyance in which you were riding at the time of the accident, it will be presumed you have suffered loss of life resulting from bodily injury caused by an accident.

Exclusions - The program does not cover any loss, fatal or non-fatal, caused or contributed to by:

- self-inflicted injuries, suicide or attempted suicide, regardless of the state of mind of the insured person;
- declared or undeclared war or any act thereof;
- active full-time service in the armed forces of any country; or,
- riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the section entitled "Aircraft Coverage".

Continuation of Coverage - If you are granted a leave of absence by your employer, coverage under this program will also be continued, provided premiums are paid and the election to retain this coverage is made in writing to the Department of Human Resources, prior to the commencement of your leave of absence. If you are on lay-off status during semester breaks, coverage under this program will be continued, provided premiums are paid.

Termination of Coverage

Your insurance coverage will stop 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;
- on the date you reach age 68;
- on the date you cease to be an eligible employee;
- on the date you cease to be an active employee of your employer on account of leave of absence, lay-off, maternity leave, disability, resignation, dismissal, pension or retirement, except as provided under the "Continuation of Coverage During Approved Leaves" clause.

If your insurance should stop, you can still file a claim under the policy for losses arising from an accident which occurred prior to the termination date.

In the Event of a Claim - You or your beneficiary must notify the University by contacting the Department of Human Resources at 709 709-864-2434 or myhr@mun.ca

In the case of 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 one year after the date of the accident.

Insurance Company

Your basic accidental death and dismemberment benefits are underwritten by Beneva (Policy No. 9200657).

LONG TERM DISABILITY INSURANCE

Eligibility

All permanent, full-time employees are covered from the first day of active employment. Contractual employees whose initial appointment is to a position of at least six months duration requiring them to work at least 20 hours per week are covered from the first day of active employment. Further, contractual employees who are members of CUPE, Local 1615 and NAPE Locals, 7405, 7801, 7804, 7803 and 7850 who are not eligible for coverage upon initial appointment are covered following completion of six months continuous employment in a position requiring them to work at least 20 hours per week.

Benefits Payable

The benefit is equal to 72 2/3% of monthly earnings to a maximum of \$8,500 less the amount required to be contributed to the Memorial University Pension Plan (prior to April 1, 2014 the maximum was \$7,500). This equates to a maximum "insured salary" for LTD purposes of \$140,367 (prior to April 1, 2014 the maximum insured salary was \$123,853). The monthly benefit is subject to the 100% all source maximum described later.

Qualifying Disability Period

The qualifying disability period 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 qualifying disability period provided:

- i) no interruption is longer than 2 weeks;
- ii) the disabilities arise from the same or related disease or injury.

To become eligible to apply for benefits, the 60 day qualifying disability period must have been completed prior to August 31 coincident with or immediately following the date of your 65th birthday.

The qualifying disability period for contractual employees is the same as above irrespective of the

date the employee's contractual appointment is to end, provided that the qualifying disability period commences while the employee is actively employed.

Maximum Disability Period

The maximum benefit period shall be to the August 31st coincident with or next following attainment of age 65, or retirement, whichever is earlier.

LTD premiums are payable up to the June 30 immediately prior to the end of the maximum benefit period.

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.

Disability Case Management

The insurer has developed a disability case management program. The purpose of this program is to assist you, in the event that you become totally disabled and qualify for benefits, to return to productive employment. A team of disability case management professionals will work with you, your employer and your physician to assist you to recover and return to the workplace.

Further details on this aspect will be provided in the event that you become disabled.

Benefit Reduction

The amount payable under this benefit for total disability is calculated by deducting from your benefit any other sources of income. These are specified in the Master Policy and include the following:

- wages or retirement benefits payable from your employer or employer's pension or retirement plan;
- any payments on account of your disability from any workers' compensation law or similar law;
- payments received from the Canada or Quebec Pension Plan, excluding payments made in respect of dependent children;
- any income or benefit payable under any other plan or

program of any government or the crown or of any subdivision or agency of the government or the crown, including any plan or program established pursuant to a provincial automobile insurance act.

All Source Maximum - Your total monthly income while disabled (long term disability benefit plus any income listed above, Canada or Quebec Pension Plan family benefits plus any income from another occupation) cannot exceed 100% of your net monthly earnings as of the date your disability commenced. If your total income exceeds 100%, your long term disability benefit will be reduced accordingly.

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 & Limitations

Benefits are not payable for the following:

- for any portion of a period of disability unless you are receiving ongoing supervision or treatment by a physician deemed appropriate by the insurer for the impairment which is causing the disability.

You will not be paid for any portion of a period of disability during which you do not participate in the treatment program recommended by said physician;

- for any portion of a period of disability during which you are receiving treatment by a therapist unless such treatment is recommended by a physician deemed appropriate by the insurer;
- for any portion of a period of disability resulting from substance abuse, including alcoholism and drug addiction, unless you are participating in a recognized substance withdrawal program;
- disability resulting from self-inflicted injuries or attempted suicide;
- for the portion of a period of disability during which you are:
 - imprisoned in a penal institution; or
 - confined in a hospital, or similar institution, as a result of criminal proceedings;
- any period of disability, or portion thereof, during any leave of absence (including maternity leave). Leave of absence means a period of time away from work mutually agreed to by you and your employer. In the case of maternity leave of absence, the leave shall begin and finish on the dates agreed to by you and your employer or as required by provincial or federal law;
- to an insured individual who refuses to participate in a rehabilitation program which is deemed appropriate by the insurer, the attending physician or on the advice of independent medical opinion.

Coverage during a strike or lockout

- If an employee ceases to be actively at work due to a strike or lockout, insurance coverage will continue, subject to the payment of premiums, for a maximum of three months after the employee was actively at work.

Subrogation

If you are entitled to recover compensation for loss of income from a third party as a result of the incident which caused or contributed to the disability, for which benefits are paid or payable, the insurer will be subrogated to all your rights of recovery for loss of income, to the extent of the sum of benefits paid or payable by the insurer. You shall execute such documents as required by the insurer.

In the event that you provide proof to the insurer that you have not recovered full compensation for loss of income, the insurer shall determine the proportion of damages actually recovered and share pro rata in that amount.

Should you choose to settle the matter prior to judicial determination, it is understood that the sum reached in settlement will be deemed to be full compensation for loss of income, and the insurer's right of subrogation will apply. The term compensation shall include any lump sum or periodic payments which you receive or are entitled to

receive on account of past, present or future loss of income.

