Your group insurance plan

Group Health Centre

Policy No. 541256-2

Desjardins Insurance
Life • Health • Retirement

Your Group Insurance Plan

Policy No. 541256-2

Retirees of ONA Local 12

This document is an integral part of the Insurance certificate. It is a summary of your Group Insurance Policy effective August 1, 2023. Only the Group Insurance Policy may be used to settle legal matters.

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CONTACT US

HEALTH AND DENTAL INQUIRIES

There are 2 ways to reach us for any question about Eligible Expenses under the Extended Health Care Benefit or the Dental Care Benefit:

By e-mail at: Groupservice@dfs.ca

By phone at: 1-877-324-5041

For a better experience, it is important to have the policy number and the certificate number ready when an agent is available to take the call.

HEALTH ASSISTANCE

Health Assistance is a confidential telephone service that is available 24 hours a day. This enables the Covered Person to speak with experienced health care professionals and to obtain information immediately.

This telephone service provides the Covered Person with information on the following topics:

- health
- nutrition
- physical fitness
- availability of local resources
- immunization
- lifestyle
- child care

Health Assistance should be considered as a complement to medical consultations and emergency medical services (911 or other); it is not intended to replace the Covered Person's regular health care provider, nor the emergency medical services of a municipality.

This information service may be of use in improving the quality of life of the Participant and of his Dependents.

The Covered Person may contact HEALTH ASSISTANCE at any time.

Calls from	**Dial**
Anywhere in Canada	1 877 875-2632

GENERAL INQUIRIES

To obtain any other information, visit the “Contact us” section of DFS’s website at **www.desjardinslifeinsurance.com**.

YOU SHOULD KNOW

WHAT HAPPENS WITH THE DRUGS COVERAGE AT AGE 65?

At 65 years of age, the Participant is covered under the provincial health plan of his province of residence for drugs and other products included in this plan's list.

Where allowed by law, he may opt out of his provincial health plan and remain covered under the Extended Health Care benefit of the group benefit plan. If so, the Participant must notify DFS of his choice, in writing, within 31 days of his 65th birthday:

- continue coverage under the group benefit plan and the required premium will be determined by DFS,

  or

- choose his provincial health care plan. He will then no longer be covered for drugs and other products on his provincial health plan's list. This election is irrevocable.

IMPORTANT: Dependents cannot continue their coverage under the Extended Health Care Benefit unless the Participant remains covered.

ACCESS TO THE POLICY

Upon request to DFS, the Participant may obtain a copy of the policy and, if applicable, his application and his insurability report.

HOW TO FILE A COMPLAINT

If a Participant is unhappy about something we've said or done, feels they've been wronged or wants us to take corrective action he can file a complaint with the Dispute Resolution Officer at DFS. The role of the Officer is to evaluate the merit of the decisions and practices of the company when one of its customers believes he has not received the service to which he was entitled.

There are 3 ways to reach the Dispute Resolution Officer

In writing, at the following address:

Dispute Resolution Officer

Desjardins Financial Security

200, rue des Commandeurs

Lévis (Québec) G6V 6R2

By e-mail at: disputeofficer@dfs.ca

By phone at: 1 877 838-8185

For further information on the procedure to follow in case of complaint, or to obtain the complaint form, visit the "Contact us" section of DFS's website at **www.desjardinslifeinsurance.com**.

DEFINITIONS

Wherever these terms are used in the policy, they are interpreted in agreement with the following. They apply to the entire policy unless otherwise specified.

Accident

A sudden and unexpected external event causing bodily injuries directly and independently of all other causes. An Accident does not include any form of disease, degenerative process, hernia (inguinal, femoral, umbilical or incisional) and any infection except when caused by a visible, external cut or wound accidentally sustained. A Physician must verify the bodily injuries.

Child

A person residing in Canada who, at the time of the event that results in a claim, has no spouse and is dependent upon the Member or the Spouse for financial support and maintenance. A Child must be the Member's or the Spouse's natural or adopted child. This also includes a child under the Member's or the Spouse's parental authority or legal guardianship.

This Child must:

1) be under 21 years of age,

2) be under 25 years of age and a full time student at an accredited educational institution, or

3) have reached the age of majority and be incapacitated due to a mental or physical disability on the date he was eligible as either 1) or 2) above.

   The Child is considered incapacitated if he is incapable of engaging in any substantially gainful activity and is dependent upon the Member or the Spouse for financial support and maintenance due to a mental or physical disability. In addition, he must be living with the Member or the Spouse who exercises parental authority or have legal guardianship as if the Child were a minor.

Covered Person

The Member or their Dependent.

