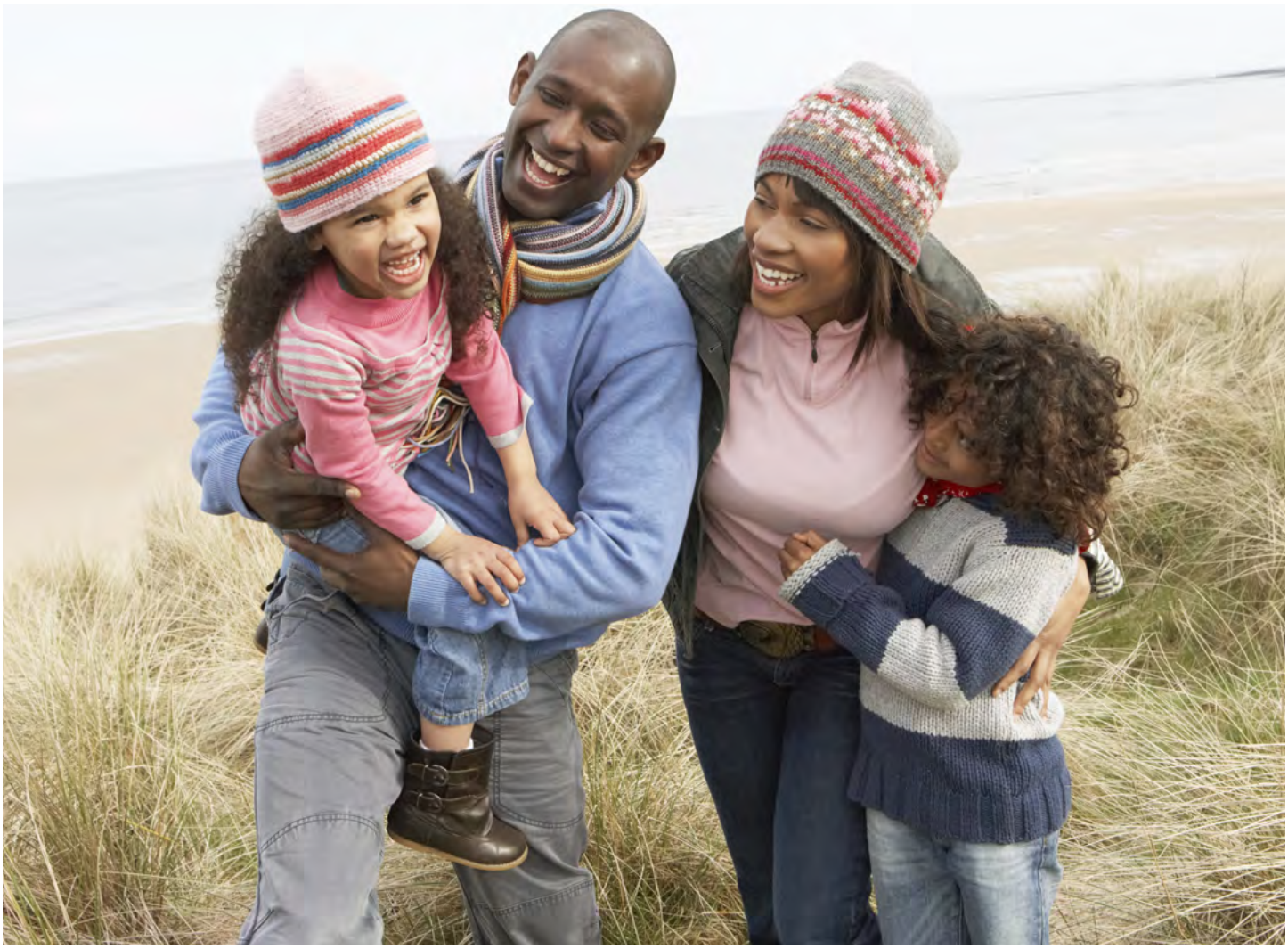
TOTAL BENEFITS & SAVINGS @ WORK™



Benefits Summary and Enrolment Guide

Life's brighter under the sun

Sun Life | LifeLabs®

Contents

Choice is key with the LifeLabs Flex Non-union Benefits Plan!

