TRUSTEES OF THE IUBAC LOCAL UNION NO. 7 HEALTH AND WELFARE PLAN

Bricklayers * Stone Masons * Marble Masons
Tile Layers * Terrazzo Workers

Great-West Life is a leading Canadian life and health insurer. Great-West Life's financial security advisors work with our clients from coast to coast to help them secure their financial future. We provide a wide range of retirement savings and income plans; as well as life, disability and critical illness insurance for individuals and families. As a leading provider of employee benefits in Canada, we offer effective benefit solutions for large and small employee groups.

Great-West Life Online

Information and details on Great-West Life's corporate profile, our products and services, investor information, news releases and contact information can all be found at our website **www.greatwestlife.com**.

This booklet describes the principal features of the group benefit plan sponsored by Local 7, but **Group Policy No. 31702** issued by Great-West Life is the governing document. If there are variations between the information in the booklet and the provisions of the policy, the policy will prevail.

This booklet contains important information and should be kept in a safe place known to you and your family.

The Plan is underwritten by

THE Great-West Life ASSURANCE COMPANY

and arranged by

LEE-POWER & ASSOCIATES INC.

Lee-Power & Associates
616 Cooper Street
Ottawa, Ontario K1R 5J2
Phone: (613) 236-9007

30-05-12

PROTECTING YOUR PERSONAL INFORMATION

At Great-West Life and Lee-Power & Associates, we recognize and respect the importance of privacy. When you apply for coverage or benefits, we both establish a confidential file of personal information.

We both use the personal information to administer the group benefits plan under which you are covered. This includes many tasks, such as:

- determining your eligibility for coverage under the plan
- enrolling you for coverage
- investigating and assessing your claims and providing you with payment
- managing your claims
- verifying and auditing eligibility and claims
- creating and maintaining records concerning our relationship
- underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- preparing regulatory reports, such as tax slips

Access to information in your file is limited to Great-West Life staff and to Lee-Power & Associates staff, to persons authorized by either of us who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

Great-West Life and Lee-Power & Associates may exchange personal information with your health care providers, your plan administrator, any insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us or the above when relevant and necessary to administer the plan.

As plan member, you are responsible for the claims submitted. Great-West Life and Lee-Power Associates may exchange personal information with you or a person acting on your behalf when relevant and necessary to confirm coverage and to manage the claims submitted.

The personal information in your file will be kept in the offices of Great-West Life and in the offices of Lee-Power & Associates, or in the offices of an organization authorized by either of us. You may request access or correction of the personal information in your file. A request for access or correct your Great-West Life file should be made in writing and sent to:

The Great-West Life Assurance Company
Attn: Group Compliance
P.O. Box 6000
Winnipeg, MB R3C 3A5

A request to review or correct your Lee-Power & Associates file should be made in writing and sent to:

Lee-Power & Associates Inc.
Attn: Privacy Officer
616 Cooper St.
Ottawa, ON K1R 5J2

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.

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SCHEDULE OF BENEFITS

FOR

GROUP POLICY NO. 31702

MEMBERS

Life Insurance

Active Members	$30,000
Retired Members	$10,000
Spouse	$5,000
Child	$2,000

Accidental Death, Dismemberment and Specific Loss (Principal Sum)

Active Members	$40,000
Retired Members	Nil

MEMBERS AND DEPENDENTS

Healthcare

Co-insurance Percentages	
- Active Members	90%
- Retired Members	80%
Out-of-hospital Nursing Maximum	$7,500 each calendar year
Paramedical Maximums (Active and Retired Members)	
- Psychologists	$50 per visit
	10 visits each calendar year
- All Others	$40 per visit
	20 visits each calendar year

Please Note: No benefits will be paid under this plan for treatment by a paramedical practitioner for which the provincial medical plan of your home province covers a portion of the charge until after the provincial health plan has paid out its maximum benefit.