Day surgery
Outpatient surgery that allows an individual to return home on the same day as the surgical procedure is performed by a Physician. The procedure must require local or general anaesthesia. This does not include minor surgery performed in the office of a Physician.
Deductible
The amount of eligible expenses that a Covered Person must pay before reimbursement is made.
Dentist
A person licensed to practice dentistry by the appropriate authority in the jurisdiction where the services are provided.
Dependent
A Spouse or Child who resides in Canada. However, if a Dependent resides outside Canada he will be deemed to reside in Canada provided he is covered under a provincial medical plan in Canada and prior written approval is obtained from DFS.
Employee
A person residing in Canada who, immediately prior to retirement was employed by the Policyholder on a full-time or part-time basis, as defined by the Policyholder.
Employer
The Policyholder, or any organization designated by the Policyholder and approved by DFS.
Equivalent Drug
A brand or generic drug, deemed interchangeable under the provincial law applicable where the drug is sold.

Evidence of Insurability

Any statement of an individual's physical health or other factual information that could have a bearing on the acceptance of the risk. Only Evidence of Insurability forms approved for use by DFS are acceptable.

Hospital

Any institution designated as a Hospital by law, recognized by DFS and providing 24 hours per day:

1) medical and surgical treatment for sick or injured individuals, and

2) nursing care.

Without limitation, this term does not include a nursing home, home for the aged or chronically ill, a rest home, Convalescent/rehabilitation Centre or a place for the care and treatment of alcoholism, drug addiction or any other dependency.

Hospitalization

To be admitted to a Hospital as an inpatient, or any Hospital stay for Day Surgery.

Illness

Any health deterioration or bodily disorder verified by a Physician. Organ donations and related complications are also considered illnesses.

Immediate Family Member

Spouse, son, daughter, father, mother, brother, sister, step-father, step-mother, step-son, step-daughter, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, of the Member.

Immediate Relative

The Covered Person's spouse, son, daughter, father, mother, brother or sister.

Insurer

Desjardins Financial Security Life Assurance Company, hereafter, DFS, with its head office at 200 rue des Commandeurs, Lévis (Quebec) G6V 6R2.

Medical Emergency

Any acute and unexpected Illness or injury requiring immediate medical treatment.

Member

A retired Employee covered under the policy.

Orthosis

A rigid orthopaedic appliance or apparatus used to maintain a part of the body in the correct position.

Physician

A qualified medical practitioner who is legally licensed to practice medicine by the jurisdiction in which he operates.

Policyholder

The company or organization specified on the cover page of the policy.

Reasonable and Customary Charges

The charges generally paid for a like service or supply and limited to the lowest of:

1) the usual charge in the area where the services or supplies are provided, or

2) the suggested fee of the applicable governing body,

on the date the expenses were incurred. For expenses incurred outside Canada, Reasonable and Customary Charges are those applicable in the province where the Member resides.

Retiree

An Employee who:

1) is at least 55 years old,

2) was covered under the Employer's group insurance plan immediately prior to the date of retirement,

3) has terminated membership in the Hospital of Ontario Pension Plan (HOOPP) and/or another pension plan provided by the Employer, and

4) is in receipt of a normal or early retirement pension.

Spouse

A person residing in Canada who, at the time of the event that results in a claim:

1) is legally married to or living in a civil union with the Member,

2) is living with the Member in a conjugal relationship and has not been separated from the Member for 90 days or more for a breakdown in the relationship,

If 2 individuals fit the definition of Spouse, DFS will recognize only one Spouse as eligible. Recognition is in the following order:

1) the Spouse whom the Member last designated as such, subject to approval of any Evidence of Insurability required under the policy, or

2) the Spouse to whom the Member is legally married or with whom the Member is living in a civil union.

GENERAL PROVISIONS

MODIFICATION TO GOVERNMENT PLANS

If DFS's obligations under the policy are increased due to a modification to government plans, the policy continues to apply as if government plans did not change, unless otherwise agreed in writing by the Policyholderand DFS.

APPLICABLE LAWS AND JURISDICTION

Any provision under the policy that is not compliant with applicable laws is presumed void. Even if a provision prohibited by law is included in the policy, all other provisions of the policy will still remain in force.

The policy, its interpretation, execution, application, validity and effects are subject to the applicable Canadian or provincial laws that govern, partially or totally, all of its provisions.

Any dispute resulting from its conclusion, interpretation or execution will be exclusively submitted to the competent court in the Canadian province agreed upon between the parties.

INCONTESTABILITY

If the coverage of a person is in force for a period of 2 years while that person is alive, DFS cannot contest the validity of this coverage based on any written statement given unless it refers to age or is fraudulent. However, if a disability occurs during the first 2 years of coverage, the foregoing does not apply and DFS can cancel or limit all related claims owed.

MISSTATEMENT OF AGE

If the age of any individual has been misstated, any benefits payable are based upon the actual age of the individual at the time of the event that results in a claim. Premium adjustments are made for the full time such coverage is in force.

CURRENCY

All payments under the policy, whether to or by DFS, are made in the lawful currency of Canada.