Policy Termination

Termination of the policy will not affect any claims incurred prior to termination, and benefits will continue for such claims as though the policy were still in force.

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 retirement.

Coverage for active employees ends on the August 31 coincident with or next following attainment of age 65

Insurance Company

Your long term disability benefits are underwritten by Manulife Financial (Policy No. 50233).

SUPPLEMENTARY HEALTH INSURANCE

Government Coverage

All residents of Newfoundland are entitled, upon satisfaction of certain residency requirements, to a comprehensive government-sponsored medical services plan (M.C.P.) which covers all necessary physicians' services. Persons taking up residence in Newfoundland from another province in Canada must complete a 90-day waiting period to be eligible for M.C.P. coverage. Those persons taking up residence in Newfoundland from outside of Canada may be covered immediately upon entrance into Newfoundland provided they have landed immigrant status. However, new residents should contact M.C.P. upon arrival to determine the eligibility requirements then applicable for the government-sponsored medical plan.

Eligibility

All permanent, full-time employees are covered from the first day of active employment. Contractual employees whose initial appointment is to a position of at least six months duration requiring them to work at least 20 hours per week are covered from the first day of active employment. Further, contractual employees who are members of CUPE, Local 1615 and

are not eligible for coverage upon initial appointment are covered following completion of six months continuous employment in a position requiring them to work at least 20 hours per week.

Retired employees and their surviving principal beneficiaries are eligible for coverage provided they are in receipt of a pension from the Memorial University Pension Plan or other retirement savings plan contributed to by the University. Coverage terminates on termination of employment. Retiree/surviving principal beneficiary coverage terminates on the death of the retiree/surviving principal beneficiary.

Eligible dependents meeting the definitions of spouse and unmarried dependent children may also be covered under the supplementary health program.

The term "spouse" means a person who is either legally married to the employee/retiree or has resided with the employee/retiree in a conjugal relationship for at least 12 consecutive months. The term "conjugal relationship" includes relationships between persons of the same sex.

"Child" means a person who is a resident of Canada and is the natural, adopted or step child of the employee or spouse and is financially reliant on the employee or spouse for care, maintenance and support, is not married or in a common law relationship and meets one of the following criteria:

- a) is under age 21;
- b) is under age 25 and is attending an accredited educational institution, college or university on a full-time basis; or
- c) became mentally or physically disabled while a child as defined in (a) or (b) and has been continuously disabled since that time.

The definition also includes a child over whom the employee or spouse has been appointed as guardian with parental authority.

A child is considered to be mentally or physically disabled for the purposes of this definition if they are incapable of engaging in any substantially gainful activity and are financially reliant on the employee for care, maintenance and support due to this disability. Blue Cross may require the provision of written proof of a child's disability as often as is reasonably necessary.

To maintain coverage for dependent children beyond 21 years of age, employees/retirees must submit a "Dependent Registration Card" at the time the child reaches age 21 and in August of each subsequent year.

Eligible participants are considered late applicants if coverage is applied for more than 45 days after becoming eligible for benefits. In the case of late applicants, coverage is subject to the submission and approval of evidence of health.

NAPE Locals, 7405, 7801, 7804, 7803 and 7850 who

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 on-going 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.

Hospital Room

The policy covers charges incurred for semi-private room accommodation in a hospital.

Extended Health Benefits

Blue Cross will pay the reasonable and customary charges for the following eligible expenses on a reimbursement basis. Payment is 80% of the eligible expense, subject to an annual calendar year deductible of \$25.00.

Drugs and Supplies - Charges for drugs and supplies available without a prescription and required as a result of a colostomy or ileostomy and/or the treatment of cystic fibrosis, diabetes and Parkinsonism.

Health Care Facilities - Hospital charges for medical or surgical treatment incurred by a person on an out-patient basis (excluding physicians' and special nurses'

fees).

Ambulance Services - Charges for transportation to or from the nearest hospital or licensed medical facility able to provide treatment, limited to a maximum payment of \$2,000 per person per calendar year. Expenses incurred for the following are eligible:

- transportation by any form of a licensed ambulance, including an air ambulance;
- transportation by any vehicle normally used for public transportation, provided the attending physician certified in writing that such transportation was medically necessary.

The distance from the facility must be 250 kilometres one way or 500 kilometres return and the patient must be receiving active treatment, in the opinion of Medavie Blue Cross.

- transportation required to return a registered nurse or practical nurse, who was in attendance with the participant while such person was being transported, to the place where the nurse began such attendance. Expenses to return a person other than a registered nurse or practical nurse to the place where such person began attending the insured person will be considered if the attending physician certified that such person would be a more suitable attendant than a nurse. Expenses of a parent escort will be allowed, provided the child is less than 18 years of age.

The plan will reimburse transportation claims based on the most economical means available unless an alternate more expensive means was necessary because of the patient's medical condition. Where a private vehicle is used, a maximum of \$0.15 per kilometre will be paid.

Diagnostic and X-Ray Services - Charges for diagnostic and x-ray services, when carried out by a Medavie Blue Cross approved laboratory which, in the opinion of the insurer, is qualified to render such services. These services include laboratory services and x-ray examinations.

Prosthetic Appliances - Charges for the following remedial prosthetic appliances:

- artificial limbs (limited to one prosthetic appliance to each limb per lifetime);
- breasts (limited to a left and a right prosthesis per calendar year);
- mastectomy bras (limited to two per calendar year);
- eyes (limited to one left and one right prosthesis per lifetime);
- crutches;
- splints;
- casts;
- support hose/elastic stockings (limited to a maximum eligible expense of \$25 per calendar year);
- stump socks (limited to a maximum of six pairs per

person per calendar year);

- trusses (limited to one truss per five consecutive calendar years); braces (limited to one cervical collar per calendar year,
- all other braces are limited to one per lifetime); a cane (limited to one per lifetime); and
- hair, when hair loss is due to an underlying pathology or its treatment, to a maximum eligible expense of \$300 per lifetime. Hair prosthetics, replacement therapy and other procedures for physiological hair loss are excluded (i.e., male pattern baldness). Replacement of any of these items is not a benefit unless replacement is required due to a pathological or physiological cause.

Oxygen - Charges for oxygen.

Orthopaedic Footwear - Charges for orthopaedic footwear and supplies, including repairs are eligible for any and all medical conditions when prescribed by a Medical Doctor, Podiatrist, Chiropodist, Rheumatologist or Orthopaedic Surgeon approved by Medavie Blue Cross. To find out if a provider is approved plan members must contact Blue Cross at 1-800-667-4511. Coverage includes charges for shoe modification, adjustment supplies, and/or moulded arch supports.