Hearing Aid Maximum	$750 every 5 years
Lifetime Maximum	Unlimited

Dentalcare

Co-insurance Percentages	
Routine Treatment	
- Active Members	100%
- Retired members	80%
Major Treatment	50%
Orthodontic Treatment	50%
Routine Maximum	$2,000 each calendar year
Major Maximum	$2,000 each calendar year
Orthodontic Maximum (for each course of treatment)	$2,000

Visioncare

Co-insurance Percentage	100%
Eyeglass, Contact Lens and Laser Eye Surgery Maximum	$500 every 24 months
Contact Lenses for Special Conditions	$250 lifetime
Eye Examination Maximum (when not covered by Medicare)	$100 every 24 months
Visual Training and Remedial Therapy	$250 lifetime

An Active Member is one who is employed and is having contributions remitted on his behalf.

A Retired Member is one who is receiving a pension from Local 7's retirement plan.

CHANGES IN INSURANCE BENEFITS

If your insurance benefits change because of an amendment to the plan, or because of a change in your age, class, earnings, dependent status, etc., the new benefits become effective on the date the change affecting your benefits occurred.

When a change results in increased benefits you must be actively at work to be eligible for the new benefits. If you are not at work on the date the new benefits would otherwise become effective, the change will not become effective until you return to work. Increased benefits for a dependent confined in hospital on the date the new benefits would otherwise become effective do not become effective until he or she is released from hospital. In any case, payment for services and supplies received before the date of an increase in benefits will always be based on plan benefits in effect before the change.

ELIGIBILITY REQUIREMENTS

When You and Your Dependents Become Eligible for Coverage

You and your dependents become eligible for coverage under the plan on the first day of the month after you have accumulated 360 hour-bank credits. Hour-Bank credits represent the total number of hours you have worked.

In addition to having the necessary hour-bank credits, you must be at work on the date you first become eligible or available for work. If not, coverage will begin on the first day following the date you return to work or once again become available and able to work and have the necessary bank credits.

Hour-bank System

Once you accumulate 360 hours and become a member of the Benefit Plan, your hour-bank is charged with 110 hours each month in order to maintain benefit coverage. Any hours over and above those required to maintain your regular monthly coverage are accumulated in your hour-bank up to a maximum of 1320 hours (or 12 months' coverage). The excess hours you accumulate above the 1320 hours will be transferred to the General Fund in that month.

Termination of Coverage

All coverage for you and your dependents terminates on the earliest of the following dates:

(1) the date of termination of this policy, or

(2) the first day of the month following the date your hour-bank has less than 110 hours, or

(3) the date you are no longer a Union Member, or

(4) the date your Administrator ceases to be a party to the Collective Agreement.

When your coverage terminates, you may be entitled to an extension of benefits under the plan. Your Administrator will provide you with details.

Pay Direct Participation

If you are unemployed and your hour-bank has dropped below the minimum of 110 hours, you may continue to pay your premiums directly to the Fund. Benefits can be continued on this basis for a maximum of 12 months.

Reinstatement of Coverage

If your coverage terminated because you have less than 110 hours to your credit in the hour-bank and have not maintained coverage on a pay direct basis, you may be reinstated for coverage when you have accumulated 240 hours in any consecutive 12-month period. In this case coverage becomes effective on the first day of the month next following the date your hour-bank total reaches 240 hours provided you are at work or available to work on the date you become eligible.

DEFINITION OF DEPENDENT

Dependent means:

- Your spouse (legal or common-law)
- Your unmarried children or your spouse's unmarried children who are
  - under 21 years of age, or
  - 21 or over and in full-time attendance at a university or similar institution.

Please Note:

For health insurance only, dependent will also mean your unmarried children or your spouse's unmarried children 21 or over who are incapable of supporting themselves because of mental or physical handicap and who were insured under this plan on the day before they reached age 21.

Dependent Life Insurance will cover a dependent from 15 days.

Unmarried children of your spouse are considered dependents only if

- they are also your children, or
- your spouse is living with you and has custody of the children.

The plan does not cover:

- children who are working more than 30 hours a week, unless they are full-time students, or
- a spouse or child who is not resident in Canada or the U.S.

You cannot be covered as a dependent if you are insured under the plan as an employee.

LIFE INSURANCE FOR MEMBERS

- If you die, your beneficiary will be paid the amount of your group life insurance. (See the **Schedule of Benefits** at the front of this booklet for the amount.)

- If you become disabled and your disability continues without interruption for at least six months, your life insurance will remain in force without further premium payment. After you have been totally disabled for six months, you should submit the appropriate claim forms to Great-West Life. Proof of continued disability may be required each year.