NUMBER AND GENDER

Where the context clearly requires, words in the singular include the plural and words referring to any one gender include any other gender.

ELIGIBILITY

EMPLOYEE ELIGIBILITY

An Employee is eligible for coverage on the date he retires.

DEPENDENT ELIGIBILITY

If an Employee already has a Dependent on the date he is eligible for coverage under the policy, that Dependent is also eligible for coverage on that date.

If an Employee does not have Dependents on the date he is eligible for coverage under the policy, Dependents are eligible for coverage on the date the Employee first acquires a Dependent.

Dependents cannot be covered unless the Member is, except for the optional benefits or if the Dependent is covered under a survivor benefit provision.

APPLICATION

The policy contains a Beneficiary provision that removes or restricts the right of the Member to designate persons to whom or for whose amounts are to be payable for some benefits.

COVERAGE APPLICATION

Application for coverage is mandatory for any employee who meets the eligibility requirements.

1) Application within the time limit

An Employee must complete the required application form within 31 days of the date he is eligible.

2) Late application

a) All Benefits other than Dental Care Benefit

If application is not completed within the time limit specified above, the Employee may be required to submit Evidence of Insurability.

b) Dental Care Benefit

If the Employee applies for coverage for himself or his Dependents more than 31 days after the date he is eligible, DFS may limit the amount reimbursed for Eligible Expenses according to the EXCLUSIONS, RESTRICTIONS AND LIMITATIONS provision of the Dental Care Benefit.

EXEMPTION PRIVILEGE

An Employee may decline to be covered under the Extended Health Care Benefit or Dental Care Benefit if that Employee is covered as a Dependent under the policy or another similar group insurance plan. However, if that other plan terminates or the Spouse is no longer a member of an eligible class, the Employee is eligible to apply for coverage. To become covered:

1) the Employee must previously have opted out of coverage,

2) the Spouse's coverage cannot have been terminated by personal choice, and

3) the Employee's written application must be made within 31 days of the date the Spouse loses coverage, otherwise, the Late Application provision applies.

COVERAGE TYPES

The coverage types available under the policy are:

Coverage Types	Covered Persons
Single	Member only
Family	Member, Spouse and Children

The Coverage Type does not have to be the same for all benefits.

The Coverage Type can be changed due to a life event. DFS must be notified within 31 days of the event.

A life event is defined as:

1) marriage, new common-law spouse, separation or divorce,

2) birth or adoption of a Child,

3) loss or gain of the Spouse's coverage, for a reason other than personal choice,

4) death of a Dependent,

5) termination of a Dependent's eligibility because of their age, or

6) a Dependent Child returns to school.

COMMENCEMENT OF COVERAGE

COMMENCEMENT OF MEMBER COVERAGE

1) If application is made within the time limit

The coverage of any Employee is effective on the date he is eligible.

2) If late application

Coverage is effective on the date the insurability of the Employee is approved by DFS.

COMMENCEMENT OF DEPENDENT COVERAGE

Coverage for a Dependent is effective on the date the Member is first eligible for Dependent coverage, provided application is made within the time limit. However, for late application or for benefits that require Evidence of Insurability, coverage is effective on the date the Dependent's insurability is approved by DFS.

If a Member already has Dependent coverage on the date he acquires a new Dependent, the coverage of that Dependent is effective on the date he becomes a Dependent, except for benefits requiring Evidence of Insurability.

If a Dependent (other than a newborn Child) is confined to a Hospital on the date his coverage would otherwise become effective, his coverage begins on the day immediately following his discharge from the Hospital.

CHANGE IN AMOUNT OF COVERAGE AND BENEFIT

Any increase or decrease in the amount of coverage or any change in Benefit is effective on the later of the following dates:

1) the date the Member is first eligible for the change provided written request is received by DFS on or before that date, or

2) the date the insurability of the Covered Person is approved by DFS:

   a) if the new amount of coverage exceeds the Maximum without Evidence of Insurability, or

   b) if the request for change is received more than 31 days after the date of his eligibility for the change.

   Any increase in the Maximum without Evidence of Insurability does not apply to a Covered Person who was previously declined for an amount in excess of the Maximum without Evidence of Insurability.

TERMINATION OF BENEFITS AND COVERAGE

BENEFIT TERMINATION

Each Benefit terminates on the date specified below.

BENEFIT	TERMINATION DATE
Extended Health Care Benefit	The Member's 65th birthday
Dental Care Benefit	The Member's 65th birthday

TERMINATION OF MEMBER COVERAGE

Except as specifically noted elsewhere in the policy, the coverage of the Member terminates on the earliest of:

1) the date he no longer belongs to a class of Employees eligible for coverage,

2) the end of the period for which the premiums are paid on his behalf,

3) the date the policy terminates.