When it comes to benefits, you have your own particular needs, which are not necessarily the same as your colleagues' needs. That's why this plan is designed with built-in flexibility to ensure that your benefit needs are met. Most benefits under the LifeLabs Benefits Plan offer several different options, each with a different level of coverage. **For details about the specific benefits that are available to you, please refer to the Benefits at a Glance document.**

To make the most of the plan, it is important for you to fully understand what each benefit option has to offer, so you may select the one that best suits you and your family's needs.

Please take the time to read this Enrolment Guide carefully and contact your Sun Life Group Benefits Administrator at **1 866-881-0583** with any questions.

BECOMING A WISE HEALTH BENEFIT CONSUMER

LifeLabs pays the difference between the employees' share of covered expenses and the cost of the services. As a result, your selection and utilization of health care services has a direct impact on the cost of employee benefits to LifeLabs. By being a wise health care consumer you can help manage the rising cost of health care.

Take the time to understand the choices available to you. Review your claims history to determine which option best fits your needs and those of your family. Consider any other coverage available to you. Don't forget, if you and your family are covered under more than one plan, the coordination of benefits provisions allow you to coordinate payment of claims under each plan to maximize reimbursement, up to reasonable and customary limits.

To view your Sun Life claim history report:

- Sign in to the Sun Life website ***www.mysunlife.ca***
- Select the ***My claims*** link on the home page
- Select the ***Medical and Dental Claims History*** link at the bottom of the page
- Enter the ***From*** and ***To*** dates for the period you want to view
- Select ***Service Date***
- Select ***View Summary*** at the bottom of the page

BENEFITS CHECK-UP

Every two years, you will have the opportunity to review and change your coverage during the benefits check-up period. During the biennial benefits check-up you may move up or down one option. If you do not complete your review by the deadline, you will retain your current coverage for a two year period.

Eligibility

WHO IS ELIGIBLE TO JOIN THE PLAN?

Employees who are residents of Canada and who meet the following conditions:

- Permanent employees actively working at least 20 hours per week

OR

- Temporary employees working at least 20 hours per week, for a minimum of 12 months
- Temporary employees are not eligible for the long term disability benefit

WHO QUALIFIES AS AN ELIGIBLE DEPENDENT?

An eligible dependent is your spouse or your child who are residents of Canada.

- Your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who has been publicly represented as your spouse for at least 12 consecutive months. You can only cover one spouse at a time.

Special Note for Quebec residents

For employees residing in Quebec, there is no minimum cohabitation period for common-law spouses if a child is born out of their relationship.

- Your dependent children and your spouse's children (other than foster children) are eligible dependents if they are not married or in any other formal union recognized by law and are under 21 years of age. A child who is a full-time student attending a recognized educational institution is also considered an eligible dependent until the age of 27 as long as the child is entirely dependent on you for financial support.

If a child becomes handicapped before the limiting age, we will continue coverage as long as:

- The child is incapable of financial self-support because of a physical or mental disability; and
- The child depends on you for financial support, and is not married nor in any other formal union recognized by law.

THE BENEFIT YEAR

- Benefit year is from January 1st to December 31st.
- You enrol for coverage for two benefit years, unless you experience an eligible Life Event. See life event details later in this guide.
- You will have the possibility to review and change your coverage at the biennial benefits check-up period.

WHEN DOES COVERAGE START?

Your coverage will begin on the later of:

- The date you become eligible for coverage; or
- The date Sun Life Financial approves your proof of good health, if required.

WHEN DOES COVERAGE END?

As an employee, your coverage will end on the earlier of the following dates:

- The date you no longer meet the eligibility requirements;
- The date your employment ends;
- The date you retire;
- The date you are no longer actively working;
- The end of the period for which premiums have been paid to the insurer for your coverage; or
- The date the group contract ends.

Your eligible dependants' coverage will end on the earlier of the following dates:

- The date your coverage ends;
- The date the dependent is no longer an eligible dependent;
- The end of the period for which premiums have been paid for dependent coverage.

If you die while covered under this plan, Extended Health Care and Dental coverage will continue for your surviving eligible dependents without premiums until the earlier of:

- 24 months after the date of your death;
- The date the person would no longer be considered your dependent under the plan if you were still alive;
- The date similar coverage is obtained elsewhere;
- The date the benefit provision under which the dependent is covered terminates; or
- The date the group contract ends.

If you retire, LifeLabs will advise you if you are eligible for retiree benefits and initiate the process with Sun Life.