The maximum combined payment for orthopaedic footwear and supplies, including repairs is \$200 per participant in a calendar year.

Equipment Purchase / Rental - Charges for the purchase or rental of a wheelchair (or a scooter in lieu of a wheelchair), hospital-type bed (including mattress and safety side rails), patient lifter, maxi mist or respirator/ventilator, aerochamber and equipment for the administration of oxygen, when prescribed by a licensed physician.

If, due to extended illness or disability, it is felt that the need for these items will be long term, the insurer, at its sole discretion, may approve the purchase of these items. Repairs to wheelchairs are eligible based on the reasonable and customary guidelines established by the insurer. Once the original equipment purchase is approved, the rental or approved purchase of another piece of similar equipment will be limited to once every five consecutive calendar years.

Diabetic Equipment - Charges for glucometers used for the treatment and control of diabetes to a maximum payment of \$300 for one unit per person every five calendar years.

Insulin pumps are eligible once every five consecutive calendar years when pre-approved by Medavie Blue

Cross.

Glucose Monitoring Systems – charges for continuous glucose monitoring (CGM) receivers, transmitters or sensors for Participants prescribed insulin for the treatment of diabetes. The maximum will be limited to \$4,000 in a Calendar Year.

Diabetic Supplies - Charges for insulin syringes, clinitest and similar home chemical testing supplies for diabetics.

Burn Pressure Garments - Charges for the purchase of burn pressure garments and jobst sleeves for lymphoedema following mastectomy and jobst support hose.

Chronic Disease Management - Charges for services rendered by a Medavie Blue Cross Approved Provider, specialized in chronic disease management. Services must be delivered by the Medavie Blue Cross Approved Provider for medical conditions deemed eligible by Medavie Blue Cross. Coverage includes: initial assessment, counselling and follow up sessions; education relating to symptom management, medication usage; and development of action plans. The maximum will be limited to \$500 in a Calendar Year.

Intrauterine Contraceptive Devices - Purchase of an intrauterine contraceptive device (IUD). The maximum will be limited to \$300 every 2 Calendar Years.

Accidental Dental - Charges for the dental treatment required as a result of accidental injury to natural teeth. This dental treatment must be rendered or reported and approved for payment by Medavie Blue Cross within 180 days of the accident and dental work must be completed within 24 months from the date of the accident. Eligible expense will be the dentist's usual and customary fee up to the "Dental Fee Guide" for General Practitioners in effect where services are rendered. All deferred dental treatment must be completed and approved for payment by Medavie Blue Cross no later than the last day of the month in which the person turns 21 years of age unless otherwise prescribed by statute, in which case the statutory provision applicable in the province where the participant resides shall apply. When such dental treatment must be deferred because of the age of the patient, or other factors which are justified, in the opinion of Medavie Blue Cross, the claim may be approved for later payment. To meet the payment criteria, the participant must have been covered by Medavie Blue Cross for accidental dental at the time the accident occurred, and must still be covered by Medavie Blue Cross at the time the services are rendered. The only exception to this criterion is when the participant is uninsured for dental benefits at the time the service is rendered, in which case the claim may be approved. The subscriber must submit to Medavie Blue Cross within 180 days of the accident complete details of the required services from the dentist and reason for deferment.

Physician Services - The usual, customary and reasonable

charges of a physician licensed to practice where the services are rendered in Canada, where permitted by law, whether inside or outside the claimant's province of residence. Eligible expense will be based upon the charges less the allowance under the participant's provincial government health care program.

Payment of up to \$30 for one annual check-up will be eligible provided the employee has been insured for at least one year.

Psychiatrist - Charges of a licensed psychiatrist only while the patient is not confined to a hospital, subject to a maximum payment of \$20 per visit.

Private Duty Nurse / Personal Care - Charges for home nursing care performed by a private duty nurse at the participant's residence (other than a convalescent or nursing home) on the written authorization of the attending physician and subject to pre-approval by Medavie Blue Cross.

If a registered nurse is not available when required, expenses incurred for the services of a registered nursing assistant, a licensed practical nurse or a certified nursing assistant, will be considered eligible to the extent that such persons are qualified to provide the required nursing services.

Services of approved personal home care workers are eligible for up to four hours per day, when pre-approved by Medavie Blue Cross. Personal care services must be medically necessary and include bathing, dressing, toileting, feeding and mobilization. Services that are not eligible under this benefit include: custodial care, light housekeeping, meal preparation, shopping, transportation and respite care (patient care provided in the home intermittently in order to provide temporary relief to the family home caregiver).

Pre-Approval Process:

1) Call **1-800-667-4511** in the Atlantic region and **1-800-355-9133** in Ontario and ask for a **Nursing/Personal Care Pre-approval Claim Form**. A family member or friend can call on your behalf. The inquiry centre will ensure a form is mailed or faxed to you, or you can pick one up at your nearest Medavie Blue Cross Office.

2) When you receive the form, you and your physician must complete it. Once completed, the form must be returned to Medavie Blue Cross.

3) A Medavie Blue Cross Nursing Coordinator will review your form. You will be contacted and informed if a nursing assessment is required.

4) If an assessment is required, the assessment will be completed by a registered nurse from an independent nursing agency.

5) Once the pre-approval process is complete, you will be advised of the results of the assessment by Medavie Blue Cross. This process normally takes four to seven

working days. However, in cases where your condition may require immediate services, the Nursing Coordinator may approve eligible nursing care for up to a maximum of seven days. Also, as part of this assessment, the Nursing Coordinator will advise you of community resources you may be eligible to receive.

Although you may use the services of the nursing agency conducting the assessment, your choice for nursing services is not limited to that agency. The amount of coverage for each plan participant will be limited to a maximum of

\$10,000 in a calendar year. Payment for eligible expenses will be based on the payment schedule for private duty nurses established by the insurer for the participant's province of residence.

Paramedical Practitioners

Charges for the services of certain paramedical practitioners operating within their recognized fields of expertise are reimbursed at 80% of the eligible expense, up to a maximum of \$500 per person per calendar year for each paramedical practitioner, subject to an overall annual maximum of \$1,500 per calendar year. In addition, reimbursement of up to \$35 per calendar year will be available for X-rays. Eligible expenses include the services of the following licensed, certified or registered paramedical practitioners:

- Speech Therapist
- Chiropractor
- Massage Therapist
- Osteopath
- Podiatrist
- Chiropodist
- Physiotherapist / Athletic Therapist *
- Naturopath
- Acupuncturist
- Audiologist

* For the physiotherapist and athletic therapist benefits the maximum reimbursement is \$500 for both practitioners combined, not \$500 for each.