TERMINATION OF DEPENDENT COVERAGE

Except as specifically noted elsewhere in the policy, the coverage for a Dependent terminates on the earliest of:

1) the date the Member's coverage terminates, unless the Dependent is eligible for survivor benefits,

2) the date the individual no longer qualifies as a Dependent, or

3) the date the premiums are not paid on behalf of the Member for Dependent coverage.

FRAUD

In case of fraud, DFS reserves the right to terminate the Member's coverage.

CLAIMS

NOTICE AND PROOF OF CLAIM

Notice and proof of any claim must be received by DFS within the time limit specified for each Benefit:

BENEFIT	TIME LIMIT
Extended Health Care Benefit	All claims, with receipts included, must be submitted to DFS within 12 months of the date the expense is incurred.
Dental Care Benefit	All claims, with receipts included, must be submitted to DFS within 12 months of the date the expense is incurred.

Failure to submit notice or proof of claim within the prescribed time limit does not invalidate the claim if the notice and proof of the claim are sent as soon as reasonably possible.

If the policy terminates, no payment will be made for claims received by DFS after the date of termination of the policy.

Every action or proceeding against DFS for the recovery of insurance money payable is barred absolutely unless commenced within the time set out in the Insurance Act or other legislation of the province where the Member resides.

SUBMISSION OF CLAIMS

Claims must be submitted to DFS on the appropriate form. When necessary, DFS may also require any other information it deems useful. All amounts are paid to the Member unless otherwise indicated in the policy.

Drugs and other Health Care Expenses

If the direct payment method is used for drug expenses, the Member is not required to submit a claim to DFS.

For all other medical expenses, the Member is not required to submit a claim to DFS if the professional or service provider uses the Electronic Data Interchange (EDI).

Dental Care

The Member is not required to submit a claim to DFS if the Dentist uses the Electronic Data Interchange (EDI).

DFS reserves the right to require radiographs and other types of diagnostics such as specialist reports, periodontal charts and study models.

CO-ORDINATION OF BENEFITS

If an individual covered under the Extended Health Care and Dental Care benefits, is also covered under another Plan that provides similar benefits, total reimbursements made by all plans in any year are co-ordinated.

Co-ordination of benefits is calculated as specified in the guidelines of the Canadian Life and Health Insurance Association. Total amounts paid under all plans cannot exceed 100% of the individual's incurred Eligible Expenses.

MEDICAL EXAMINATIONS

From time to time, DFS is entitled to have a claimant examined by a health professional appointed by DFS.

SUBROGATION

When reimbursement for expenses incurred for which another party is or may be liable, DFS is subrogated to the same rights of recovery available to the Member. DFS may bring action in the name of the Member to enforce these rights.

When a Member is paid disability benefits for loss of income for a cause that another party is or may be liable, DFS is subrogated to the same rights of recovery available to the Member. The amount subject to subrogation is limited to the amount of salary loss benefits paid or payable to the Member by DFS.

RIGHT OF RECOVERY

Payments made by DFS in excess of the maximum amount that should have been paid are recoverable by DFS, limited to that excess amount. It will be recovered from any individuals or entity to or for whom the payments were made.

EXTENDED HEALTH CARE BENEFIT

This benefit is not insured by DFS. It is administered by DFS on behalf of the Policyholder.

SUMMARY OF BENEFITS

When DFS receives satisfactory Proof of Claim that a Covered Person incurred Eligible Expenses while covered under this Benefit, DFS will reimburse those expenses according to policy provisions.

Deductible	
Eligible Expenses	**Amount**
All expenses	None
Percentage of Reimbursement	
Eligible Expenses	**Percentage**
Drugs	1) Generic drugs: 100% of the lowest priced Equivalent Drug available on the market 2) Brand name drugs: 100% of the brand name drug if no Equivalent Drug is available on the market or 100% of the lowest priced Equivalent Drug available on the market If a drug payment card is used when filling a prescription at a preferred pharmacy network that was selected by the Employer, the Dispensing Fee is reimbursed at 100%.
All other expenses	100%

BENEFIT PAYMENT

For all Eligible Expenses, DFS will reimburse the portion of the Reasonable and Customary Charges in excess of the Deductible, subject to the Percentage of Reimbursement.

To be eligible, the expenses must be medically necessary for the treatment of the Covered Person and incurred as a result of an Illness, a pregnancy or an Accident, and cover care that:

1) is prescribed by a Physician or other health professional as authorized by law, before the expense is incurred,

2) is recognized throughout the medical field as appropriate and consistent with the diagnosis, and

3) cannot be omitted without endangering the person's health or the quality of medical care.

The incurred date for any Eligible Expense is the date the service is provided or the item is supplied.

Preferred Providers Network

DFS may select suppliers for the distribution of services, treatments or supplies and may restrict payment for Eligible Expenses purchased at another supplier.

ELIGIBLE EXPENSES

IN CANADA

Eligible Expenses are those listed below and incurred:

1) in the Member's province of residence, and

2) within Canada, but outside the Member's province of residence, if not related to a Medical Emergency.