Reporting changes, including Life Events

Make sure your coverage is kept up-to-date by informing Sun Life of any changes to your dependents, personal information, or beneficiary. A Life Event is a change in your personal situation that provides you with an opportunity to reconsider your benefit selections. You have 31 days from the date of the event to advise Sun Life to make any changes to your benefit plan.

You will keep the benefits you initially select until your next re-enrolment unless you have a qualifying Life Event.

You may also manage your own life event by going on ***www.mysunlife.ca*** > enrolment and coverage summary> From the ***Manage*** tile, select ***Emplоment or life event change***.

During a Life Event you may change your benefit options. Please note that you can only move up or down by one option for your Extended Health Care and Dental benefits.

The following items qualify for a Life Event:

- Marriage or any other formal union recognized by law, or common-law (there is a 12 month cohabitation requirement to be satisfied). If you live in Quebec, there is no minimum cohabitation period if a child is born from your relationship;
- Divorce or legal separation;
- Birth, adoption or death of a child;
- Your spouse's loss or gain of coverage elsewhere;
- Death of a dependent;
- A child no longer fulfills the definition of a dependent; or
- Appointment as a legal guardian.

Note: To avoid claim issues, it is crucial that you advise your Sun Life Group Benefits Administrator, toll free, at 1 866-881-0583 of any additions of dependents as soon as possible, even if you already have a family coverage status.

Other changes for which you should contact your Sun Life Group Benefits Administrator include:

- Changing the student status of a dependent between the ages of 21 and 27; and
- Applying for handicap status for your dependent child.

Before you choose

How much do you spend on Extended Health Care & Dental coverage?

The LifeLabs Benefits Plan is designed to offer the most choice where it is most important – in Medical and Dental benefits. Before you choose your benefit options, you should estimate what your future expenses are likely to be, and therefore how much coverage you might need.

- Look at how much you've spent in the past. For example, estimate what you've spent in the last year for prescription drugs, health care providers and dental care. Consider the full amount of those expenses, not just the portion your benefit plan didn't cover.
- Separate your dental expenses for basic care from any money spent on major services like dentures or crowns.
- When estimating your future expenses, don't include past "one-time" expenses. For example, you may have needed dentures last year or required a hospital stay for surgery, but it's unlikely that you will incur those same expenses regularly.

Do you also have coverage under another plan?

You should take your spouse's benefit plan into account when you choose your benefit package, since you may be able to coordinate coverage between your plan and your spouse's plan. For example, 'the Comprehensive Option' covers 80% of some eligible Medical expenses with the remaining 20% paid by you. If your spouse has a benefit plan (and you are covered under it), you may be able to claim the 20% under that plan. For details, see Coordination of benefits later in this guide.

How financially secure are you?

You will also need to consider how much Life coverage you need, so you may determine if Basic Employee Life is sufficient. If you need more coverage, the LifeLabs Benefits Plan offers Optional Employee, Spouse and Child Life that you may select.

You should also consider:

- How much money would your dependents need if you died?
- Do you have dependent children? If so, how old are they? Are they self-reliant?
- What expenses would you have to cover if your spouse died?
- How much debt do you have, including mortgage and outstanding loans? Do you have any mortgage insurance?
- What other life insurance or investments do you have?

After you access the Sun Life enrolment tool

Before you make your selections, you will be asked to provide your authorization to Sun Life to use the information you provide about yourself and your dependents to administer your benefits. Please read the online statement carefully before proceeding with your enrolment.

KEY INFORMATION

If you are a new employee of LifeLabs or if you are making changes during a benefits check-up period in the Group Benefits Plan, after selecting **Enrolment and Coverage summary**, you will find the electronic enrolment package that is designed to assist you with making your benefit choices under the Guide and Information section.

- Benefits Summary and Enrolment Guide - Describes your plan
- Benefits At a Glance - Highlights the different levels of benefit coverage
- Optional Life Insurance Information - Explains the Optional benefits that are available
- Benefit Booklet - Provides contractual details

You can input your benefit choices online and then review your coverage summary. If you are not confident yet with your choice, you may save for later. Once you click on Submit, the last choice you made will be considered as your final choice.

Once you have submitted your enrolment, be sure to print a Coverage Summary, as confirmation of your choices.

After enrolment, you are locked into your Extended Health Care and Dental option for a period of two years unless you have a qualifying Life Event, a**t which time, you can only move up or down by one option.**

Making your choices for Extended Health Care and Dental coverage

BENEFIT YEAR – The benefit year is from January 1st to December 31st.

