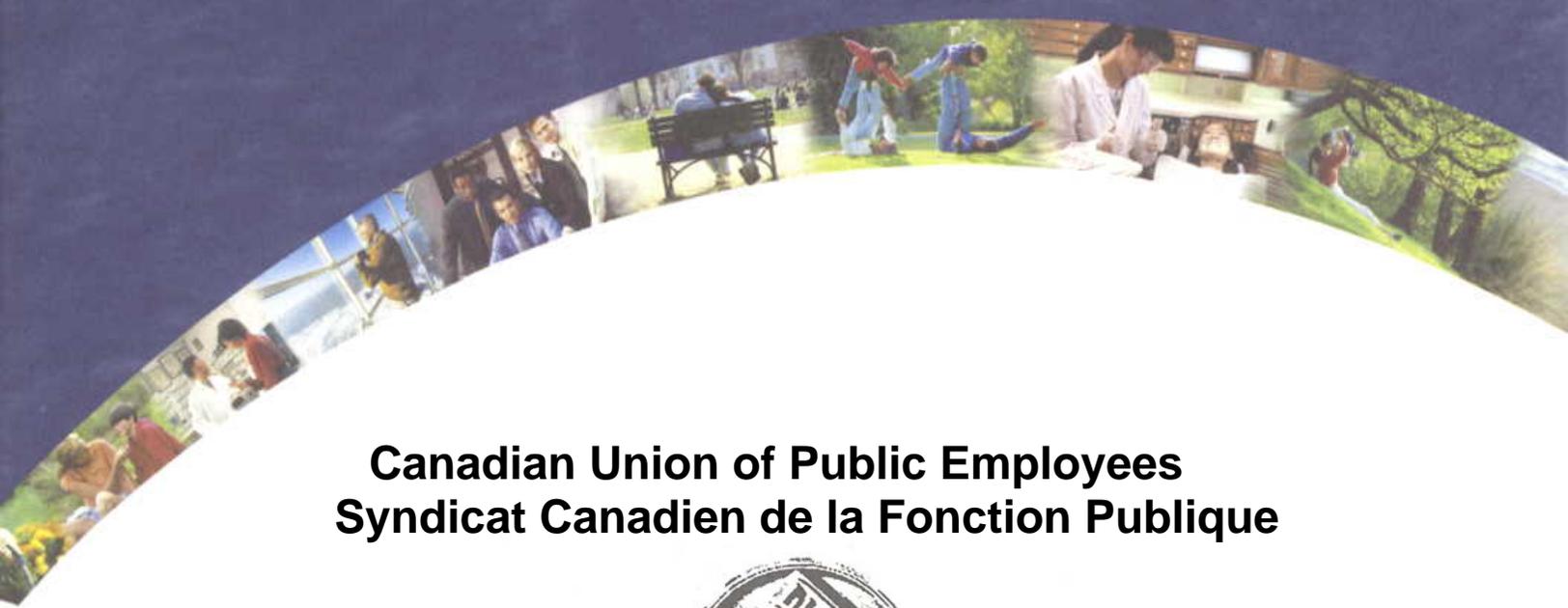


# Plan Booklet

G r o u p   B e n e f i t s



**Canadian Union of Public Employees  
Syndicat Canadien de la Fonction Publique**



**Local 3906  
Policy #97528  
Class B**



Equitable Life of Canada®



**Canadian Union of Public Employees  
Syndicat Canadien de la Fonction Publique**

**Policy #97528  
Class B**

Through **EQUITABLE LIFE OF CANADA®**, your Employer is providing you with the Group Benefits Plan outlined in this Booklet.

We know how important financial security is to you and your family. With this in mind your Group Benefits Plan is designed to help meet some of your financial needs in the event of sickness or death.

We encourage you to read and understand the benefits that your Employer is providing for you. If you have any questions, please contact the person in your company who administers your Group Benefits Plan.

We welcome you as a member of this Equitable Life® Group Benefits Plan.

***Group Department***

For services in English, call toll-free: 1-800-265-4556

For services in French, call toll-free: 1-800-818-8544

**IMPORTANT**

**This booklet is not a legal contract. It is meant only to provide information about your Group Insurance Plan. The Master Policy itself determines the benefits, amounts and effective dates that apply to you.**

## PROTECTING YOUR PRIVACY

At Equitable Life of Canada, we are committed to protecting the confidentiality and security of your personal information. We follow the privacy principles established by the *Canadian Standards Association Model Code for the Protection of Personal Information*.

To protect and safeguard your personal information, we have set up files in which we maintain your personal information that is needed to administer, service, underwrite, adjudicate and process all aspects of the Group Policy, including the payment of claims.