  If you are not approved for waiver of premium your life insurance will be continued on a premium paying basis until the earlier of the following:

  (1) the date your insurance is terminated by Administrator, or

  (2) the date your insurance would normally terminate under the Termination of Insurance section.

- If any or all of your insurance terminates, you may be eligible to apply for an individual conversion policy without providing proof of your insurability. You must apply and pay the first premium no later than 31 days after your group insurance terminates. See your plan administrator for details.

LIFE INSURANCE FOR YOUR DEPENDENTS

- If your dependent dies, Great-West Life will pay you the amount for which he or she was insured. (See the **Schedule of Benefits** at the front of this booklet for the amount.)

- If your spouse's insurance terminates, he or she may be eligible for an individual conversion policy without providing proof of insurability. You or your spouse must apply and pay the first premium no later than 31 days after the group insurance terminates. See your plan administrator for details.

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS (AD&D) INSURANCE

If you suffer one of the losses listed below as the result of an accident which occurs while you are insured, Great-West Life will pay up to two times the Principal Sum. The loss must occur no later than 365 days after the accident. For loss of use, the loss must be continuous for 365 days. If you suffer multiple losses to the same limb as the result of the same accident, only the loss providing the highest amount payable will be paid.

The Principal Sum is the maximum amount that will be paid for all injuries resulting from the same accident. For paraplegia, hemiplegia, and quadriplegia, the maximum amount that will be paid for all injuries resulting from the same accident is two times the Principal Sum.

Loss	**Amount Payable**
Life	Principal Sum
Both hands or both feet	Principal Sum
Sight of both eyes	Principal Sum
One hand and one foot	Principal Sum
One hand and sight of one eye	Principal Sum
One foot and sight of one eye	Principal Sum
Speech and Hearing in both ears	Principal Sum
One arm or one leg	3/4 Principal Sum
One hand or one foot or sight of one eye	1/2 Principal Sum
Speech	1/2 Principal Sum
Hearing in both ears	1/2 Principal Sum
Thumb and index finger or at least 4 fingers of one hand	1/4 Principal Sum
All toes of one foot	1/8 Principal Sum

Loss of Use

Both arms and both legs (quadriplegia)	2 X Principal Sum
Both legs (paraplegia)	2 X Principal Sum
One arm and one leg on the same side of the body (hemiplegia)	2 X Principal Sum
Both arms or both hands	Principal Sum
One leg or one arm	3/4 Principal Sum
One hand	1/2 Principal Sum

Surgical Reattachment

If you suffer the loss of a limb that is surgically reattached, Great-West Life will pay 50% of the amount that would have been payable if the loss had been permanent, regardless of the amount of use regained. The balance of the benefit will be payable if the reattachment fails and the reattached part is removed within one year after the reattachment was performed.

Repatriation

If you die as the result of an accident that is at least 150 kilometres away from your home, Great-West Life will pay up to $2,500 for the preparation and transportation of your body to the place of burial or cremation.

Educational Benefit for Dependent Children

If benefits are payable under this benefit provision for your death, Great-West Life will pay the tuition fees for enrolling your dependent children as full-time students at a post-secondary institution. To qualify for an educational benefit, a dependent child must have been enrolled as a full-time student at a post-secondary institution at the time of the accident causing your death, or he must have been enrolled as a full-time student at the secondary school level at the time of the accident causing your death and enrols as a full-time student at a post-secondary institution within 365 days after the accident.

Great-West Life will pay up to 5% of the Principal Sum, or $5,000, whichever is less, for each year of full-time post-secondary school enrolment. Great-West Life will pay the educational benefit each year for a maximum of 4 consecutive years upon receipt of proof of full-time enrolment.

No benefits will be paid for tuition expenses incurred before the accident, or room or board or other ordinary living, travelling, or clothing expenses.

Family Transportation Benefit

If you are hospitalized more than 150 kilometres from your home as a result of an injury for which benefits are payable under this benefit provision, Great-West Life will pay up to $2,000 for transportation and lodging expenses for one family member to join you.

Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Telephone expenses and taxicab and car rental charges are included. Meal expenses are not covered.

Transportation expenses are limited to round trip economy class transportation. If a private vehicle is used, expenses are limited to $.44 per kilometre travelled.