To qualify for this coverage you must be covered for benefits under a provincial or federal Medicare plan that provides similar benefits. Medicare plan provides basic medical benefits, such as hospital ward accommodation, fees for doctors and any drugs you may need during a hospital stay. LifeLabs Flexible Benefits Plan is a complementary plan and is designed to cover certain medical expenses over and above those covered by your Medicare plan, provided they are medically necessary for the treatment of an illness or injury.

If you are not eligible for Medicare coverage, you must be covered under a replacement plan. If you are not eligible for Medicare coverage and are not covered by a replacement plan, you must contact your Sun Life Group Benefits Administrator toll free at 1 866-881-0583 before completing your on-line enrolment.

To purchase a replacement plan with Sun Life, you may call 1 800-669-7921.

COVERAGE STATUS

Status refers to the coverage level you select. When choosing your option, you must also decide whom you are going to cover:

- ***Single*** – you alone;
- ****Single + 1*** – you and one eligible dependent either a spouse or a child; or
- ****Family*** – you and all of your eligible dependents.

Choosing your option

- When choosing your option you need to keep in mind that you have to select the same option (ie Maintenance, Comprehensive or Enhanced) and the same coverage status for both medical and dental coverage.
- If you do not access the Sun Life Financial enrolment tool and actively enroll in the plan:
  - ***New employees*** – you will be set up with the default Maintenance Option (single) coverage level. This may not give you the best coverage for your needs.
  - ***Existing employees*** – at each benefits check-up you will default to your current coverage.
  - Coverage changes are not permitted throughout the two year period unless you have a qualifying Life Event, at which time you can move up or down by one option for your Extended Health Care and Dental benefits.
- For greater flexibility, consider using a Health Spending Account in combination with the maintenance option.

LIMITS OF DENTAL COVERAGE

- The plan covers expenses based on the amount listed in the most current **Canadian Dental Association fee guide for general practitioners in the province where the expense is incurred;** not on the amount you actually paid. The Provincial fee guide lists suggested fees for all dental procedures and is updated each year.
- The plan will not pay more than the reasonable cost of the least expensive dental alternate procedure. When deciding what will be reimbursed for a procedure, the claim will be assessed for alternate procedures. These alternate procedures must be part of the usual and accepted dental work and must produce as adequate a result as the procedure that the dentist performed.

Note: We suggest that you submit an estimate, before the dental work is done, for any item or procedure that will cost $500 or more.

*By selecting this option, you will be required to add your dependents.

Special Note for Quebec Residents

If you live in Quebec, provincial law requires you have a minimum level of prescription drug coverage. This minimum also applies to your eligible dependents. You must choose a coverage status that covers your eligible dependents, unless they have coverage elsewhere that meets the minimum. You are responsible for ensuring that your Extended Health Care coverage meets the minimum requirement for RAMQ.

Note: If you are newly hired, and you have medical coverage under RAMQ, you must relinquish the provincial medical coverage and enroll in the LifeLabs Benefits Plan.

Quebec drug insurance plan

Any conditions under this plan that do not meet the requirements under the Quebec drug insurance plan are automatically adjusted to meet those requirements.

Out-of-pocket maximum

Expenses incurred for drugs listed in the Régie de l'assurance-maladie du Québec (RAMQ) drug formulary and not reimbursed under this plan as a result of the application of the deductible or the reimbursement level are limited in each calendar year to the yearly maximum contribution set by the RAMQ plan. There is an out-of-pocket maximum for you, and another one for your spouse. Any drug expenses incurred for your children are part of the out-of-pocket maximum of the employee.

Special Note for British Columbia residents

Remember to register for your B.C. Pharmacare number and to provide this information to your Sun Life Financial Claims Office toll free at 1 866-881-0583.

Beneficiaries

Please be sure to nominate a beneficiary at the time of enrolment, stating the full name and relationship of the beneficiary. The Life Insurance benefits will be paid to the beneficiary in the event of the death of the insured (member, spouse or child). The beneficiary designation is a legal document, and therefore a beneficiary form must be completed, signed and dated in ink by the member.

A ***revocable*** beneficiary means that the life insured (member) is free to change the beneficiary designation at any time. A beneficiary is assumed to be revocable in all provinces except in Quebec.

An ***irrevocable*** beneficiary means that the beneficiary has a vested interest in the Life Insurance and the member cannot change the designation without meeting specific requirements.

