

your **group**
benefits

University of British Columbia

CUPE 2278 Teaching Assistants

Contract Number 025205
Effective September 1, 2024
Issued August 21, 2024

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General Information

About this booklet The information in this employee benefits booklet is important to you. It provides the information you need about the group benefits available through your employer's group plan with Sun Life Assurance Company of Canada (*Sun Life*), a member of the Sun Life Financial group of companies.

Your group benefits may be modified after the effective date of this booklet. You will receive written notification of changes to your group plan. The notification will supplement your group benefits booklet and should be kept in a safe place together with this booklet.

If there are any discrepancies between the group plan document and the information in this booklet, the group plan document will take priority.

If you have any questions about the information in this employee benefits booklet, or you need additional information about your group benefits, please contact your employer.

Information at your fingertips For information about your group benefits or claims, you can also call Sun Life's Customer Care Centre toll-free number at 1 800 361-6212.

We're on the Internet Learn more by surfing Sun Life's web site. There's information about group benefits, and about Sun Life's products and services... and a whole lot more! Check us out!

Our address is: www.sunlife.ca

Eligibility To be eligible for group benefits, you must be a resident of Canada and meet the conditions outlined in your employer's **UBC Employee Group Eligibility Matrices for Group Benefits**. This information is located by referring to your Benefits Coverage Eligibility on the UBC HR Benefits website for your particular employee group.

The waiting period for your group plan is as outlined in your employer's **UBC Employee Group Eligibility Matrices for Group**

Benefits. This information is located by referring to your Benefits Coverage Eligibility on the UBC HR Benefits website for your particular employee group.

When coverage begins

Your coverage begins as outlined in the employer's **UBC Employee Group Eligibility Matrices for Group Benefits**.

If you are not actively working on the date coverage would normally begin, your coverage will not begin until you return to active work.

Dependent coverage begins as outlined in the employer's **UBC Employee Group Eligibility Matrices for Group Benefits**.

If there are additional conditions for a particular benefit, these conditions will appear in the appropriate benefit section later in this booklet.

Changes affecting your coverage

From time to time, there may be circumstances that change your coverage.

For example, your employment status may change, or your employer may change the group plan. Any resulting change in the coverage will take effect on the date of the change in circumstances.

The following exceptions apply if the result of the change is an increase in coverage:

- if proof of good health is required, the change cannot take effect before Sun Life approves the proof of good health.
- if you are not actively working when the change occurs or when Sun Life approves proof of good health, the change cannot take effect before you return to active work.

When coverage ends Your coverage will end on the earlier of the following dates:

- the last day of the month in which your employment/appointment ends or you retire or the employment/appointment status changes.
- the end of the month prior to the effective date of the UBC Staff Pension Plan retirement income/benefit option(s) elected by you, if you continue to work past your normal retirement date.

- the end of the calendar year in which you reach the maximum pensionable age as defined by the Income Tax Act (Canada). The maximum pensionable age at January 1, 2008 as defined by the Income Tax Act is 71.
- the date you are no longer actively working and maintaining coverage.
- the date the benefit provision under which you are covered terminates.
- the date you no longer satisfy the eligibility requirements (as described in the **Eligibility Matrices**).
- the date you enter the armed forces of any country on a full-time basis.

Services provided by a doctor or dentist

Many of the provisions under this plan require the involvement of a doctor or dentist. When a doctor's or dentist's involvement is required, the doctor or dentist must be a person other than the employee, a person who is ordinarily a resident in the patient's home or a person who is related to the patient by blood or marriage.

Making claims

Sun Life is dedicated to processing your claims promptly and efficiently. The necessary claim forms are available from your Payroll Office in the Department of Financial Services. Alternatively, you can download them from the Human Resources website at www.hr.ubc.ca/benefits or access them through the Sun Life Plan Member site at www.mysunlife.ca (after you have ascertained your Access Id and PIN).

Please ensure original receipts are attached to your claim form and we recommend that you keep copies of both your original receipts and claim form. Photocopies of receipts are only acceptable when coordinating a claim and must be accompanied by the explanation of benefits from the other carrier.

Claims may be submitted electronically for some expenses.