MARK-UP AND DISPENSING FEE	
Limits for Eligible Drug Expenses	
Mark-up	Reasonable and Customary Charges
Dispensing fee	Reasonable and Customary Charges

DRUGS

1) Drugs with a DIN (Drug Identification Number) when dispensed by a pharmacist, and

   a) by law require a prescription, or

   b) do not require a prescription, but are categorized as life sustaining, including without limitation:

      - malarials
      - fibrinolytics
      - nitroglycerin
      - single entity iron salts
      - thyroid agents
      - topical enzymatic debriding agents

   Compounded preparations dispensed by a pharmacist where the principal active ingredient in the compound is an eligible drug.

2) Insulins, lancets, syringes and test strips for diabetics.

3) Expenses used to cover the provincial drug insurance plan deductible and co-insurance amount for persons covered under their provincial plan.

4) Prior Authorization Drugs

   Prior authorization by DFS is required for certain drugs listed on DFS's website. A prior authorization form completed by the Physician must be submitted to DFS in order to determine whether the prescribed drug meets the prior authorization criteria established by DFS. The criteria are based, in particular, on clinical practice guidelines and recommendations issued by health technology assessment agencies and they include verification that:

   a) the drug is prescribed for an approved therapeutic indication approved by Health Canada, and

   b) the drug's effectiveness is satisfactory compared to its associated cost.

   Proof of the effectiveness of the approved drug, including medical results, may be requested during the course of treatment to determine if the drug is having the desired effect so that it may remain eligible for reimbursement.

   DFS reserves the right to reimburse an Equivalent Drug when a less expensive equivalent or biosimilar drug is available on the market.

Patient Support Program
This program is offered by DFS. It provides support to help Covered Persons manage their health and medication. DFS may require Covered Persons to enroll in this program in order for the drug expenses to be reimbursed.
Patient Assistance Program
This program is offered by some drug manufacturers to provide Covered Persons with information, education and financial assistance if they are prescribed certain drugs. DFS may require Covered Persons to enroll in this program in order for the drug expenses to be reimbursed.

Other Eligible Drug Expenses	**Maximum Payable Amount per Covered Person**
Smoking cessation aids (products only)	$200 per calendar year
Fertility treatment	Drugs and treatment, $5,000 combined lifetime

DENTAL TREATMENT DUE TO AN ACCIDENT	
Eligible Expenses	**Limitations and/or Maximum Payable Amount per Covered Person**
The services of a Dentist required to repair or replace sound teeth as a result of an accidental blow to the mouth A sound tooth is a natural tooth not affected by any pathology in itself or any adjacent structures. A natural tooth treated or repaired and restored to normal function is considered sound.	The accidental blow must occur while the Covered Person is covered under this Benefit or a comparable benefit in force immediately before the effective date of this Benefit. Within 12 months of the Accident: • dental care must begin, or • a treatment plan satisfactory to DFS must be submitted. No benefit is paid for services provided more than 12 months after the date of the Accident. Reimbursement of Eligible Expenses is governed by the current year Dental Association Fee Guide for General Practitioners where the Member resides.

RESTRICTIONS, LIMITATIONS AND EXCLUSIONS

DFS reserves the right to apply certain restrictions, limitations and exclusions namely to services, products or drugs that:

1) are used to treat specific conditions other than those for which they are approved by Health Canada,

2) are taken in a higher dose, greater quantity or at a frequency that exceeds DFS's criteria of good clinical practice, or

3) do not meet DFS's prior authorization criteria as of the date the expense is incurred.

Additional Restrictions Applicable to Drugs

Maintenance drugs are limited to a 100-day supply. All other drugs and products are limited to a 34-day supply.

Limitations

Eligible Expenses are subject to the limitations and maximums specified in this benefit.

Alternate Benefit Clause

For each Eligible Expense for which several products are available on the market, reimbursement is limited to the lowest cost alternative product that represents reasonable treatment.

Additional Limitations Applicable to Drugs

For biologic drugs, DFS reserves the right to reimburse a less expensive biosimilar drug if available on the market.

Limitations and Exclusions Applicable to the Preferred Providers Network

Benefits may be limited or no reimbursement made for drugs or supplies available at a supplier in the Preferred Providers Network, but purchased elsewhere.