Mental Health Practitioners – Charges for treatment, except when performed in a Hospital, by a licensed psychologist, social worker and clinical counsellor. The overall maximum will be limited to \$1,000 in a Calendar Year.

A physician's referral or prescription will not be required for paramedical and mental health practitioners. Medavie Blue Cross will adjudicate claims based upon the usual and customary fees for each type of service.

Walkers

Charges for waist high, aluminum, four legged, square framed walking aids equipped with handgrips. The benefit includes purchase, rental or repair with coverage at 80% of the eligible

expense to a maximum reimbursement of \$1,200 per calendar year. A prescription from a Medical Doctor is required for every purchase, repair and initial rental. In the case of purchases greater than or equal to \$800, a pre- authorization from Medavie Blue Cross is required.

Hearing Aids - Charges for hearing aids (excluding batteries and exams), up to a total payment of \$1,000 per ear, per plan participant in any 24 consecutive months, when prescribed by an otolaryngologist, otologist and/or recommended by a registered audiologist.

Vision Care Benefits

Medavie Blue Cross will pay the usual, customary and reasonable charges for the following eligible expenses on a reimbursement-plan basis when recommended by a physician or optometrist. Payment is at 80% of the eligible expense.

Lenses/Frames - Charges for lenses, frames and the fitting of any type of prescription glasses (including contact lenses). The maximum reimbursed is \$250 every 24 consecutive months.

Laser Eye Surgery - Charges for laser eye surgery to a maximum reimbursement of \$250 every 24 consecutive months. The laser eye surgery benefit is paid in lieu of the lenses and frames benefit - not in addition to it.

Contact Lenses - Charges for contact lenses when prescribed by a licensed ophthalmologist for ulcerated keratitis; severe corneal scarring, keratoconus (conical cornea) or aphakia, provided sight can be improved to at least the 20/40 level by contact lenses but cannot be improved to that level by spectacle lenses. The total maximum reimbursed \$250 in any 24 consecutive months.

Visual training - Charges of a registered, licensed optometrist for visual training.

Ocular Examinations - Charges for ocular examination, including refraction, limited to one in any 12 consecutive months for dependent children and not more than one in any 24 consecutive months for any other person.

Coordination of Benefits

Benefit payments will be coordinated with any other plan or arrangement, in accordance with the Canadian Life and Health Insurance Association (CLHIA) guidelines, so that the total amount received from all sources will not be greater than the actual expense incurred.

Insurance Company

Your hospital and extended health benefits are provided by Medavie Blue Cross.

Special Authorization Appeals Subcommittee

The University Benefits Committee has established a Special Authorization Appeals Subcommittee to review appeals from health plan members on coverage declined by Medavie Blue Cross for special authorization drugs.

This Subcommittee which is comprised of employee representatives and medical professionals within the University community, will, on a strictly confidential basis, consider individual requests for coverage of prescribed medications that have been officially denied coverage by Blue Cross through the special authorization process.

The Subcommittee will consider appeals made by employees/retirees, on an individual basis, provided the following conditions have been met:

- i) an official request for "special authorization" has been declined by Medavie BlueCross;
- ii) the medication bears a Drug Identification Number (DIN);
- iii) the medication is prescribed by a licensed physician and enables the individual to engage in their normal daily activities, including attendance at work, which would otherwise be impeded without the prescribed treatment;
- iv) if a medication does not have official recognized approval for treatment of the condition for which it is being prescribed, sufficient published data supporting its use must be provided to the Subcommittee.

The effective date of coverage for medications approved by the Special Authorization Appeals Subcommittee is subject to the following timelines:

- i) If an appeal is received by the Department of Human Resources within 90 days of the date that the medication was first denied at the pharmacy and the Special Authorization Appeals Subcommittee subsequently approves coverage for the medication, coverage will be effective from the date it was first denied.
- ii) Otherwise, coverage for special authorization medication approved by the Special Authorization Appeals Subcommittee will be effective from the date of receipt of the appeal by the Department of Human Resources

To obtain more information or to file an appeal plan members may contact the Department of Human Resources at 709-864-2434 or by e-mail at myhr@mun.ca

DENTAL CARE

Government Coverage

The Newfoundland MediCare Program (MCP) provides a dental program for children 12 years of age and under, provided eligibility requirements are met. The plan covers one cleaning per year and most dental services considered essential in the prevention of dental disease and services necessary in the eradication of existing dental disease. The plan also provides for certain dental surgical procedures for all residents provided such services are performed in hospital.

Eligibility

All permanent, full-time employees are covered from the first day of active employment. Contractual employees whose initial appointment is to a position of at least six months duration requiring them to work at least 20 hours per week are covered from the first day of active employment. Further, contractual employees who are members of CUPE, Local 1615 and NAPE Locals, 7405, 7801, 7804, 7803 and 7850 who are not eligible for coverage upon initial appointment are covered following completion of six months continuous employment in a position requiring them to work at least 20 hours per week.

Retired employees and their surviving principal beneficiaries are eligible for coverage provided they are in receipt of a pension from the Memorial University Pension Plan or other retirement savings plan contributed to by the University.

Coverage terminates on termination of employment. Retiree/surviving principal beneficiary coverage terminates on the death of the retiree/surviving principal beneficiary.

Eligible dependents meeting the definitions of spouse and unmarried dependent children may also be covered under the dental program.

The term "spouse" means a person who is either legally married to the employee/retiree or has resided with the employee/retiree in a conjugal relationship for at least 12 consecutive months.

The term "conjugal relationship" includes relationships between persons of the same sex.

"Child" means a person who is a resident of Canada and is the natural, adopted or step child of the Member or Spouse and is financially reliant on the Member or Spouse for care, maintenance and support, is not married or in a common law relationship and meets one of the following criteria:

a) is under age 21;

b) is under age 25 and is attending an accredited educational institution, college or university on a full-time basis; or

c) became mentally or physically disabled while a child as defined in (a) or (b) and has been continuously disabled since that time.

The definition also includes a child over whom the Member or Spouse has been appointed as guardian with parental authority.

A child is considered to be mentally or physically disabled for the purposes of this definition if they are incapable of engaging in any substantially gainful activity and are financially reliant on the Member for care, maintenance and support due to this disability. Blue Cross may require the provision of written proof of a child's disability as often as is reasonably necessary.