If you are a Quebec resident and name your spouse as your beneficiary, this designation is considered irrevocable (meaning you must have your spouse's written consent to change your beneficiary designation) unless you specify "revocable" when first naming your spouse as a beneficiary.

If you do not nominate a beneficiary, the member's life insurance will be paid to the member's estate. You are automatically the beneficiary of any dependent child life insurance you purchase.

You can print the beneficiary form at the end of your on-line enrolment. You may change your beneficiary at any time, by going on ***www.mysunlife.ca***> Enrolment and coverage summary> From the ***Manage*** tile, select ***Beneficiaries***. For more information about designating your beneficiary, you may wish to consider seeking legal counsel.

Health Spending Account (HSA)

The Maintenance Option contains a Health Spending Account. This tax-free amount (except in Quebec) can be used to pay for a variety of medical or dental expenses including some expenses not otherwise covered under the LifeLabs Benefits Plan.

Once the amount is allocated to your account, you may use it at any time during the year. At the end of the year, any remaining balance will be carried forward into the next benefit year. At the end of the second benefit year, any amount remaining in your Health Spending Account will be lost (Canada Revenue Agency rule).

For additional information, consult the General Income Tax Guide published by the Canada Revenue Agency or the Interpretation Bulletin IT-519R2, Medical Expense and Disability Tax Credits and Attendant Care Expense Deduction, available on the Canada Revenue Agency Internet Website.

Short-Term Disability

Short-term disability (STD) coverage provides an ongoing income if you are totally disabled and unable to work due to an illness-related or injury-related disability.

Long-Term Disability

Long-Term Disability coverage has been designed to provide you with income protection if you become "totally disabled" while covered and are not able to return to work for an extended period of time.

You must be off work due to total disability before you are eligible for Long-Term Disability benefits. Your Short-Term Disability benefit will cover you during this "elimination period."

To qualify for Long-Term Disability benefits you must be under the ongoing supervision/treatment of a doctor and following prescribed treatment; and you must be residing in Canada.

Your option

- You cannot opt out of Long-Term Disability coverage; you must select one of the two options with or without cost-of-living-adjustment.
- If you do not access the Sun Life enrolment tool to actively enroll in the plan, you will be set up with the default LTD without the cost of living adjustment. This may not give you the best coverage for your needs.
- Coverage changes are not permitted throughout the year ***unless*** you have a qualifying Life Event.
- Long-Term Disability benefits are payable after your Short-Term Disability, loss of income or any other salary continuation period ends. Upon approval of your claim, benefits commence and are payable until you are no longer totally disabled (or fail to provide the necessary supporting evidence), you reach age 65, retire or die, whichever occurs first.

Basic Employee Life and Optional Life

You are automatically enrolled for Basic Employee Life and you may also select additional Optional Life coverage for yourself.

This benefit coverage will help provide financial security for your family or other beneficiaries if you die while covered. In which event, your life coverage will be paid in a lump-sum benefit (not subject to tax) to your designated beneficiary or beneficiaries.

Choosing your option

- You are required to have a minimum level of Life coverage, therefore a mandatory Basic Employee Life coverage amount is provided.
- If you want more coverage than the Basic Employee Life amount, you may select Optional Life coverage. The cost of Optional Employee Life is based on your age, gender and smoking status and you must pay the entire cost through payroll deduction.
- You are entitled to $50,000 of coverage when hired at the time of enrolment or within 31 days within a Life Event without providing proof of good health.
- Any additional amount of Employee Life requires proof of your good health by completing and returning a Statement of Health form.
- Since any requested Optional Life coverage will not take effect until your Statement of Health is approved, costs for this coverage are not shown on the Coverage Summary. Once the Statement of Health is approved, Sun Life will notify you, and your payroll deductions will be adjusted accordingly.

Optional Spousal Life

In addition to Optional Employee Life coverage for yourself, you may select Optional Spouse Life coverage for your eligible spouse. You may designate a beneficiary, other than yourself.

Choosing your option

- Optional Spousal Life benefits are paid in a lump sum.
- The cost of Optional Spousal Life coverage is based on your spouse's age, gender and smoking status and you must pay the entire cost through payroll deduction.
- Any new amount of Optional Spousal Life requires proof of your spouse's good health by completing and returning a Statement of Health form.
- Since any requested coverage will not take effect until your spouse's Statement of Health is approved, costs for this coverage are not shown on the Coverage Summary. Once the Statement of Health is approved, Sun Life will notify you, and your payroll deductions will be adjusted accordingly.