Your personal information may be accessed by, or exchanged with, authorized employees of Equitable Life and of relevant third parties. These third parties include service providers retained by us, reinsurers, other insurance companies, investigative organizations, health care providers (such as pharmacies, physicians and dentists) and any other person or party whom you authorize.

You have the right to access your personal information held in our files, subject to any legal or business restrictions. If applicable, you can have your personal information corrected.

For more information regarding our privacy policies, please refer to "*Our Commitment to Protecting Your Privacy*" which you can find on our website at [www.equitable.ca](http://www.equitable.ca) under "Privacy".

You may contact us with any questions, concerns or suggestions with respect to our management of your personal information at the address below:

Chief Privacy Officer  
One Westmount Road North  
P. O. Box 1603, Station Waterloo  
Waterloo, On  
N2J 4C7

Telephone 1-800-265-4556  
Facsimile (519) 883-7425  
Email: [privacyofficer@equitable.ca](mailto:privacyofficer@equitable.ca)

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**THIS GROUP INSURANCE PLAN HAS BEEN ARRANGED BY:**

Hallmark BRB Financial  
Suite 100  
4 Lansing Square  
Toronto, Ontario  
M2J 5A2

# SCHEDULE OF BENEFITS

This booklet was printed on December 5, 2008.

In this booklet "the Company", "we" and "us" means The Equitable Life Insurance Company of Canada.

## CLASSIFICATION(S)

Class B: All Eligible Regular Full-Time Teaching Assistants of CUPE 3906 with Dependents

## GENERAL INFORMATION

**Maximum Age for Dependent Children:** Under age 21, but under age 25 if in school full-time.

**Co-Habitation Requirement for Partners** (see the *General Provisions* section in this booklet for more information on coverage for your eligible dependents):  
24 consecutive months

**Maximum Age for Coverage:**

Dental benefit terminates at the earlier of your retirement or on your 70th birthday.

**Minimum Number of Hours Per Week employees must work to be eligible for coverage:**

130 hours per school year between September 1 and August 31.

**Waiting Period:** (see the *General Provisions* page in this booklet for more important information)  
none

## EMPLOYEE AND DEPENDENT DENTAL BENEFITS

**Deductible Amount per calendar year:**

Nil

**Type A - Basic Services (Level I and II):**

This Dental Plan includes the following Basic Services Options:

- |                            |                            |
|----------------------------|----------------------------|
| 2. Space Maintainers       | 3. Major Surgical Services |
| 4. Periodontal Services *  | 5. Endodontic Services     |
| 6. Denture Repair Services |                            |

\* maximum number of units eligible for periodontal scaling is 8 units per calendar year

Recall Maximum for oral examinations, cleaning, topical application of fluoride and bitewing x-rays:  
once every 9 months

**Reimbursement Percentage of all eligible expenses:**

Type A: 100%

**Maximum Amount:**

Annual calendar year maximum for Type A: \$2,000 per insured person subject to a maximum of \$2,000 per insured family.

**Dental Fee Guide:**

The current Dental Association Fee Guide for the province of Ontario.

**SURVIVOR BENEFIT**

For the following benefit only: Dental  
Maximum Period for Survivor Benefit: 2 years

**NOTE:** The remaining pages of this booklet are standard pages. Some sections will tell you to look on the Schedule Page or the Summary of Dental Maximums page for the details specific to your plan.

# GENERAL PROVISIONS

This booklet provides answers to some of the general questions you may have about your group insurance plan. It does not create or confer any contractual or other rights. In all cases, the provisions of the Master Policy will prevail. If more detailed information is required, please contact your Group Plan Administrator.

## **WHO IS ELIGIBLE FOR INSURANCE?**

All regular, full-time graduate students in the Graduate programme, who are employed as a teaching assistant (or research assistant in lieu thereof), for at least 130 hours between September 1 and August 31.

## **WHEN AM I ELIGIBLE TO JOIN THE GROUP PLAN - IS THERE A WAITING PERIOD?**

You are eligible to apply for coverage under this Group Plan after you have served the **Waiting Period** shown on the Schedule of Benefits page.

## **WHO ARE YOUR ELIGIBLE DEPENDENTS?**

Eligible dependents must **live in Canada** and include:

- Your **spouse**. This means:
  - your legally married husband or wife, or
  - your partner (a person of the same or opposite sex who resides with you in a conjugal relationship and who you publicly represent as your partner)You can only cover one spouse at a time. You must notify us in writing if you want to change your spouse.
- Your **natural, adopted, stepchildren or child of your spouse**. They must be unmarried, normally live with you or your spouse, be supported by you, and not be working on a full-time basis. Look on the Schedule of Benefits page to see the **Maximum Age for Dependent Children**.
- Your **developmentally or physically disabled natural child, adopted child, stepchild or child of your spouse**. To be eligible, the child must be unmarried and we must have a Doctor's certificate stating he/she is incapable of self-sustaining employment and chiefly dependent upon you for support. This child must have been insured under this Group Policy before reaching age 21.