Eligible participants are considered late applicants if coverage is applied for more than 45 days after becoming eligible for benefits. In the case of late applicants, coverage is limited to a maximum reimbursement of \$100 per participant for the first 12 months of coverage.

Amount of Benefit

The plan provides a wide range of necessary dental treatments. Your benefit for covered expenses will consist of 80% reimbursement (no deductible) on basic expenses (preventative and minor restorative) and endodontic and periodontic services. Major restorative services are reimbursed at the rate of 70% of the eligible expense to a maximum of \$1,200 per participant per calendar year (prior to June 1, 2013, the maximum was \$1,000). The plan covers all eligible dental expenses up to the amount prescribed in the current Newfoundland Dental Society Schedule of Fees and any subsequent schedules which may be approved from time to time for the operation of the Memorial plan.

To be considered as a "covered expense", your treatment must be determined as "necessarily rendered". The charge for a particular service must be reasonable and customary for the service provided in the area where the expense is incurred, and will be limited to the applicable maximum fee level of your province of residence.

The plan covers necessary dental treatment by a dentist, physician or other qualified personnel under the direct supervision of the dental or medical profession.

Treatment Plan

Before a course of treatment is started, your dentist, will, upon request, prepare a "treatment plan" - a written report describing the recommendations as to necessary treatment and cost.

You are requested to submit a "treatment plan" to Medavie Blue Cross before treatment commences for any treatment

expected to cost more than \$500. This enables Medavie Blue Cross to determine in advance its share of the cost of the proposed treatment, and thus allows you to know the extent of any part of the cost you will have to pay.

If you do not submit a "treatment plan", where required, you may find that your claim, or a portion of it, may not be covered.

NOTE: If the proposed course of treatment does not commence within 90 days, a new treatment plan should be provided before benefits will be paid.

Coverage under the dental plan will cease when you terminate employment with the University and no benefits will be payable for treatment rendered to an employee or a dependent after the date of termination of coverage.

Plan Coverage

The following are the eligible expenses that are covered under the plan:

Exams - Complete oral examination, periodontal exam, emergency exam, specific oral exam, and recall oral examination (limited to once every six months).

Diagnostic and Preventive Services

X-Rays - Complete series intra oral films (once every 12 months); periapical films; occlusal films*, posterior bitewing films*, extra oral films* (* four of each type every five months)

Temporomandibular joint films; panoramic film (once every 12 months); cephalometric films (five every 24 months).

Tracing of radiographs; interpretation of radiographs from another source.

Tests and Laboratory Exams - Biopsy, soft-hard tissue; diagnostic photographs; diagnostic casts.

Case Presentation - Treatment planning; consultation with patient.

Preventive Services - Polishing (2 units time every 12 consecutive months; one unit of time every 5 consecutive months for dependents under 19), Scaling (80% of the first and second scalings in a calendar year and 50% of subsequent scalings in that same calendar year), fluoride treatment (2 in any 12 consecutive months), nutritional counselling, oral hygiene instruction, finishing restorations, pit and fissure sealants, protective athletic appliance (once in every 12 months), re-contouring of teeth, space maintainers, caries/trauma/pain control.

Restorative Services - Amalgam restorations; pin

reinforcement, acrylic or composite restorations, porcelain repair on an existing single crown, natural tooth preparation, metal coping crown, recement crown or inlay, removal of crown or inlay.

Periodontal Services (treatment of gum disease) - Diagnosis and treatment of gum tissue: application of displacement dressing; management of acute infections and other oral lesions; desensitization of tooth surface.

Surgical Services - gingival curettage; gingivoplasty; gingivectomy/fibrotomy; osseous surgery; osseous grafts; soft tissue grafts; post surgical treatment.

Abscess or pericoronitis surgery. Occlusal equilibration.

Adjunctive Periodontal Services: provisional splinting; periodontal scaling/root planing; special periodontal appliances including occlusal guards (excluding TMJ related problems); maintenance, adjustments and repair to periodontal appliances (excluding TMJ related problems); direct reline.

Post surgical evaluation.

Prosthetic Services - Denture adjustment (after three months from insertion); denture repairs; denture rebasing and relining (once every 24 months).

Endodontic Services (Root Canal) - Pulpotomy, root canal, apexification, periapical services, root amputation, exploratory surgery, canal and/or pulp chamber enlargement.

Preparation of tooth for treatment: banding of tooth to maintain sterile operating field; hemisection; intentional removal, apical filling and reimplantation.

Surgical Services - Removal of erupted tooth - uncomplicated; removal of erupted tooth - complicated; removal of impacted tooth; alveoplasty/alveolectomy; removal of root; miscellaneous surgical services.

General Services

- Anaesthesia
- Consultation with another dentist
- Professional visits
- Other services:
- bleaching of vital tooth
- commercial laboratory charges
- in-office laboratory charges

Major Restorative Services:

Extensive Restorative Procedures

Inlay and Onlay Restorations

Inlays and onlays

- metal
- composite
- porcelain/ceramic

Retentive posts (for crowns)

- cast metal
- prefabricated

Indirect overdenture restorative services

- metal cast coping crown with or without attachment

Crowns

- acrylic/composite
- porcelain/ceramic
- cast metal

Crown made to an existing partial denture clasp

Metal/plastic transfer copings

Laboratory processed veneers

- plastic
- porcelain/ceramic

Prosthodontic Services – Removable

Complete Dentures (limited to one complete upper and one complete lower denture in any five Consecutive Calendar Years)

- standard
- equilibrated
- gnathological
- overdenture

Transitional Dentures (limited to one upper and one lower in any Five Consecutive Calendar Years)

Partial Dentures (limited to one upper and one lower in any Five Consecutive Calendar Years)

Acrylic

- without clasp
- with resilient clasps
- with metal wrought/cast clasp and/or rests
- with metal wrought palatal/lingual bar and clasp and/or rests
- overdenture with cast/wrought clasps and/or rests

Cast with acrylic base

- free end with cast frame connector, clasp and rests
- free end with swing lock/connector
- tooth borne with cast frame connector, clasp and rests
- cast with precision attachments
- cast with semi-precision attachments
- cast with stress breaker attachments
- cast, overdenture, removable

Prosthodontic Services – Fixed Bridge

Pontics

- cast metal
- porcelain/ceramic
- acrylic/composite

- natural tooth

Abutments

- acrylic/composite
- porcelain/ceramic
- porcelain fused to metal
- cast metal
- metal, $\frac{3}{4}$ cast

Other Fixed Prosthetic Services

- abutment preparation under existing partial denture clasp
- telescoping crown unit
- fixed porcelain prosthesis to replace a substantial portion of the alveolar process
- splinting, for extensive or complicated restorative dentistry
- retentive pins
- provisional coverage (in extensive or complicated restorative dentistry)

Claiming Benefits

If you are in doubt as to whether a particular course of treatment would be covered under the dental insurance plan, it would be advisable to contact Medavie Blue Cross at 1-800-667-4511 for pre-determination of coverage.