Optional Child Life

In addition to Life coverage for yourself and your spouse, you may select coverage for your eligible dependent children. You are the designated beneficiary for this benefit.

Your option

- Coverage is $10,000 and you must pay the entire cost through payroll deductions.
- The cost of Child Life is a flat amount and remains the same whether you're covering one child or several children.
- Optional Child Life benefits are paid in a lump sum.

Basic Accidental Death & Dismemberment (AD&D) insurance (CHUBB INSURANCE)

You are automatically enrolled for Basic AD&D insurance and you can also purchase additional Optional AD&D coverage for yourself, your spouse and/or your dependent children if required.

Choosing your option

- You are required to have a minimum level of Basic AD&D coverage, therefore a mandatory Basic Accidental Death & Dismemberment (AD&D) coverage amount is provided.
- If you die or are severely injured in an accident, your AD&D coverage will pay you a lump-sum amount (not subject to tax) to you, in the case of injury, or your beneficiary, in the case of your death. Benefits are paid in addition to any life benefits your beneficiary is entitled to receive.

Optional AD&D insurance (CHUBB INSURANCE)

You may choose to purchase optional AD&D insurance coverage for yourself only, or for you and your family. In both cases, the full amount of coverage that you select applies only to you.

If you select family coverage, the benefit paid for your spouse/partner and/or children will be calculated based on your level of coverage.

- You pay the entire cost of optional AD&D insurance for you and your spouse, and dependent children through regular payroll deductions. The cost of this coverage is based on your coverage amount and the type of coverage you select (single or family).

Optional Group Critical Illness insurance

You can choose to apply for Optional Group Critical Illness Insurance to help protect you and your family, should you face a critical illness. Group Critical Illness Insurance provides a lump-sum benefit if you are diagnosed after the effective date of coverage with a covered condition, and survive for a specified period of time (subject to the plan's terms and conditions).

Group Critical Illness Insurance helps you recover on your terms. Your plan provides you with:

- Optional Group Critical Illness Insurance is available to you and your spouse in units of $10,000 from a minimum of $20,000 to a maximum of $200,000.
- You and your Spouse are entitled to $80,000 of coverage when Hired at the time of enrolment or within 31 days within a Life Event without providing proof of good health. Any additional amount will require a Statement of Health.
- If you or your spouse purchase coverage, you can also select Child Optional Critical Illness Insurance. You can take time off work to help care for your child without worrying about lost income or increased expenses. You can buy up to $20,000 of child coverage in units of $5,000, and you pay only one premium regardless of the number of children you cover.
- Premiums will be automatically deducted from your pay, for you and your family's coverage.
- ***Freedom from spending restrictions*** – How you spend the benefit payment is entirely up to you. You may use your benefit to cover expenses not covered by your provincial health care or group health care insurance plans, or to help pay for home modifications or additional medical equipment if needed. You may also use the benefit to supplement income if a loved one needs to take time off work to care for you and your family.
- ***A unique plan that complements your existing benefits*** – Unlike disability insurance, which provides income replacement for a period of time while you are unable to work, Group Critical Illness Insurance provides a lump-sum benefit regardless of whether you are able to work.
- ***Coverage that goes with you*** – The coverage is portable. If your employment with LifeLabs ends, you're under age 70, a resident of Canada, and you have not received a benefit payout, you can maintain up to $100,000 of the Group Critical Illness Insurance by notifying Sun Life Financial within 31 days after your group coverage with LifeLabs ends.
- ***Living benefit*** – The lump-sum benefit is paid to you even if you make a full recovery.

With Group Critical Illness Insurance, you'll be better able to focus on your recovery without worrying about the financial burden.

For further details on your Group Critical Illness Insurance plan, please refer to the "Relief" brochure you received in your enrolment kit.

Submitting a claim

PAY-DIRECT DRUG CARD CLAIMS

Your pay-direct drug card allows you to be reimbursed for your prescriptions right at the pharmacy counter. Just present your drug card to the pharmacist when you fill your order, and your and your covered dependents' claim will be submitted electronically. The pharmacist will be able to advise you whether the drug is covered under your plan and any amount you have to pay out-of-pocket. The pharmacist may let you know if the drug you are purchasing has any potential for dangerous interactions with any other medication you have purchased based on past prescriptions you have filled.

You may print your own drug cards from the Sun Life Financial website ***www.mySunLife.ca***. The card is valid for both yourself and your covered dependents.