If you require further information concerning your benefits, please call

the Sun Life Customer Care Centre at 1 800 361-6212. You will need to provide your contract number (025205) and certificate number (member ID, member ID = UBC employee number) for personal identification. For dental claims, we will access the Standard Generic claim form from your dentist or you may choose to submit your dental claim online through the Sun Life Plan Member site.

Legal actions

Where the applicable legislation of your province or territory permits the use of a different limitation period, every action or proceeding for the recovery of money payable under the plan is absolutely barred unless it is commenced within one year of the date that we must receive your claim forms. Otherwise, every action or proceeding for the recovery of money payable under the plan must be commenced within the time set out in the applicable legislation of your province or territory.

Medical examination

We can require you to have a medical examination if you make a claim for benefits. We will pay for the cost of the examination. If you fail or refuse to have this examination, we will not pay any benefit.

Recovering overpayments

We have the right to recover all overpayments of benefits either by deducting from other benefits or by any other available legal means.

Definitions

Here is a list of definitions of some terms that appear in this employee benefits booklet. Other definitions appear in the benefit sections.

Actively working

We consider you to be actively working if you are performing all the usual and customary duties of your job with your employer for the scheduled number of hours for that day.

Employer

The employer is the plan sponsor. The employer also has paymaster arrangements with other employers.

Illness

An illness is a bodily injury, disease, mental infirmity or sickness. Any surgery needed to donate a body part to another person which causes total disability is an illness.

Normal retirement date for totally disabled employee

The normal retirement date is deemed to be the last day of the month in which you attain age 65.

Paymaster employers Paymaster employers are those employers for which UBC acts as paymaster by administering benefits and payroll on their behalf. As such, UBC is the Benefit Plan Sponsor.

We, our and us We, our and us mean Sun Life Assurance Company of Canada.

Health Spending Account (Non-Paymaster)

General description of the coverage

The contract holder self-insures this benefit. This means that the contract holder has the sole legal and financial liability for this benefit and funds the claims. Sun Life provides administrative services only (ASO) such as claims adjudication and claims processing.

Your Health Spending Account coverage pays for services or supplies described in this section under *Eligible expenses*.

An expense is incurred on the date the services are received or the supplies are purchased or rented. Eligible expenses incurred by a dependent are also covered. Coverage applies only to expenses incurred after the employee becomes covered under the Health Spending Account and before the date the Health Spending Account ends.

A dependent is any person for whom you may claim a medical expense tax credit on your federal tax return in the taxation year. For example, this could include members of your extended family, such as your parents, grandparents or grandchildren.

The benefit year is from September 1, 2024 to August 31, 2025 and then from September 1 to August 31.

How your Health Spending Account works

Your Health Spending Account works like an expense account. Your employer will allocate plan credits to your account in the manner described under *Plan credits*.

Each time you submit a Health Spending Account claim, either for yourself or for a dependent, you will be reimbursed for eligible expenses, up to the balance of your account. Expenses incurred in one benefit year cannot be covered by credits received in the following benefit year.

Credits can only be used to provide reimbursement for eligible

expenses. Under the Income Tax Act, the definition of eligible expenses is quite wide. These expenses are shown below. Credits cannot be cashed out and will be lost unless used. You can avoid the loss of credits by using them before the end of the benefit year in which they have been allocated to your account, and before any earlier termination of this benefit or your coverage.

There are a number of reasons why the Health Spending Account is tax-effective for you. Eligible expenses are specifically limited to expenses not covered under another plan or under another benefit of this plan. If you paid for these expenses on your own, you would have to use expensive "after-tax" dollars. On the other hand, your Health Spending Account is sheltered from federal and provincial (except Québec) income tax. In most circumstances, this means that when you use plan credits to pay for expenses, you are using less expensive "pre-tax" dollars. The result is extra savings for you.

Continuation of coverage for dependents

The Health Spending Account is set up under the employee's name, and there cannot be any continuation of coverage for dependents after the employee's death. Only expenses incurred before the employee's death can be covered under the employee's Health Spending Account.