Occupational Training Benefit for Spouses

If benefits are payable under this benefit provision for your death, Great-West Life will pay for expenses associated with your spouse's enrolment in an accredited occupational training program. The purpose of the training program must be to provide the spouse with at least the minimum qualifications required for employment in an occupation for which the spouse would not otherwise qualify.

Great-West Life will pay up to 10% of the Principal Sum, or $10,000, whichever is less.

No benefits will be paid for expenses incurred more than 3 years after the accident causing your death, or room or board or other ordinary living, travelling, or clothing expenses.

Educational Benefit

If benefits are payable under this benefit provision for an injury that requires you to change occupations, Great-West Life will pay the tuition fees for enrolling you as a student at a post-secondary institution for training in a new occupation. To qualify for an educational benefit, you must enrol at a post-secondary institution within 365 days after the accident. Great-West Life will pay up to $10,000.

No benefits will be paid for tuition expenses incurred before the accident, expenses incurred more than 2 years after the accident causing the injury, or room or board or other ordinary living, travelling, or clothing expenses.

Wheelchair Benefit

If benefits are payable under this benefit provision for an injury that requires the use of a wheelchair for you to be ambulatory, Great-West Life will pay for alterations to your principal residence to make it

wheelchair accessible and habitable, and modifications to a motor vehicle you use to make it accessible to and driveable by you.

Benefits for home alterations are payable only if the person or persons making the changes are experienced in home alterations for wheelchairs, and recommended by an organization recognized for providing support and assistance to wheelchair users.

Benefits for vehicle modifications are payable only if the person or persons making the changes are experienced in vehicle modification for wheelchairs, and the modifications are approved by the provincial vehicle licensing authority.

Great-West Life will pay the actual expense incurred less any amount paid for the same expenses under this plan's healthcare benefit, up to $10,000 for all home and vehicle modifications combined.

No benefits will be paid for expenses incurred more than 365 days after the accident, or for subsequent alterations to your home or vehicle after an initial claim for benefits has been made under this wheelchair benefit provision.

Limitations

No benefits are paid for injury or death resulting from:

- Intentionally self-inflicted injury or suicide
- Viral or bacterial infections, except pyogenic infections occurring through the injury for which loss is being claimed
- Any form of illness or physical or mental infirmity
- Medical or surgical treatment, except surgical reattachment
- War, insurrection or voluntary participation in a riot
- Service in the armed forces of any country
- Air travel serving as a crew member, or in aircraft owned, leased or rented by your employer, or air travel where the aircraft is not licensed or the pilot is not certified to operate the aircraft

HEALTHCARE

Healthcare benefits provide protection against the cost of those medically necessary services and supplies for which there is only partial or no reimbursement from the provincial health plans. Healthcare benefits cover only those expenses which are considered reasonable and customary for the service provided in the area where the expenses are incurred.

Co-insurance Percentage

- Great-West Life pays 90% of all covered expenses for Active Members and 80% of all covered expenses for Retired Members.

Covered Expenses

The following services and supplies are covered by your Healthcare benefits **where permitted by law and to the extent they are not covered under your Provincial Medicare Plan**:

- Doctors' services for treatment provided outside your province of residence
- Physiotherapists' services other than by members of your family
- Radio-active materials
- Oxygen
- Blood transfusions
- Ambulance transportation to the nearest centre where adequate treatment is available (including licensed air ambulance)
- Injectable drugs when administered by a doctor for which no non-injectable alternative is available
- Out-of-hospital treatment of accidental injury to natural teeth completed within 6 months after the accident
- Rental or, at Great-West Life's discretion, purchase of the following supplies, appliances and prosthetic devices prescribed by a doctor:
    - standard wheelchairs (excluding electric wheelchairs except for quadriplegics)
    - standard hospital beds (excluding electric hospital beds), bed rails and trapeze bars
    - splints (excluding dental splints), canes, walkers, crutches and casts
    - orthotic appliances which are specifically designed and constructed for the patient
    - Jobst sleeves for lymphoedema following mastectomy, Jobst burn garments and Jobst support hose
    - braces with rigid supports (excluding lumbar supports)
    - orthopedic shoes, if an integral part of a brace
    - stump socks, shoulder harnesses, head halters, traction apparatus and cervical collars