If your dentist does not allow assignment and you are required to pay the dentist for the treatment performed, submit your receipts along with the appropriate claim form to Medavie Blue Cross for reimbursement. Please include your subscriber number and policy number (active employees: 7355-000; retired Memorial employees: 7355-001; retired Marine Institute employees: 7355-002).

Exclusions

Covered expenses do not include and no payment is made for:

- intentional self-inflicted injuries or illness while sane or insane;
- any services to which the plan participant is entitled under any Workers' Compensation statute or any other legislation;
- dental treatment received from a dental or medical department maintained by an employer, an association, or a labour union;
- examinations required for use of a third party;
- physicians' or dentists' charges for time spent travelling, broken appointments, transportation costs or advice given by telephone or any other means of telecommunication;
- cosmetic surgery or treatment, when determined as such by Medavie Blue Cross, unless such surgery or treatment is for accidental injury and commenced within 90 days of the accident;
- injury resulting either directly or indirectly from

- insurrection, war, service in the armed forces of any country or participating in a riot;
- orthodontic treatment
- services and supplies rendered for a full mouth reconstruction, for a vertical dimension correction, or for correction of temporomandibular joint dysfunction.

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Eligibility

All permanent, full-time employees are eligible for coverage from the first day of active employment. Contractual employees whose initial appointment is to a position of at least six months duration requiring them to work at least 20 hours per week are eligible for coverage from the first day of active employment. Further, contractual employees who are members of CUPE, Local 1615 and NAPE Locals, 7405, 7801, 7804, 7803 and 7850 who are not eligible for coverage upon initial appointment may be covered following completion of six months continuous employment in a position requiring them to work at least 20 hours per week.

Coverage

The plan provides coverage for any accident, on or off the job, resulting in death, dismemberment, paralysis, loss of use of limbs, sight, speech or hearing
- 24 hours per day - 365 days per year - worldwide.

Employee Only Plan

All eligible employees are able to select for themselves any amount of coverage desired from a minimum of \$10,000 to a maximum of \$300,000 in \$10,000 increments (principal sum). No evidence of insurability is required.

Employee and Family Plan

All eligible employees may elect to insure themselves, their spouse (under age 70) and dependent children, under the Employee and Family Plan. No evidence of insurability is required. The employee selects a desired amount of coverage (Principal Sum) from the employee plan described above.

The employee's spouse is then automatically insured for 50% of the benefit selected by the employee. In addition, each dependent child is insured for 10% of the employee's benefit.

Where there are no dependent children, the spouse is automatically insured for 60% of the benefit selected by the employee. Where there is no spouse, dependent children will be insured for 20% of the

benefits.

Enrollment

You may enroll in the program or increase your insurance (up to \$300,000) and/or add the family option by completing an application card and returning it to the Department of Human Resources.

Coverage will commence on the date your signed application card is received by the Department of Human Resources. However, if you are absent from active work for any reason other than vacation, coverage will only begin when you return to active work.

Beneficiary

Your voluntary accidental death benefit will be paid to the beneficiary designated on your application card. If there is no such beneficiary designation, such benefit will be paid to your Estate.

With the exception of the "occupational training", "education", "day-care", "identification", and "extension of family coverage" benefits, any other benefits payable (which include those payable for dependents) will be paid to you.

Definitions

"Injury" means bodily injury caused by an accident occurring while your coverage is in force under the policy, and resulting directly and independently of all other causes in loss covered by the policy, 24 hours a day, anywhere in the world.

"Principal Sum", when referring to you, means the amount indicated on your application card which you have completed and filed with the employer.

"Principal Sum", when referring to your insured dependents, means the percentages outlined in this booklet.

"Spouse" means an individual under the age of 70:

- i) to whom the employee is legally married; or,
- ii) to whom the employee is married by a marriage that is voidable and has not been declared null and void; or,
- iii) with whom the employee has continuously cohabited and who has been publicly represented as the employee's spouse for a minimum of one year immediately before a loss is incurred under this program.

Only one individual will qualify as a spouse.

If the employee is legally married but is also cohabiting with an individual as described under (b) or

(c) above, the spouse will be the individual to whom the employee is legally married.

"Dependent Children" means persons that are either natural children (legitimate or illegitimate), adopted children, step-children, or children to whom the employee is in a parent-child

relationship, and who are:

- i) under 21 years of age and unmarried; or
- ii) under 25 years of age and unmarried and in attendance at an institution of higher learning on a full-time basis (includes any university, private college, CEGEP or trade school); or
- iii) by reason of mental or physical infirmity, are incapable of self-sustaining employment, and are totally dependent upon the employee for support within the terms of the *Income Tax Act*.

Benefit Payable

If injuries caused by an accident result in any of the following losses within one year after the date of the accident, the plan provides the following benefits:

Schedule of Losses

<u>For Loss of:</u>	<u>Amount Payable:</u>
Life	Principal Sum
The Entire Sight of One Eye	Principal Sum
Speech	Principal Sum
Hearing in One Ear	1/2 x Principal Sum
All Toes of One Foot	1/4 x Principal Sum

For Loss or Loss of Use of:

One Arm	Principal Sum
One Leg	Principal Sum
One Hand	Principal Sum
One Foot	Principal Sum
Thumb & Index Finger or at least	
Four fingers of one hand	1/3 x Principal Sum

For Total Paralysis of:

Both Upper and Lower Limbs (Quadriplegia)	2 x P. Sum
Principal Sum Both Lower Limbs (Paraplegia)	2 x P. Sum
Upper and Lower Limbs of One Side of Body (Hemiplegia)	2 x P. Sum

Indemnity provided under this section for all losses sustained by any one insured person as the result of any one accident will not exceed the Principal Sum, with the exception of quadriplegia, paraplegia and hemiplegia (in which case indemnity is increased to two times the Principal Sum for all losses sustained by an insured person as the result of the same accident, or 100% of the Principal Sum if loss of life occurs within 90 days after the date of the accident).

In no event will indemnity provided under this section exceed two times the Principal Sum for all losses sustained by an insured person as the result of the same accident.