Plan credits

\$100 on the commencement of each benefit year

Eligible expenses

Coverage includes the following items provided they qualify as tax deductible medical expenses under the Income Tax Act (Canada) **and** are not payable under any other private or government plan. If the list of items qualifying as tax deductible medical expenses under the Income Tax Act (Canada) is changed, this plan is automatically updated to reflect the changes.

Drugs

- drugs, medications or other preparations or substances prescribed by a licensed medical practitioner or dentist.

Eyeglasses

- eyeglasses or other devices for the treatment or correction of a patient's vision defect, as prescribed by a medical practitioner or an optometrist.

Deductibles and coinsurances

- deductible and coinsurance amounts under medical or dental plans.

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- | | |
|--|---|
| <i>Licensed practitioners
(fee for services)</i> | <ul style="list-style-type: none">■ acupuncturists (must be a licensed medical practitioner), chiropodists, podiatrists, chiropractors, Christian Science practitioners, naturopaths, nurses, optometrists, osteopaths, physiotherapists, practical nurses, psychoanalysts, psychologists, speech therapists (where therapy involves pathology or audiology), therapists. |
| <i>Dental care</i> | <ul style="list-style-type: none">■ preventative, diagnostic, restorative, orthodontic and therapeutic care. |
| <i>Attendant care</i> | <ul style="list-style-type: none">■ remuneration for a full-time attendant, or for the cost of full-time care in a nursing home, of a patient who has a severe and prolonged mental or physical impairment; the condition must be certified by a medical doctor or an optometrist, where applicable; an impairment is considered severe and prolonged if it markedly restricts daily activities and can reasonably be expected to last for a continuous period of at least 12 months.■ remuneration for a full-time attendant if the patient lives in a self-contained domestic establishment (for example, his home); a doctor must certify that the patient is likely to be dependent on others for his personal needs by reason of physical or mental infirmity that is of indefinite duration. |
| <i>Facilities</i> | <ul style="list-style-type: none">■ amounts paid to a nursing home for the full-time care of a patient who, due to a lack of normal mental capacity, will be dependent upon others at that time and for the foreseeable future.■ payments to a special school, institution or other place for care, training, or use of equipment, facilities or personnel, with regard to a mentally or physically handicapped individual; an "appropriately qualified person" must certify the individual and his or her special requirements. |
| <i>Hospitals</i> | <ul style="list-style-type: none">■ payments to a public or licensed private hospital. |
| <i>Devices and supplies</i> | <ul style="list-style-type: none">■ artificial eyes.■ artificial limbs. |

- crutches.
- cloth diapers, disposable briefs, catheters, catheter trays, tubing or other products required by the patient by reason of incontinence caused by illness, injury or affliction.
- device or equipment, including a replacement part, designed exclusively for use by an individual who is suffering from a severe chronic respiratory ailment or a severe chronic immune system disregulation, including the cost of an air conditioner (covered at 50% up to a maximum of \$1,000), air or water filter, electric or sealed combustion furnace purchased to replace another furnace (which was not an electric or a sealed combustion furnace), but excluding a humidifier, dehumidifier, heat pump or heat or air exchanger.
- device or equipment designed to pace or monitor the heart of an individual who suffers from heart disease.
- device designed exclusively to enable an individual with a mobility impairment to operate a vehicle.
- device or equipment, including a synthetic speech system, Braille printer and large print-on-screen device, designed exclusively to be used by a blind individual in the operation of a computer.
- device to decode special television signals to permit the vocal portion of the signal to be visually displayed.
- device designed to be attached to infants diagnosed as being prone to sudden infant death syndrome in order to sound an alarm if the infant ceases to breathe.
- electronic speech synthesizer that enables a mute individual to communicate by use of a portable keyboard.
- electronic or computerized environmental control system designed exclusively for the use of an individual with a severe and prolonged mobility restriction.
- external breast prosthesis that is required because of a

mastectomy.