- colostomy apparatus, ileostomy apparatus and catheters
- enuretic devices
- PUVA therapy for psoriasis, when administered by a dermatologist
- intermittent positive pressure breathing machine
- aerosol equipment, mist tents and nebulizers for cystic fibrosis, acute emphysema, chronic obstructive bronchitis, or chronic asthma
- apnea monitors for respiratory disrhythmias
- iron lung
- artificial eyes, including repairs
- one pair of eyeglasses or contact lenses following cataract surgery
- artificial limbs (including repairs and replacement but excluding myoelectrical limbs)
- external breast prostheses, once per calendar year, post-mastectomy
- transcutaneous nerve stimulator for up to 6 months
- non-union bone stimulators
- pacemakers
- insulin, insulin syringe and testing supplies for diabetics

- Out-of-hospital services of a registered nurse, licensed practical nurse or registered nursing assistant. Benefits are limited to $7,500 for all services in any calendar year. No benefits are paid for services provided by a member of your family or for services which do not require the specific skills of a registered nurse, licensed practical nurse or registered nursing assistant.

- Drugs described below when prescribed by a physician or other person entitled by law to prescribe them, and provided in Canada. Benefits for drug expenses outside Canada are payable only as provided under the out-of-country emergency care provision.

  - Drugs which require a written prescription according to the Food and Drugs Act, Canada or provincial legislation in effect where the drug is dispensed, including oral contraceptives.
  - Injectable drugs and syringes for self-administered injections. If you have any questions, contact your plan administrator before incurring the expense.

  The plan will also pay for vaccines used to prevent disease.

- Services of a psychologist up to a maximum of $50 for each visit. Benefits are limited to 10 visits to any one type of practitioner in any calendar year.

- Services of a chiropractor, osteopath, chiropodist/podiatrist, naturopath, massage therapist or acupuncturist up to a maximum of $40 for each visit. Benefits are limited to 20 visits to any one type of practitioner in any calendar year.

- Hearing aids (excluding batteries and repairs) prescribed by an Ear, Nose and Throat Specialist. Benefits for these expenses are limited to $750 in any 5 year period.

Services Not Paid by Healthcare

In addition to the limitations outlined in the **General Limitations** section at the back of this booklet, no benefits are paid for the following:

- Ontario Drug Benefit Program (ODB) deductibles and co-payments
- Services not listed as covered expenses
- Delivery and transportation charges
- Services and supplies which are required for recreation or sports but which are not medically necessary for regular activities
- Services and supplies received during a period of hospital confinement which began before your insurance became effective
- Hospital charges
- Hearings Tests
- Lung Tests
- Any drug or item which does not have a drug identification number as defined by the Food and Drugs Act, Canada
- Drugs administered during treatment in an emergency room of a hospital, or as an in-patient in a hospital
- Homeopathic preparations, unless federal or provincial legislation requires a prescription for their sale
- Drugs used to treat erectile dysfunction.

DENTALCARE

Dentalcare benefits provide protection against the cost of dental services which are often significant and unexpected. To be considered a covered expense, 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 maximum fee level of The Ontario Dental Association Fee Guide in effect on the date treatment is rendered.

Dentalcare benefits cover necessary dental treatment by a dentist or physician or by other qualified personnel under the direct supervision of the dental or medical profession (e.g., dental assistants and dental hygienists) and will also cover services rendered by dental specialists, denturologists, denturists, dental hygienists and denture therapists where they are permitted by law to deal directly with the public. If there is no fee schedule for these practitioners in your province, payment will be based on the appropriate General Practitioners' schedule.

Co-insurance Percentage

- Great-West Life pays 100% of Routine Treatment covered expenses for Active Members and 80% of Routine covered expenses for Retired Members and 50% of Major and Orthodontic Treatment covered expenses.

Maximum Benefit

- Benefits are limited to $2,000 for all Routine Treatment and $2,000 for all Major Treatment covered expenses for any one family member in any calendar year.

  These maximums are reduced to $1,000 during the first year a family member is insured if his coverage starts on or after July 1 of any calendar year.

- Benefits are limited to $2,000 for each complete course of Orthodontic Treatment.

Treatment Plan

- Before your dental service provider starts a course of treatment, he will, upon request, prepare a "treatment plan" - a written report describing his recommendations as to necessary treatment and cost.