Repatriation Benefit* - If you or your insured dependents sustain accidental loss of life not less than 50 kilometres from your normal place of residence and indemnity for such loss becomes payable under this program, the insurer will pay the reasonable and customary expenses actually incurred for the transportation of your body to the first resting place (including but not limited to a funeral home or the place of interment) in proximity to your normal place of residence. The repatriation benefit up to \$10,000 will be paid for expenses incurred for the return home of your body (including charges for the preparation of the body for such transportation).

Rehabilitation Benefit* - If you sustain any loss which becomes payable under the program and such loss requires you to participate in a rehabilitation program in order to qualify to engage in an occupation in which you would not have engaged except for such loss, the insurer will pay the reasonable and necessary expenses actually incurred within three years from the date of the accident to a maximum of \$10,000. No payment will be made for room, board or other ordinary living, travelling or clothing expenses.

Occupational Training Benefit* - If you sustain accidental loss of life which becomes payable under the program, this benefit will refund expenses incurred for your spouse to engage in a formal occupational training program in order to upgrade his/her employment qualifications, to a maximum of \$10,000 within three years from the date of the accident. No payment will be made for room, board or other ordinary living, travelling or clothing expenses.

Permanent Total Disability - The principal sum is payable to you in a lump sum, less any other amounts paid or payable under this plan as a result of the same accident, if, while gainfully employed, you become totally disabled and the following conditions are met:

- i) the disability is the result of an injury occurring prior to age 65;
- ii) the disability commences within 365 days of the accident;
- iii) the disability prevents you from engaging in each and every occupation or employment for compensation or profit for which you are or may become reasonably qualified by education, training or experience.
- iv) the disability has continued for a period of 12 consecutive months, remains total and is deemed to be permanent at the end of such period.

Family Transportation Benefit* - If any loss covered under the program confines you or your insured dependent(s) to a hospital or if any injury confines you or your insured dependent(s) to a hospital for four days, and such hospital is located more than 150 km from your residence, this benefit will refund expenses incurred by any members of your immediate family for hotel accommodation and transportation (via the most direct route) to your bedside, up to a maximum of \$1,000. Private transportation expenses are limited to \$0.20 per km travelled. Payment is not made for board or other ordinary

living, travelling or clothing expenses.

Home Alteration & Vehicle Modification Benefit* - If you or your insured dependent(s) sustain the loss of or loss of use of both feet or legs or become quadriplegic, paraplegic or hemiplegic, for which indemnity is payable under the policy, and subsequently require the use of a wheelchair to be ambulatory, the insurer will pay the reasonable and necessary expenses actually incurred within three years of the date of the accident causing such loss for:

- i) the cost of alterations to your principal residence to make it wheelchair accessible; and/or
- ii) the cost of modifications to one motor vehicle utilized by you or an insured dependent to make it wheelchair accessible when such modifications are approved by licensing authorities where required.

Payment by the insurer for the total of all expenses incurred by or for any insured person will not exceed \$10,000 as the result of any one accident.

Education Benefit** - If you sustain accidental loss of life which becomes payable under the program, up to 5% of your principal sum (maximum \$5,000 which maximum is in combination with the education benefit maximum provided under any other policy issued to the University by the insurer) will be payable for each qualifying dependent child for post-secondary education expenses provided the child (i) is already enrolled full-time in an institution of higher learning, or (ii) is at a secondary school level but will enroll, as a full-time student in a post-secondary education program within 365 days of your death.

This is payable annually for each year for up to four consecutive years. No payment will be made for expenses incurred prior to your death nor will payment be made for room, board or other ordinary living, travelling or clothing expenses.

If your dependent child satisfies the above requirements, any benefits payable will be paid to such child. If none of your dependent children satisfy the above requirements or the requirements as shown under "Day Care Benefit", an amount equal to \$2,500 will be paid to your beneficiary. This amount will only be paid under one of the policies issued to your employer by the insurer.

"Post-secondary education" includes any university, college, CEGEP or trade school.

Seat Belt Benefit** - If, at the time of the accident, you or your insured dependents were wearing a properly fastened seat belt and driving or riding in a vehicle driven by a driver who was neither intoxicated nor

under the influence of drugs (unless taken as prescribed by a physician), and a loss becomes payable under the program, the applicable amount of Principal Sum will be increased by 10% for those wearing a seat belt.

"Intoxicated" and "being under the influence of drugs" is as defined by the jurisdiction in which the accident occurs.

"Vehicle" means a passenger car, station wagon, van, jeep- type automobile, truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces.

Hospital Indemnity Benefit** - A daily benefit of 1/30th of 1% of your Principal Sum, to a maximum of \$2,500 per month. This maximum which is in combination with the hospital indemnity benefit maximum provided under any other policy issued to the University by the insurer, will be payable to you when you or your insured dependents are in hospital and under the care of a physician, but only if the period of hospitalization is uninterrupted, results from an injury and begins while insurance under the policy is in force.

Such daily benefit will be paid from the first day of hospitalization if hospitalized:

- i) due to a loss payable under the program, or
- ii) due to an injury which requires hospitalization for at least 4 consecutive days;

but in no event for more than 365 days per injury.

Child Enhancement Benefit - With the exception of loss of life and paralysis, the benefit amounts shown under the Schedule of Losses are doubled with respect to your insured dependent children.

This provision is not applicable if loss of life occurs within 90 days after the date of the accident.

Day Care Benefit** - If you sustain accidental loss of life which becomes payable under the program, up to 5% of your Principal Sum (maximum \$5,000 which maximum is in combination with the day care benefit maximum provided under any other policy issued to the University by the insurer) will be payable for each qualifying dependent child for day care expenses provided the child (i) is enrolled in a legally licensed day care centre on the date of the accident, or (ii) enrolls in a legally licensed day care centre within 365 days after the date of your death and (iii) is under 13 years of age.

This is payable annually for each year for up to 4 consecutive years. No payment will be made for expenses incurred prior to your death nor will payment be made for room, board or other ordinary living, travelling or clothing expenses. If a dependent child does satisfy the requirements indicated above, the day care benefit will be payable to the surviving spouse if the spouse has custody of the child. If there is no surviving spouse or the child does not reside with the spouse, benefits will then be paid to the child's legally appointed guardian. If none of your dependent children satisfy the above requirements or the requirements as shown under "Education Benefit", the insurer

will pay an amount equal to \$2,500 to your beneficiary. This amount will only be paid under one of the policies issued to the University by the insurer.

