

Health and dental plan

Health Plan	
Prescription drugs (generic substitution required)	<ul style="list-style-type: none"> • 80% reimbursement • \$10 dispensing fee limit
Vision care	<ul style="list-style-type: none"> • 80% reimbursement of eligible expenses (glasses, contact lenses, surgery) up to \$250 per person every 24 months; 80% for contact lenses for the treatment of specific medical conditions up to \$150 per person per lifetime
Eye exams (if not covered under your provincial plan)	<ul style="list-style-type: none"> • 80% reimbursement up to \$85 per person every 24 months
Hearing aids	<ul style="list-style-type: none"> • 80% reimbursement up to \$450 per person every five years
Paramedical services*	<ul style="list-style-type: none"> • 80% reimbursement up to \$1,000 per year per person for all mental health practitioners combined and \$500 per year per practitioner for other paramedical practitioners
Orthotics and orthopaedic shoes	<ul style="list-style-type: none"> • Orthotics maximum of \$400 per person over 3 benefit years • Orthopaedic shoes maximum of \$200 per person per benefit year
Hospital accommodation	<ul style="list-style-type: none"> • 100% reimbursement for semi-private room
Medical supplies and ambulance services	<ul style="list-style-type: none"> • 80% reimbursement
Out-of-province/country medical emergency	<ul style="list-style-type: none"> • 100% reimbursement for trips up to 180 days • \$1,000,000 lifetime maximum
Dental Plan	
Basic (diagnostic, preventive, restorative, endodontics)	80% reimbursement to a maximum of \$2,000 per person per year for basic and major services combined
Major (bridges, crowns, dentures, periodontics)	50% reimbursement to a maximum of \$2,000 per person per year for basic and major services combined
Orthodontics	Not covered
Recall exam frequency	Nine months for adults and children

* Paramedical services include chiropractic, osteopathic, speech therapy, podiatry, massage therapy, dietetics, acupuncture, naturopathy, physiotherapy, and mental health (psychologist, social worker, psychotherapist, marriage and family therapist, psychoanalysts, clinical counsellors). Practitioners must meet Sun Life's standards of licensing and practices.

Weekly employee contributions for the health and dental plan	
Employee Only	\$6.95
Employee + 1 (Employee + Spouse or Employee + Child)	\$13.89
Employee + 2 or More	\$20.51

Pre-authorization for some prescription drugs

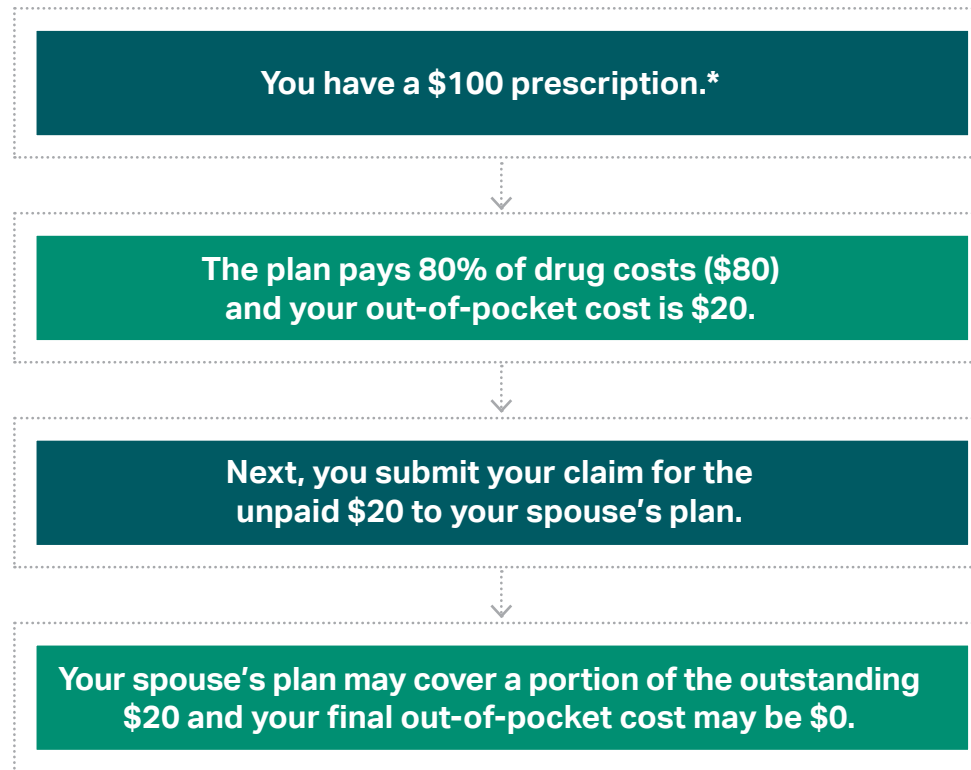
To manage costs, our medical plan covers the least-costly alternative prescription drug, which will often be a generic. In addition, some costly prescription drugs require prior authorization (pre-approval) before they can be dispensed. This pre-approval step affects certain drugs and biologic therapies which have been identified based on cost and on medical criteria.

If your doctor recommends a drug that requires pre-approval, contact Sun Life and submit a completed prior authorization form for approval before filling the prescription. Sun Life will reply in writing within five business days. If the request is approved, the drug cost will be reimbursed according to the coverage provided in your health care module. If Sun Life does not approve the request, you can still obtain the drug but it will not be reimbursed by the plan. Prior authorization is required for some, but not all, of the drugs used to treat certain inflammatory conditions, asthma, blood disorders, cancer (oral drugs), cholesterol disorders, diabetes, heart disease, hepatitis, HIV, lupus, multiple sclerosis, muscle-nerve disorder, osteoporosis, pulmonary arterial hypertension, and some rare diseases. Biologics used to treat conditions such as rheumatoid arthritis, Crohn's disease, psoriatic arthritis, ankylosing spondylitis, and plaque psoriasis also require pre-approval.

See the [Prior Authorization Drug List and Forms](#).

Coordinating benefits with your spouse

Coordinating benefits with your spouse's health care coverage is a great way to maximize the value of both benefits plans. By coordinating benefits, you and your spouse may be able to have up to 100% of your expenses reimbursed. To do this, you each enrol as dependents in the other's benefits plan, along with your dependent children. Here's how it works:



* Equal to the reasonable and customary cost of the expense.

For your dependent children, send the claim first to the insurance company of the spouse who has the earlier birth month in the year. If both spouses have the same birth month, then send claims to the one whose birth date is earlier. Then send any unpaid portion to the other spouse's plan.

Log in at mysunlife.ca/aecom for coordination of benefits guidelines and examples.