- It is suggested you submit a treatment plan to Great-West Life before treatment starts for any Routine Treatment expected to cost more than $200 and for all Orthodontic Treatment.

- A pre-determination of the benefits payable for the proposed treatment will then be calculated so you know in advance the portion of the cost you will have to pay. Any pre-determination of benefits is only valid for 90 days from its date of issue.

Covered Expenses

The following items are considered covered expenses under this Dentalcare Benefit:

Routine Treatment

- oral examinations, polishing of teeth, topical application of fluoride solutions, oral hygiene instructions and bite-wing x-rays, twice in any calendar year but not more than once in any 5-month period

- scaling of teeth

- full mouth series of x-rays once every 24 months
- extractions and alveolectomy at the time of tooth extraction
- amalgam, silicate, acrylic and composite fillings
- dental surgery
- general anaesthesia and diagnostic x-ray and laboratory procedures required in relation to dental surgery
- endodontics (root canal therapy)
- periodontal treatment
- necessary treatment for relief of dental pain
- cost of medication and its administration when provided by injection in the dentist's office
- space maintainers for missing primary teeth and habit-breaking appliances
- consultations required by the attending dentist
- adjustments, repairs, relines and rebases to existing dentures
- stainless steel crowns

Major Treatment

- crowns
- installation of an initial appliance (bridgework or dentures) if such appliance is required because at least one additional natural tooth was necessarily extracted after the effective date of coverage for the individual
- replacement of existing dentures or bridgework if

  (a) they are required because of the extraction of one or more natural teeth after the effective date of coverage for the individual and the existing bridgework or dentures cannot be made serviceable.

  If the existing bridgework or dentures can be made serviceable, only the expense of the portion of the replacement bridgework or dentures that replaces the extracted teeth is considered a covered expense.

  (b) the existing bridgework or denture is at least 5 years old and cannot be made serviceable

  (c) the existing bridgework or denture was temporarily installed after the effective date of coverage for the individual and is replaced by a permanent appliance

  (d) the replacement bridgework or denture is made necessary as the result of an initial placement of an opposing denture while insured

  (e) the replacement denture or bridgework is made necessary as the result of an accidental bodily injury while insured

- adjustments to bridgework or dentures after the 3-month post-insertion care period

- treatment involving the use of gold when such treatment cannot be rendered at a lower cost by means of a reasonable substitute consistent with generally accepted dental practice

Orthodontic Treatment

- orthodontic treatment (the correction of malposed teeth) for dependent children who are at least 6 but not more than 18 at the time treatment commences

Exclusions

In addition to the limitations outlined in the **General Limitations** section at the back of this booklet, no benefits are paid for the following:

- cosmetic treatment, experimental treatment, dietary planning, congenital or developmental malformation

- expense of dentures which have been lost, mislaid or stolen

- charges for dental treatment involving the use of gold which are in excess of the charges that would have been made if a reasonable substitute could have been used

- charges made by a dentist for broken appointments or for completion of claim forms required by Great-West Life

- services or supplies rendered for full mouth reconstructions, for vertical dimension correction or for correction of temporomandibular joint dysfunction

- covered expenses for treatment of accidental injury to natural teeth completed more than 12 months after the accident

VISIONCARE

Visioncare benefits provide protection against the cost of vision services and supplies rendered or prescribed by an ophthalmologist or an optometrist. Visioncare benefits cover only those expenses which are considered reasonable and customary for the service provided in the area where the expenses are incurred.

Covered Expenses

Great-West Life pays 100% of the following covered expenses:

- Visual training or remedial therapy to correct faulty visual skills **but only for residents of a province in which the Medical Care Insurance Plan does not cover these services in whole or in part**. Benefits for these expenses are limited to a lifetime maximum of $250.

- Eye examinations (including refractions) **but only for residents of a province in which the Medical Care Insurance Plan does not cover these services in whole or in part**. Benefits for these expenses are limited to $100 in any 24-month period.

- Eyeglass frames and lenses (or contact lenses selected in place of lenses and frames) when required for an initial lens prescription or a change in a lens prescription and laser eye surgery when required to correct vision. Benefits for these expenses are limited to $500 in any 24-month period which includes scratch resistant coating, hardening and shatterproofing or any other type of safety coating on prescription lenses.