- extremity pump or elastic support hose designed exclusively to relieve swelling caused by chronic lymphedema.
- hearing aids.
- hospital bed, including attachments to it that may have been included in a prescription.
- ileostomy or colostomy pads.
- inductive coupling osteogenesis stimulator for treating non-union of fractures or aiding in bone fusion.
- infusion pump, including disposable peripherals, used in the treatment of diabetes or a device designed to enable a diabetic to measure his or her blood sugar level.
- insulin.
- iron lung.
- kidney machines.
- laryngeal speaking aids.
- limb braces.
- mechanical device or equipment designed to be used to assist an individual to enter or leave a bathtub or shower, or to get on or off a toilet.
- needle or syringe.
- optical scanner or similar device designed to be used by blind individuals to enable them to read print.
- orthopaedic shoe or boot, or an insert for a shoe or boot, made to order for an individual in accordance with a prescription to overcome a physical disability of the individual.

- oxygen tent or equipment.
 - power-operated lifts designed exclusively for use by disabled individuals to allow them access to different levels of a building or assist them to gain access to a vehicle, or to place wheelchairs in or on a vehicle.
 - rocking bed for poliomyelitis victims.
 - spinal braces.
 - teletypewriter or similar device, including a telephone ringing indicator, that enables a deaf or mute individual to receive telephone calls.
 - truss for a hernia.
 - walkers.
 - wheelchairs.
 - wig made to order for an individual who has suffered abnormal hair loss owing to disease, medical treatment or accident.
- Other*
- costs of acquisition, care and maintenance (including food and veterinary care) of an animal, specially trained to assist a patient who is blind or profoundly deaf or has a severe and prolonged impairment that markedly restricts the use of arms or legs (the animal must be provided by a person or an organization, one of whose main purposes is such training of animals). In addition, travelling, board, and lodging expenses, while in full-time attendance at a training institution, are allowable.
 - costs of medical services and supplies outside of the province of residence.
 - diagnostic, laboratory and radiological procedures or services used for maintaining health, preventing disease or assisting in diagnosis.
 - modifications to a home for a person who lacks normal physical

development or who is confined to a wheelchair, to enable the person to be functional or mobile.

- reasonable expenses to locate a donor for a bone marrow or organ transplant and, reasonable travelling, board and lodging expenses of the donor and the patient in respect of the transplant.
- transportation by ambulance to or from public or licensed private hospital for the patient.
- transportation expenses paid to an individual who is in the business of providing transportation services to transport the patient and one additional person (if necessary as certified by a medical practitioner) provided:
 - equivalent medical services are not available locally.
 - the route is reasonably direct.
 - the medical treatment sought is reasonable and the distance travelled is at least 40 kilometres.
- reasonable expenses for meals and accommodation for the patient and, if required, the accompanying individual, provided the conditions for transportation expenses are satisfied and the distance travelled is at least 80 kilometres.
- reasonable expenses relating to rehabilitative therapy, including training in lip reading and sign language, incurred to adjust for the patient's hearing or speech loss.

Other coverage

If you or your eligible dependents have coverage under another plan, you should submit your claims to the other plan first. Once benefits have been determined under the other plan, you can submit any unpaid portion of the claim for payment from your Health Spending Account.

When and how to make a claim

To make a claim, complete the claim form that is available from your employer.

In order for you to receive benefits, we must receive the claim no later than 90 days after the earlier of:

- the end of the benefit year during which you incur the expenses,
or
- the end of your Health Spending Account coverage.

Respecting your privacy

Our Purpose is to help our Clients achieve lifetime financial security and live healthier lives. We collect, use and disclose your personal information to: develop and deliver the right products and services; enhance your experience and manage our business operations; perform underwriting, administration and claims adjudication; protect against fraud, errors or misrepresentations; tell you about other products and services; and meet legal and security obligations. We collect it directly from you, when you use our products and services, and from other sources. We keep your information confidential and only as long as needed. People who may access it include our employees, distribution partners such as advisors, service providers, reinsurers, or anyone else you authorize. At times, unless we're prohibited, they may be outside your jurisdiction and your information may be subject to local laws. You can always ask for your information and to correct it if needed. In most cases, you have a right to withdraw your consent, but we may not be able to provide the requested product or service. Read our Global Privacy Statement and local policy at www.sunlife.ca/privacy or call us for a copy.

You have a choice

We will occasionally inform you of other financial products and services that we believe meet your changing needs. If you do not wish to receive these offers, let us know by calling 1-877-SUN-LIFE (1-877-786-5433).