Under the Prior Authorization Program, you'll need pre-approval before certain drugs are covered. If you submit a claim without following the pre-approval process, it will be declined, and you'll be advised that Prior Authorization is required. You can choose to pay for the prescription yourself and then submit a completed Prior Authorization form for approval. If approved, you can then submit a paper claim for that prescription.

Any future claims for the same drug will not need to be pre-approved. For more details see Prior Authorization Program.

Note: If you (or one of your dependents) fill a prescription at a non-participating pharmacy or outside Canada, or purchase a covered item not available through the drug card program, you cannot use your card. Instead, you will need to submit a Sun Life Financial claim form along with original receipts.

ONLINE CLAIMS

You can submit your drug, vision, health spending account, paramedical and dental claims online, through Sun Life Financial's password-protected website ***www.mySunLife.ca***. Your dentist and many paramedical practitioners (physiotherapists, chiropractors, optometrists, massage therapists, acupuncturists and naturopaths) can also submit your claims electronically on your behalf.

By submitting your claim forms electronically through the Sun Life site, your claim payment will be deposited into your bank account within 24 to 48 hours, and you will also be able to see a detailed explanation of your benefit payment.

To submit your Extended Health Care, Vision, Dental or HSA claims over the Internet select ***Submit a claim*** under the ***Take me to*** section on the ***Welcome page***. Easy-to-use screens will guide you through the steps. You will be prompted to provide or confirm your bank account details. The system processes your claim immediately, and you will see an online notice confirming whether the expense is covered and, if so, the payment amount.

You need to keep your receipts for 12 months, as Sun Life Financial checks to ensure claims are valid and accurate. If your claim is chosen for audit, you will need to send your original receipts to Sun Life Financial within a specified time.

Be sure to attach the original receipts or the claim statement you receive from another insurer if you have coordinated benefits with another plan (see Coordination of benefits).

DOWNLOAD MY SUN LIFE MOBILE APP FOR iPHONE AND ANDROID DEVICES

If you're a Sun Life group plan member or have personal health insurance coverage through us, you can check your coverage, submit benefit claims on the go and see the money in your account - usually within 48 hours! You can monitor your investments or discover new ways to save with our financial planning tools.

Depending on your plan, you can:

- Submit and track medical, dental and vision claims;
- View full coverage details for health, drug and vision care;
- View remaining balances for health spending and personal spending accounts;
- Use your smartphone as your drug and travel cards;
- Check your plan balances and contributions;
- Deposit your benefit reimbursements into your retirement fund
- Use interactive tools to see how saving even small amounts can make a big difference. These tools are available to everyone, regardless of whether you are a member of a Sun Life plan.

If you use an older Apple or Android device, or a device that uses a different operating system, you may be able to access our my Sun Life Mobile web app at m.mysunlife.ca. Our mobile web app is designed with the same great features and streamlined functionality as the my Sun Life Mobile native app! Simply type the URL in your phone's browser and you're on your way to fast and easy claims submission and much more!

1. To ensure the safety and protection of your personal information, the **my Sun Life Mobile App** should only be downloaded through the App Store and Google Play - our only authorized providers. Other smartphone users should only access the **my Sun Life Mobile** web app at **m.mysunlife.ca**.
2. Data charges may apply when using this app.
3. A few employers continue to review the app for their plans and have chosen not to make the app available to their employees at this time. If this is the case for your plan, you will not be able to access your information on the app. You can use the 'Help me save' financial planning tools to learn new ways to save today for a wealthier tomorrow. To view your account information, you can continue to log in to www.mySunLife.ca, or you can contact us at 1-866-896-6976 or at sunlife.ca/contact-us.

EXTENDED HEALTH CARE AND DENTAL CLAIMS

Alternatively, you may print Extended Health Care and Dental claim forms from the Sun Life Financial password-protected website ***www.mySunLife.ca***.

Your dentist may also submit your Dental claims electronically on your behalf.

HEALTH SPENDING ACCOUNT CLAIMS

There are two ways to claim from your Health Spending Account; over the Internet or through the mail with a paper claim form.

To submit your Health Spending Account claims over the Internet just sign in to the Sun Life Financial website ***www.mySunLife.ca*** and select ***Submit a Claim*** in the ***Take me to...*** box. Easy-to-use screens guide you through the steps. The system processes your claim immediately, and you receive an online notice telling you whether the expense is covered and, if so, the amount and details of your claim payment. You are required to keep your receipts for 12 months as Sun Life Financial randomly checks electronic claims to ensure they are valid and accurate. If your claim is chosen for audit, you will be asked to mail Sun Life Financial the original receipts.