Common Disaster Benefit - If you and your insured spouse both sustain accidental loss of life which becomes payable under the program as the result of a "common accident", your spouse's amount of coverage will be increased to the same level as yours to a combined program maximum of \$1,000,000.

"Common accident" means the same accident or separate accidents occurring within the same 24 hour period.

Aircraft Coverage - You and your insured dependent(s) are covered while riding as a passenger, but not as a pilot, operator or member of the crew, in any aircraft provided the aircraft has a current and valid certificate of airworthiness and is flown by a licensed pilot. You and your insured dependent(s) are also covered when boarding or alighting from or struck by any aircraft.

Exposure and Disappearance - If, by reason of an accident covered by this program, you or your insured dependent(s) are unavoidably exposed to the elements and such exposure results in a covered loss, such loss will be covered.

If you or your insured dependent(s) are not found within one year of the disappearance, sinking or wrecking of a conveyance in which you or your insured dependent(s) were riding at the time of the accident, it will be presumed you or your insured dependent(s) have suffered loss of life resulting from bodily injury caused by an accident.

Identification Benefit* - If you or an insured dependent sustain accidental loss of life, and the police require the identification of the body by a member of the immediate family, and indemnity for loss of life subsequently becomes payable under the policy, the insurer will refund expenses incurred by such family member for accommodation and board (up to a maximum of three consecutive nights) while en route and/or during the stay in the city or town where the body is located, and transportation via the most direct route to this location, provided this location is not less than 150 km from the family member's usual residence. Private transportation expenses are limited to \$0.20 per km travelled and the total maximum refundable for all expenses is limited to \$5,000.

Cosmetic Disfigurement Benefit - If you or an insured dependent suffer cosmetic disfigurement due to a burn, the insurer will pay the cosmetic disfigurement benefit provided that such burn is classified as a third degree burn.

The amount of benefit payable under this section is based on the percentage of the principal sum, as shown in the Schedule below, which is determined by the Area Classification Factor times the percentage of body surface actually burned. Maximum allowable percentage for body surface burned is based on 100% of the specific body part burned. The attending physician will determine the actual percentage applicable to each burn. If you suffer burns to more than one part of your body as a result of any one accident, benefits payable for all such burns will not exceed 100% of the principal sum. In the event benefits are payable under this section, and the sections entitled "Schedule of Losses" and "Permanent Total Disability", the total benefits payable will not exceed 100% of the Principal Sum (or 200% for paralysis).

Cosmetic Burn Schedule			
Body Part	Area Classification Factor	Maximum Allowable % for Body Surface Burned	Maximum % of Principal Sum Payable
Face, Neck, Head	115533221133	9.0%	99.9%
Hand and Forearm (Right)		4.5%	22.5%
Hand and Forearm (Left)		4.5%	22.5%
Upper Arm (Right)		4.5%	13.5%
Upper Arm (Left)		4.5%	13.5%
Torso (Front)		18.0%	36.0%
Torso (Back)		18.0%	36.0%
Thigh (Right)		9.0%	9.0%
Thigh (Left)		9.0%	9.0%
Lower Leg - below knee (Right)		9.0%	27.0%
Lower Leg - below knee (Left)		9.0%	27.0%

The benefits marked with an asterisk (*) are only payable under one of the policies issued to the University by the insurer.

The benefits marked with two asterisks (**) are payable under all other policies issued to the University by the insurer subject to the maximum amount stated in the policies.

Escalation Benefit - In the event you sustain an injury which results in the benefit being payable under either "Schedule of Losses" or "Permanent Total Disability", the insurer will pay an escalation benefit which is equal to 1% of the amount of benefit payable, for each year your insurance remains in force without interruption, subject to maximum of 5%. For benefit calculation purposes, the anniversary date or your effective date of insurance, whichever occurs last, is used and each such anniversary date thereafter.

If you discontinue your coverage and subsequently re-apply, you are considered as a person becoming insured for the first time in the year you re-apply for coverage.

Extension of Family Coverage - In the event of your death from any cause, coverage for your insured dependent(s) will be continued without payment of premium for a period of six months.

Continuation of Coverage - If you are granted a leave of absence by the University, coverage under this program will also be continued, provided premiums are paid and the election to retain this coverage is made in writing to the Department of Human Resources, prior to the commencement of your leave of absence. If you are on lay-off status during semester breaks, coverage under this program will be continued, provided premiums are paid.

Exclusions - The program does not cover any loss, fatal or non-fatal, caused or contributed to by:

- self-inflicted injuries, suicide or attempted suicide, regardless of the state of mind of the insured person;
- declared or undeclared war or any act thereof;
- active full-time service in the armed forces of any country; or,
- riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the section entitled "Aircraft Coverage".

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;
- on the date you give notice of cancellation to the University;
- on the date you reach age 68;
- 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 "Continuation of Coverage During Approved Leaves"

and “Extension of Family Coverage” clauses.
The insurance coverage for your insured spouse and/or insured dependent children(s) stops on the earlier of:

- the date such person ceases to be an eligible dependent;
- the date your insurance coverage stops.

If your insurance and/or the insurance of your spouse or dependent children should stop, you can still file a claim under the policy for losses arising from an accident which occurred prior to the termination date, subject to the terms and provisions of the policy.

In The Event of a Claim - You or your beneficiary must notify the Department of Human Resources at 709-864-2434 or myhr@mun.ca

In the case of 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.

Insurance Company

Your voluntary accidental death and dismemberment insurance benefits are underwritten by Beneva.

TRAVEL HEALTH INSURANCE

Please refer to the Beneva (formerly SSQ) [Travel Health Insurance Brochure](#) for an explanation of benefits.

Important: Pre-Existing Medical Exclusion:

There is no pre-existing medical condition exclusion applicable to active employee travel health insurance.

There is, however, an exclusion for pre-existing medical conditions applicable to retiree travel health insurance.

As outlined in the travel health insurance brochure, for retiree travel Beneva will not cover any loss (fatal or non fatal) or expenses caused by or resulting from any condition for which the insured person received medical advice, consultation or treatment within six (6) months prior to the commencement of a trip, with the exception of a Chronic Condition which is under treatment and Stabilized by the regular use of prescribed medication.

“Chronic Condition” means a disease or disorder which has existed for a minimum of six (6) months.

“Stabilized” means there has not been a change in the medical condition requiring medical or psychiatric intervention for a minimum of six (6) months.

Travel health insurance is limited to a maximum of 180 days per trip. Please refer to the travel health brochure for more information.