General Exclusions

No reimbursement is made for:

1) services or treatments that a government health plan prohibits from being paid in whole or in part, except to the extent that it permits reimbursement of the excess amount,

2) services, treatments or supplies that a person received without charge or that may be reimbursed under any provincial or federal law, whether or not the person is covered under those laws,

3) Eligible Expenses which result directly or indirectly from the following:

   a) cosmetic treatment other than what provided for under this Benefit,

   b) committing or attempting to commit a criminal offence, including operating a vehicle while impaired as set out under the Criminal Code of Canada,

   c) any cause that payment is provided for under any Workers' Compensation Act or similar legislation or under any other government plan,

   d) war, whether declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion,

4) services, treatments or supplies which are experimental,

5) services, treatments or supplies provided to the Covered Person by an Immediate Relative,

6) hospital stay if the stay is primarily for the participation in a therapeutic program, a therapy or a cure,

7) confinement in a Convalescent or Rehabilitation Centre,

8) confinement in a Chronic Care Establishment,

9) home nursing care services rendered solely for custodial care, supervision, companionship or psychotherapy,

10) robotic walking aid apparatus,

11) extra-depth shoes and off-the-shelf shoes that are regular stock,

12) charges for any surgically implanted item,

13) supports such as "Obus form" or similar devices,

14) physical exercise class or program of any kind,

15) therapeutic bath of any kind,

16) fasting therapy and related charges,

17) appliances, supplies and equipment conceived or customized for participation in sporting activities,

18) diagnostic services received in a hospital and expenses incurred for genetic testing,

19) dental services that are not due to an Accident or that are necessary because of food or an object placed purposely or accidentally in the mouth,

20) dental services and supplies for full mouth reconstructions, vertical dimension correction or any other temporomandibular joint dysfunction,

21) incontinence supplies,

22) expenses incurred for detoxification,

23) eye examinations,

24) eyeglasses, contact lenses, sunglasses or safety glasses,

25) travel for health reasons or for medical examinations required for insurance, consultation or assessment purposes, or

26) services, treatments or supplies not included in the list of Eligible Expenses.

Additional Exclusions Applicable to Drugs

No reimbursement is made for:

1) drugs or products that are on DFS's list of excluded drugs or products. This list is available on DFS's website. In part, the list is based on the drug or product's effectiveness and cost, clinical practice guidelines and recommendations issued by health technology assessment agencies,

2) drugs or products that are or should be administered in a hospital or hospital setting, as determined by DFS. This includes drugs or products that require special supervision during treatment due to the severity of the patient's condition, the complexity of the treatment or for safety reasons. In part, DFS uses information from Health Canada approved product monographs and recommendations issued by health technology assessment agencies to make its determination,

3) contraceptives other than hormonal contraceptives,

4) sclerotherapy,

5) the following, whether prescribed or not:

   a) shampoos and other scalp care products, including hair growth products,

   b) aesthetic products, sunscreens, soap and any other hygiene products,

   c) natural products and homeopathic products,

   d) disinfectants and non-medicated dressings,

   e) any infant milk formulas,

   f) dietary supplements,

   g) vitamins and minerals.

Additional Exclusion Applicable to the Patient Support Program
A Covered Person who refuses to enroll in the program might not be eligible for reimbursement of the drug expenses.

Additional Exclusion Applicable to the Patient Assistance Program
A Covered Person who refuses to enroll in the program might not be eligible for reimbursement of the drug expenses.

DENTAL CARE BENEFIT

This benefit is not insured by DFS. It is administered by DFS on behalf of the Policyholder.

SUMMARY OF BENEFITS

When DFS receives satisfactory Proof of Claim that a Covered Person incurred Eligible Expenses while covered under this Benefit, DFS will reimburse those expenses according to policy provisions.

Deductible	
Eligible Expenses	**Amount**
All Eligible Expenses	None
Percentage of Reimbursement	
Eligible Expenses	**Percentage**
Preventive Services	100%
Basic Services	100%
Major Restorative Services	50%
Orthodontics	50%
Maximum Benefit	
Eligible Expenses	**Amount**
Preventive and Basic Services	Unlimited
Major Restorative Services	Combined maximum of $1,500 per calendar year per Covered Person
Orthodontics	Lifetime maximum of $2,000 per Covered Person

BENEFIT PAYMENT

For all Eligible Expenses DFS will reimburse the portion of the charges in excess of the Deductible subject to the Percentage of Reimbursement and the applicable Fee Guide.

To be eligible, the services must be necessary and recommended by a Dentist and performed by:

1) a Dentist,

2) a dental hygienist when the services are within the scope of his license, or

3) a licensed denturist.

The incurred date of any Eligible Expense is the date the service is provided or the appliance is obtained. For the following, the date the expense is incurred is deemed:

1) the date of insertion of the appliance for a bridge, crown, denture or any other appliance, and

2) the date of the final treatment for root canal therapy.

PREDETERMINATION OF BENEFIT

When the total cost of any proposed dental treatment for a Covered Person is expected to exceed $500, the Member should submit a detailed treatment plan to DFS before treatment starts. The treatment plan should outline the type of treatment to be provided, the anticipated treatment dates and the cost of the treatment.

No reimbursement is made for charges incurred after the date the Member's coverage terminates, even if a predetermination was filed and benefits were determined by DFS prior to the termination date.