  Replacement of eyeglass frames and lenses which have been lost, stolen or broken, will only be covered if you have been continuously covered under this plan for at least 24 months and the family member requiring the replacement has not received benefits for these visioncare supplies for at least 24 months.

- Contact lenses which are prescribed because the regular surface of the lens of the eye (the cornea) is impaired in some way and visual acuity cannot be improved to at least the 20/40 level in the better eye with ordinary eyeglasses. Benefits for these expenses are limited to a lifetime maximum of $250.

Services Not Paid for by Visioncare

In addition to the limitations outlined in the **General Limitations** section at the back of this booklet, no benefits are paid for the following:

- eye tests or examinations required by an employer, school or government for screening purposes

- artificial eyes, sunglasses or safety glasses

PREFERRED VISION SERVICES (PVS)

Preferred Vision Services (PVS) is a service provided by Great-West Life to its customers through PVS which is a preferred provider network company.

PVS entitles you to a discount on a wide selection of quality eyewear and lens extras (scratch guarding, tints, etc.) when you purchase these items from a PVS network optician or optometrist. A discount on laser eye surgery can be obtained through an organization that is part of the PVS network.

PVS also entitles you to a discount on hearing aids (batteries, tubing, ear molds, etc.) when you purchase these items from a PVS network provider.

You are eligible to receive the PVS discount through the network whether or not you are enrolled for the healthcare coverage described in this booklet. You can use the PVS network as often as you wish for yourself and your dependents.

Using PVS:

- Call the **PVS Information Hotline** at **1-800-668-6444** or visit the **PVS Web site** at **www.pvs.ca** for information about PVS locations and the program
- Arrange for a fitting, an eye examination, a hearing assessment or a hearing test, if needed
- Present your group benefit plan identification card, to identify your preferred status as a PVS member through Great-West Life, at the time the eyewear or the hearing aid is purchased, or at the initial consultation for laser eye surgery
- Pay the reduced PVS price. If you have vision care coverage or hearing aids coverage for the product or service, obtain a receipt and submit it with a claim form to your insurance carrier in the usual manner.

CO-ORDINATION OF BENEFITS

If you or one of your dependents is entitled to benefits for the same expenses

(1) from this plan and some other group insurance plan, or

(2) from this plan and any government insurance plan, or

(3) from this plan and any automobile insurance plan, or

(4) as a dependent of both parents under this plan

benefits will be co-ordinated so that the total benefits from all plans will not exceed the expenses actually incurred.

GENERAL LIMITATIONS

Your health insurance does not cover services and supplies in the following situations:

- illness or injury for which you or your dependents are covered under Workers' Compensation or similar program
- services received for confinement which is primarily for chronic or custodial care
- services received in a government hospital unless you are required to pay for such services
- services to which there would be no charge if there were no insurance
- any portion of services or supplies which you are entitled to receive, or for which you are entitled to a benefit or reimbursement, by law or under a plan that is legislated, funded, or administered in whole or in part by a government (“government plan”), without regard to whether coverage would have otherwise been available under this plan

  In this limitation, government plan does not include a group plan for government employees
- services or portion thereof provided under any government sponsored hospital or medical care program
- aesthetic surgery (cosmetic surgery for beautification purposes)
- services furnished without charge or paid for directly or indirectly by any government or for which a government prohibits payment of benefits
- services received from a dental or medical department maintained by the employer, a mutual benefit association, labour union, trustee or similar type of group
- service, including part-time or temporary service, in the armed forces of any country
- services required due to war (declared or undeclared), insurrection, or participation in a riot
- services required due to any intentional self-inflicted injury or disease, while sane or insane

Extended Benefits After Termination

Healthcare - If your insurance terminates while you or one of your dependents is totally disabled, your benefit payments for that disability will be continued until the earliest of the following:

- the date the disability ends,
- 90 days from the date the group policy terminates,
- the date you have received benefits for a period equal in length to the period for which you were insured,
- the end of the calendar year next following the calendar year in which your or your dependent's insurance terminates.

If your Healthcare benefits terminate due to termination of the Healthcare benefit, any benefits payable under this plan for accidental injuries to natural teeth will continue after termination as long as the accident occurred while the Healthcare benefit was still in force.