## **WHEN DOES YOUR INSURANCE BECOME EFFECTIVE?**

- You are eligible for insurance from September 1 of each year to August 31 of the next year, provided you are contracted for the academic year, to work 130 hours in the period of September 1 of each applicable year to August 31 of the following year.
- if you are not actively at work on the date your benefits would normally become effective, they will commence on your return to work full time.
- your insurance becomes effective on the date you first become eligible.

Eligibility for benefits is not retroactive and benefits terminate at the end of the paid up period (August 31 of each year).

## **WHEN DO I MAKE A CLAIM?**

Satisfactory written proof of claim must be submitted to Equitable Life within:

- 180 days after the date the expense was incurred (90 days after termination date if such insurance terminates).

No legal action against Equitable Life may be commenced within 60 days after proof has been filed as required above, and no such action may be brought at all, unless brought within 3 years from the time written proof is required.

# GENERAL PROVISIONS

## **HOW DOES THE "COORDINATION OF BENEFITS" WORK?**

If **you and your spouse** both have Family coverage under the Group Insurance Plans where you each work, each of you must first submit your own claims through your own insurer. Any unpaid balance can then be submitted to the other spouse's insurer for payment, along with a copy of the amount already paid by the first insurance company.

Claims for **your dependent children** should first be submitted through the Group Plan of the parent with the earlier birthday (month and day) in the calendar year. Any balance is then submitted through the other parent's Group Plan.

For example, if your birthday is October 10 and your spouse's birthday is May 25, claims for your dependent children should be sent to your spouse's insurance company first (because your spouse's birthday is earlier in the year). Any unpaid balance would then be submitted to Equitable Life, along with a copy of what your spouse's insurer paid. **Total reimbursement for any claim cannot be more than 100% of the actual expense.**

## **WHEN DOES MY INSURANCE TERMINATE?**

Except as provided under any Waiver of Premium Clause or Extended Benefit provision contained in this booklet, your insurance will terminate on the earliest of:

- the date of termination of employment
- the date of termination of the Master Policy
- the date you are no longer classified as an eligible employee as set out in this booklet,
- the date that any contribution required on your behalf is due but not paid,
- the date you enter the Armed Services of any nation on a full-time basis,
- the date you reach the Maximum Age for Coverage shown on the Schedule of Insurance.
- the date it is proven to the satisfaction of the Company that the employee has engaged in fraudulent activity with respect to claims under this Policy.

## **WHEN DOES MY DEPENDENT'S INSURANCE TERMINATE?**

Except as provided under any Waiver of Premium Clause, Survivorship Clause or Extended Benefit provision contained in this booklet, your dependent's insurance will terminate on the earliest of:

- the date of termination of your insurance,
- the date your dependent ceases to be an eligible dependent as set out in this booklet,
- the date insurance on dependents is terminated under the Master Policy,
- the date that any contribution required on your behalf for your dependent's insurance is due but not paid
- the date it is proven to the satisfaction of the Company that the dependent has engaged in fraudulent activity with respect to claims under this Policy.

If you cease to be actively at work due to illness, injury, leave of absence, vacation, lay-off or disability your insurance may be extended. Please contact your Plan Administrator for specific details as outlined in the Master Policy.

## **WHAT HAPPENS IF YOU ARE NO LONGER ELIGIBLE FOR GROUP INSURANCE?**

**(i.e. termination of employment)**

- eligible expenses relating to treatment, which had been initiated prior to the termination of your insurance, are covered for 90 days for an identifiable multiple course of endodontic or periodontic treatment, provided the Policy remains in force,
- eligible expenses relating to treatment, which has been initiated prior to the termination of your insurance, are covered for:
  - 90 days for an identifiable multiple course of endodontic or periodontic treatment, or
  - 31 days if an impression for a prosthodontic appliance had been taken, provided the Policy remains in force.

## DENTAL BENEFITS - GENERAL PROVISIONS

The Dental Expense Benefit has been designed to help you meet the cost of today's dental service and to facilitate a sound program of dental hygiene for you and your family.

While the major portion of the eligible expenses are payable by Equitable Life, the initial portion, called the deductible, must be paid by you. The deductible amount applies to you and your dependents once per calendar year. The total deductible with which you and your dependents will be charged will not exceed the Family Deductible.

If two or more members of your family incur eligible expenses as a result of the same accident, only one Individual Deductible would have to be satisfied with respect to the expenses, resulting from the accident.

The amount of any eligible expenses incurred in the last 3 months of a calendar year, which is used to satisfy a portion of the deductible will also be used to satisfy the same portion of the deductible for the following calendar year.

The co-insurance percentage refers to the percentage of eligible expenses payable by Equitable Life after the deductible has been satisfied.