FEE GUIDE

Reimbursement of Eligible Expenses incurred in Canada is governed by the Provincial Dental Association Fee Guide for General Practitioners, dental hygienists or denturists of the province where the services are provided, and recognized by DFS, for the calendar year during which expenses are incurred minus 2 years.

Reimbursement of Eligible Expenses incurred outside Canada is governed by the Provincial Dental Association Fee Guide for General Practitioners of the province where the Member resides and recognized by DFS, for the calendar year during which expenses are incurred minus 2 years.

In the absence of a fee guide recognized by DFS or if the fee guide is not recognized by DFS for the 2 years preceding the one during which expenses are incurred, Eligible Expenses are limited to the Reasonable and Customary Charges for that year. Additional expenses related to Eligible Expenses for which no amount is set in the fee guide are limited to the Reasonable and Customary Charges. The Eligible Expenses for lab fees are limited to 60% of the amount for the corresponding procedure in the applicable Fee Guide.

ELIGIBLE EXPENSES

IN CANADA

PREVENTIVE SERVICES	
Eligible Expenses	**Limitations and/or Maximum per Covered Person**
Examinations	
• Complete oral examination	One every 2 calendar years
• Preventive or recall oral examination	One in any 9-month period
• Emergency oral examination	
• Specific oral examination	
Radiographs (X-rays)	
• Complete series of radiographs or panoramic radiographs	One every 2 calendar years
• Intraoral radiographs (except bitewing films)	
• Bitewing films	One in any 9-month period
• Extraoral radiographs	
• Photography	

Lab Tests and Examinations	
• Microbiological testing	
• Biopsy	
• Pulp vitality test	
• Diagnostic cast	
Consultations	
• Consultation with a patient	
Preventive Services	
• Oral hygiene instruction	Once in a lifetime
• Polishing	One in any 9-month period
• Fluoride treatment	One in any 9-month period
• Finishing restorations, including disking and recontouring of natural teeth to improve function	
• Pit and fissure sealants	
• Interproximal disking	
• Space maintainer	2 in any 12-month period For persons under age 18
• Scaling and root planing	12 units per calendar year

BASIC SERVICES	
Eligible Expenses	**Limitations and/or Maximum per Covered Person**
Restorations	
• Amalgam restoration (metal fillings)	
• Composite restoration (white fillings)	
• Retentive pin for amalgam and composite restoration	
• Prefabricated restoration	
• Caries / trauma / pain control procedures (as a separate procedure from a restoration)	
Endodontics	
• Endodontic emergency and treatment of the pulp chamber	
• Root canal therapy	
• Periapical services	
• Miscellaneous endodontic services other than bleaching	
Periodontics	
• Periodontal surgery	
• Post-operative visit	4 visits per calendar year
• Gingival curettage	One whole mouth in any 60-month period

• Periodontal bruxism appliance	One maxillary (upper arch) and one mandibular (lower arch) appliance in any 24-month period
• Adjustment to a periodontal bruxism appliance	Once per calendar year
• Occlusal equilibration	8 units in any 12-month period or One major and 3 minor equilibrations in any 12-month period
Maintenance of Removable Dentures	
• Repair or addition	
• Relining	
• Rebasing	
• Adjustment when performed at least 3 months after the initial insertion	Once in any 6-month period
Oral Surgery	
• Extraction	
• Removal of residual roots	
• Surgical exposure of teeth without orthodontic attachment	
• Alveolectomy, alveoplasty, stomatoplasty, tuberoplasty and osteoplasty	
• Alveolar ridge reconstruction	
• Extension of mucous folds	
• Excision in the oral cavity	
• Incision in the oral cavity	

• Frenectomy	
• Treatment of salivary glands	
• Antral surgery (sinuses)	
• Control of hemorrhage	
• Post-surgical care	
General Services	
• General anaesthesia, conscious or deep sedation	When administered in conjunction with a dental Eligible Expense
• Provision of facilities, equipment and support services for general anaesthesia or deep sedation	When administered in conjunction with a dental Eligible Expense

MAJOR RESTORATIVE SERVICES
Initial
Expenses incurred for an initial appliance are eligible if the appliance is necessary because at least one natural tooth is extracted while the Covered Person is covered under this Benefit or a comparable coverage under the Policyholder's group benefit plan in effect immediately prior to the effective date of this Benefit.
Replacement of a Prosthodontic Appliance
Replacement of an existing appliance by a permanent appliance, including implantology, is eligible if: 1) it is necessary because at least one natural tooth is extracted while the Covered Person is covered under this Benefit or a comparable coverage under the Policyholder's group benefit plan in effect immediately prior to the effective date of this Benefit, 2) the existing appliance is at least 60 months old, or 3) the existing appliance is temporary and is less than 12 months old. Reimbursement for the permanent appliance is reduced by the amount DFS previously reimbursed for the temporary appliance. After that period the temporary appliance is considered permanent.

