

GROUP INSURANCE OPTIONS FOR SEASONAL MEMBERS

Your Extended Health Care options

	Option 1	Option 2	Option 3
Prescription drugs	100% with drug card plan	80% with drug card plan	100% after the deductible, with drug card plan
Prescription drug deductible	None	None	The deductible is equal to the dispensing fee for each prescription or refill.
Drug substitution limit	Charges in excess of the lowest priced equivalent drug are not covered unless specifically approved by Sun Life. To assess the medical necessity of a higher priced drug, Sun Life will require you and your doctor to complete and submit an exception form.	Charges in excess of the lowest priced equivalent drug are not covered unless specifically approved by Sun Life. To assess the medical necessity of a higher priced drug, Sun Life will require you and your doctor to complete and submit an exception form.	Charges in excess of the lowest priced equivalent drug are not covered unless specifically approved by Sun Life. To assess the medical necessity of a higher priced drug, Sun Life will require you and your doctor to complete and submit an exception form.
Hospital expenses in your province	100% semi-private room		
Convalescent hospital	100% of expenses payable		
Expenses out of your province	Semi-private hospital room All other expenses, up to the reasonable and usual rates in the locality where the services or supplies are provided		
Medi-Passport	Covered		
Medical services and equipment	100% of expenses payable		
Non emergency medical travel	\$0.50 per km / \$25 meals / \$7 required.	5 accommodation. Receipts re	equired. Medical referral

	Option 1	Option 2	Option 3
Paramedical services	100% of expenses payable		
Vision care	100% of expenses payable		
Benefit year	January 1 to December 31		
Coverage ends	When you retire or reach age earlier date, as specified in Go	70, whichever is earlier. Cover	rage may also end on an

Your Dental Care options

	Option 1	Option 2
Preventive	80%	80%
Basic	80%	80%
Major	Not covered	70%
Benefit year maximum	\$1,000 for Preventive and Basic combined	Unlimited for Preventive and Basic. \$1,500 for Major
	If your coverage starts in the second half of a benefit year, the maximum amount for that benefit year will be reduced by 50%.	
Benefit year	January 1 to December 31	
Coverage ends	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .	

Your Basic Life coverage

Coverage	Flat \$50,000
Proof of good health	There are cases when you will be required to provide proof of good health when you request coverage, or an increase in coverage. Your employer will let you know when this is necessary as it may impact the amount of your coverage.
Coverage ends	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .

Basic Life coverage for your dependents

	Core	Option 1
Child coverage	\$2,500	\$5,000
Spouse coverage	\$5,000	\$10,000
Proof of good health	Not required	
Coverage ends	When you retire or reach age 70, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .	

Your Optional Life coverage

Coverage	As elected by the employee, units of \$10,000
Maximum	\$200,000
Proof of good health	Required on all optional amounts
Coverage ends	When you retire or reach age 65, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .

Optional Life coverage for your spouse

Coverage	As elected by the employee, units of \$10,000
Maximum	\$200,000
Proof of good health	Proof of good health of your spouse is required
Coverage ends	When you retire or reach age 65, or when your spouse reaches age 65, whichever is earlier. Coverage may also end on an earlier date, as specified in <i>General Information</i> .