Eligible expenses include charges for services, supplies and treatment provided they are:

- reasonable and customary
- recommended as necessary by a physician or dentist and are performed by a qualified:
  - dentist,
  - dental hygienist under the supervision of a dentist,
  - licensed denturist,
- not in excess of the Provincial Fee Guide for General Practitioners

Eligible expenses do not include and no payment will be made for:

- broken appointments, advice by telephone, transportation costs, examinations for use by a third party, and completion of claim forms,
- protective appliances,
- treatment initiated, supplies ordered or services rendered before the individual was insured under this Benefit,
- services, supplies or treatment payable by the individual's Provincial Health or Dental Insurance Plan, (or would have been payable had proper application been made),
- amounts payable under any other benefit of this Policy,
- services, supplies or treatment for which there would have been no charge, had the individual not had any Insurance coverage,
- services, supplies or treatment received from a medical or dental department maintained by an employer, association, union or any other similar type group,
- replacement of removable appliances which are lost, mislaid, stolen or broken,
- laboratory fees to the extent that such fees exceed 65% of the dentist's fee for the related procedures allowable by the Provincial Fee Guide for General Practitioners,
- any claims resulting from:
  - self-inflicted injuries or illnesses,
  - insurrection, war or civil commotion,
  - committing or attempting to commit a criminal offence,
  - cosmetic surgery or treatment unless necessitated by an accident, and commenced within 90 days of the accident,
  - medical, surgical or dental treatment in any way related to the correction of temporomandibular joint dysfunction,
- services provided outside Canada, except for emergency treatment for an unexpected and unforeseen event (such as the loss of a filling or crown while outside Canada.)

# DENTAL BENEFITS - GENERAL PROVISIONS

If expenses for a proposed course of treatment will exceed \$300, it is recommended that you have your dentist complete a Dental Claim Estimate form which should be sent to Equitable. Based on this information, Equitable Life will estimate the extent of its liability and what amounts, if any, are payable.

Equitable Life will base its liability on the least expensive course of treatment which will achieve a professionally adequate result.

If you and/or any of your dependent(s) are a "late applicant" (see #3 "How Do You Join?" under the General Provisions) and submit satisfactory evidence of insurability, Dental coverage for late applicants (if insured for Dental benefits) will be subject to a maximum of \$250 for all Dental expenses during the first 12 consecutive months of coverage under the Dental benefit.

## **HOW TO SEND IN CLAIMS**

If your Dentist uses EDI (electronic Dental submission):

Your Dentist's office will submit the claim electronically to Equitable Life.

If your Dentist does not use EDI (electronic Dental submission):

When you go to your Dentist, take a **Form #520 - Dental Claim Form** with you or get one from your Dentist's office. The Dentist fills in **Part 1** showing what was done and how much was charged. You may want to take this Booklet with you when you go to the appointment in case the Dentist wants to check what's covered.

Follow the instructions on the form. Be sure each form is **fully completed**, including:

- \* the **Group Policy Number**
- \* your **certificate number**
- \* the **full birthdate (day/month/year) for your dependent**, if it's a Dental claim for your spouse or dependent child
- \* all **information on a dependent child**, especially if he/she is in school (include the name of the school) or if he/she is employed full-time or part-time.
- \* **sign in Part 3 - Patient Information** on the back of the form.  
If any of this information is missing, we'll have to return the form to you for completion and this will cause a delay in getting your payment.

Claims must be submitted **within 180 days** of the date of treatment.

**IMPORTANT: If your insurance terminates, or if the Dental Benefits under this Policy terminate, or if this Group Policy terminates, all claims that were incurred prior to the date of termination must be received by the Company within 90 days of the date of termination.**

# DENTAL BENEFITS - TYPE A BASIC SERVICES

## Basic Services (Level I)

- recall oral examinations
- cleaning
- topical application of fluoride
- bitewing X-rays  
(see the Recall Maximum under the Dental Benefits on the Schedule of Benefits for how often the above services are eligible)
- full mouth X-rays (limited to one every two years)
- laboratory and diagnostic procedures
- consultation, if required by the attending dentist
- fillings
- extraction and other minor surgical procedures
- anaesthesia

## Supplementary Basic Services (Level II)

- surgical procedures not included in Level I
- endodontic services (root canal work)
- periodontic services (treatment of gum disease)
- space maintainers
- relining, rebasing and repair of existing dentures

## **SURVIVOR BENEFIT**

If you die while insured under the Extended Health Benefit and Dental Benefit, your dependents will continue to be insured until the earliest of:

- the number of years shown under Survivor Benefits on the Schedule of Benefits,
- the termination of the Policy,
- the remarriage of the spouse (children will continue to be insured),
- the date the dependent child ceases to qualify as a dependent.