Replacement - Other Restorations	
Replacement of an existing restoration is eligible if: 1) the existing restoration is at least 60 months old, or 2) the existing restoration is temporary and is less than 12 months old. Reimbursement for the permanent restoration is reduced by the amount DFS previously reimbursed for the temporary restoration. After that period the temporary restoration is considered permanent.	
Eligible Expenses	**Limitations and/or Maximum per Covered Person**
Removable Dentures	
• Complete denture	
• Partial denture	
• Remake	
• Remount with occlusal equilibration	
• Therapeutic tissue conditioning	
Fixed Prosthodontics	
• Bridgework (retainer and pontic)	
• Repair	
• Removal	
• Recementation	

Implantology	
• Implant	One implant per tooth in a lifetime
• Oral surgery related to an implant	Each surgery is limited to one in a lifetime per eligible implant
• Periodontal surgery related to an implant	
• Radiographic guide	Once in a lifetime per eligible implant
Other Restorations	
• Veneer, gold foil, inlay, onlay, crown	
• Repair	
• Retentive pins, posts and cores	
• Recementation	
• Removal	

ORTHODONTICS
Eligible Expenses are only those listed below: • Orthodontic treatment to correct malocclusion • Myofunctional therapy • Complete orthodontic examination • Specific orthodontic examination • Cephalometric radiographs • Control of oral habits appliance

OUTSIDE CANADA

For dental treatment rendered outside Canada to be eligible, the services must be:

1) for emergency treatment only, and

2) included in the list of Eligible Expenses in Canada.

RESTRICTIONS, LIMITATIONS AND EXCLUSIONS

Restrictions

Late Application

If the Member's application for the Dental Care Benefit is late, for either himself or his Dependents, reimbursement is limited to $250 per Covered Person for the first 12 months of coverage and Orthodontics are not eligible for any reimbursement for the first 24 months of coverage.

Limitations

Eligible Expenses are subject to the limitations and maximums specified in this benefit.

Any amount that exceeds the maximum indicated in the appropriate Fee Guide cannot be reimbursed.

Alternate Benefit Clause

When 2 or more courses of eligible dental treatment are available that adequately correct a dental condition, reimbursement is based on the cost of the least expensive eligible treatment that provides the Covered Person with adequate care.

For a crown or denture on implant, benefits are limited to the amount that would have been payable for a tooth supported crown or a non-implant related denture.

The concept of a suitable course of treatment can vary among dental professionals. This limitation is not meant to affect the treatment plan as agreed to by the professional and the Covered Person.

General Exclusions

No reimbursement is made for:

1) services or treatments that a government health plan prohibits from being paid in whole or in part, except to the extent that it permits reimbursement of the excess amount,

2) services, treatments or supplies that a person received without charge or that may be reimbursed under any provincial or federal law, whether or not the Covered Person is covered under those laws,

3) any dental treatment not approved by the Canadian Dental Association or that is considered experimental,

4) charges made by a Dentist for missed appointments, claim forms or telephone advice,

5) Eligible Expenses that result directly or indirectly from:

   a) committing or attempting to commit a criminal offence, as set out under the Criminal Code of Canada,

   b) a cause that is the responsibility of a Workers' Compensation Act or similar legislation or any other government plan,

   c) war, whether declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion,

6) any dental treatment for cosmetic purposes, when the form and function of the teeth are satisfactory and no pathological condition exists,

7) audio-visual oral hygiene instruction,

8) nutritional counselling,

9) any dental services or supplies, including X-rays, provided for:

   a) full mouth reconstruction,

   b) vertical dimension correction, or

   c) the correction of temporomandibular joint dysfunctions,

10) bleaching,

11) patient motivation (psychological evaluation),

12) expenses incurred to replace lost, mislaid or stolen dentures and appliances,

13) anaesthesia administered by acupuncture, by hypnosis or electronically,

14) mouth guards and appliances conceived or customized for participation in sporting activities,

15) semi-precision or precision attachments,

16) services, treatments or supplies not included in the list of Eligible Expenses.

Assuris protection

Desjardins Insurance is a member of Assuris, a not for profit corporation, funded by the life insurance industry. It protects Canadian policyholders against loss of benefits due to the financial failure of a member company.

Details about the extent of Assuris' protection are available at **www.assuris.ca** or in their brochure, which you can get by writing to **info@assuris.ca** or calling 1-866-878-1225.

Our commitment to you

We will always be here to answer your questions. You can rely on our knowledgeable team to deliver outstanding service and process your claims efficiently. We are here to help you stay healthy and to give you advice and financial support when you need them most.

desjardinslifeinsurance.com/planmember

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Insurance
Life • Health • Retirement

200 Rue des Commandeurs, Lévis QC G6V 6R2 / 1-866-647-5013
desjardinslifeinsurance.com

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