Dentalcare - If your insurance terminates due to termination of the Dentalcare benefit, any benefits payable under this plan for accidental injuries to natural teeth will continue after termination as long as the accident occurred while the Dentalcare benefit was still in force.

If Great-West Life has started making payments for Orthodontic Treatment and the insurance for the person receiving the treatment terminates, orthodontic benefits will be continued during the 3-month period immediately following termination of insurance.

CONTINUATION OF HEALTH AND DENTAL BENEFITS FOR DEPENDENTS

If you die, the health and dental benefits for your dependents will be continued for a period of 2 years.

- If your surviving children cease to qualify as eligible dependents (as defined earlier in this booklet), the health benefits being continued after your death will terminate on the date they no longer qualify.
- If a dependent is disabled on the date insurance under this continuation terminates, insurance payments for that dependent will be continued until the earlier of the following:
    - the date the disability ends,
    - 90 days from the date the insurance terminated.

HOW TO MAKE YOUR CLAIMS

Life Insurance

- If you die, your administrator will contact your beneficiary to explain what is required before payment of the insurance money can be made.

- For disability waiver of premium benefits, contact your administrator for claim forms and procedures.

AD&D Insurance

- To claim benefits for yourself, ask your administrator for a claim form. Complete it and return it to your administrator.

- If you die accidentally, your administrator will explain the claim requirements to your beneficiary.

- Claims should be submitted as soon as possible, but no later than 15 months after the loss.

Healthcare, Dentalcare and Visioncare

- Claim forms for Healthcare, Dentalcare and Visioncare expenses are available at the Administrator's Office. The claim forms must be returned to:

Lee-Power & Associates Inc.
616 Cooper Street
Ottawa, Ontario K1R 5J2
Telephone: (613) 236-9007

Obtain a Dentalcare claim form from your administrator (also available for download at www.lee-power.ca). Have your dentist complete the form and return it to Lee Power & Associates Inc. as soon as possible but no later than 15 months after the dental treatment.

You may also have your dentist submit the claim electronically to Lee-Power & Associates Inc. (Carrier ID:627585).

Please Note

- No benefits are payable for health expenses submitted more than 15 months after the expense is incurred.

DIAGNOSTIC AND TREATMENT SUPPORT SERVICES (BEST DOCTORS® SERVICE)

This service is designed to allow you, your dependents and your attending physician or specialists access to the expertise of world-class specialists, resources, information and clinical guidance.

If you or your dependents are diagnosed with a serious medical condition for which there is objective evidence, or if your physician or you or your dependent suspect you have this condition, you can access this service. This service is made up of a unique step-by-step process that may help address questions or concerns about a medical condition. This may include confirming the diagnosis and suggesting the most effective treatment plan by drawing on a global database of up to 50,000 peer-ranked specialists.

How it works

- You or your dependent can access diagnostic and treatment support services by calling 1-877-419-BEST (2378) toll-free.

- You will be connected with a member advocate who will be dedicated to your case and will provide support through the process. The member advocate will take the necessary medical history and answer your questions. Any information provided is not shared with either your employer or the administrator of your health plan.

- Based on the information and questions, the member advocate determines the optimal level of service for you or your dependent.

- The member advocate may provide information, resources, guidance and advice individually tailored to meet your health needs. They can also help identify individual community supports and resources available.

- If it is appropriate, the member advocate may arrange for an in-depth review of your medical file to assist in confirming the diagnosis and help develop a treatment plan. This review may include collecting, deconstructing and reconstructing medical records, pathology retesting and analyzing test results. A written report outlining the conclusions and recommendations of the specialists will be forwarded to you and your physician. On average, this process takes 6 to 8 weeks. Timeframes may vary depending on the complexity of the case and amount of medical records to collect.

- If you decide to seek treatment by a different physician, the member advocate can help identify the specialist best qualified to meet your specific medical needs. Expenses incurred for travel and treatment are not covered by this service.

- If you decide to seek treatment outside Canada, the member advocate can arrange referrals and can help book accommodations. The member advocate can also access hospital and physician discounts, arrange for forwarding of medical information and monitor the treatment process. Expenses incurred for travel and treatment are not covered by this service.

Note: These services are not insured services. Great-West Life is not responsible for the provision of the services, their results, or any treatment received or requested in connection with the services.