If you prefer to mail your claims, use the combined Extended Health Care/Health Spending Account claim form or the combined Dental/Health Spending Account claim form to make a claim under your Extended Health Care or Dental benefit plan and have the balance paid out of your Health Spending Account. Simply complete the Health Spending Account section of the claim form and both claims will be processed at the same time.

Be sure to attach the original receipts or the Explanation of Benefits statement you receive from another insurer if you have coordinated your benefits with another plan.

DISABILITY OR LIFE CLAIMS

If you have a claim for Short-Term Disability or Long-Term Disability, contact your HR Help department at HRHelp@lifelabs.com for help with applying for these benefits.

In the event of a Life claim, please contact your Sun Life Group Benefits Administrator, toll-free, at 1 866-881-0583 for benefits.

Time limits for submitting claims

There are time limits for making claims under your LifeLabs Benefits Plan. For example:

- ***Extended Health Care and Dental claims must be submitted within 90 days of the end of the benefit year in which the expense is incurred or within 90 days of the end of your coverage, whichever is earlier.***
- Life claims should be submitted as soon as reasonably possible.
- Long-Term Disability claims must be received within 60 days following the end of Short-Term Disability or within 30 days of the end of your coverage, whichever is earlier.

My Drug Plan

Sun Life's **My drug plan** will help ensure that you get reimbursement for the drugs you need, and that you're getting effective and cost-efficient medication with each prescription purchase.

My drug plan recognizes a simple fact – newer or more expensive drugs aren't necessarily better than other medications that treat the same conditions. The formulary – which is a list of medications covered under a benefit plan – for **My drug plan** was developed by doctors and pharmacists who carefully evaluated drugs based on their effectiveness and cost to arrive at those drugs that offer the best value. The drugs were then sorted into three tiers, with those on the highest – or "best value" – tier reimbursed at the highest amount. Virtually all drugs will continue to be reimbursed, and you'll find over 80% of the most commonly prescribed drugs on the tier with the highest reimbursement.

Please use the Reformulary Group's DrugFinder tool. DrugFinder™ is an innovative online tool that helps you quickly and easily learn what drugs are covered by the plan and identify possible alternative drugs that could cost you less.

Simply go to **www.drugfinder.ca** or download the DrugFinder ™ mobile app and create a personal account using the company access code **LIFELABS@Reformulary** to complete your profile. Once you have completed your profile, you will be able to print "A note for my doctor" with a list of alternative medications.

Special Authorization For Certain Drugs

It's now standard practice for insurers to assess reimbursement for some specialty products, but the process is simple for you.

- You and your doctor fill out a form that you return to Sun Life. Given the confidential nature of your information, we will issue our response to you in writing.
- If approved, you'll be reimbursed at the highest level (Tier 1).

Maintenance Drug Program

The Maintenance Program encourages members who are taking drugs (both acute and maintenance) on a prolonged basis to purchase a 100-day or three-month supply at one time (rather than refilling prescriptions every month). In addition to being convenient for plan members, the Maintenance Program saves on dispensing fee costs to both the member and the plan.

Coordination of benefits

The insurance industry has set guidelines as to how you may coordinate your benefits with another insurance program such as your spouse's plan. Coordination of benefits allows you to claim under both plans for up to the reasonable and customary amount of the covered expense.

- If the expense is for you, claim first under your own plan and then send along a copy of the Explanation of Benefits you receive from Sun Life Financial to your spouse's insurance company.
- Once you've made a claim under your Extended Health Care or Dental benefit, and then made a claim under your spouse's plan for the balance, any remaining expenses may be paid from your Health Spending Account (providing you have an amount in that account).
- If Sun Life is the secondary payer, the combined payment for both the primary carrier and Sun Life will not exceed the reasonable and customary amount of expense being claimed.
- If the expenses are for your spouse and your spouse is covered for those expenses under another plan, you must send the claim to that plan first.
- Claims for children should first be submitted to the plan of the parent whose birthday falls earlier in the calendar year (i.e., if your birthday falls in January and your spouse's falls in May, submit your children's claims to your plan first).
- Any part of the claim not covered under the "first" plan may then be submitted to the other spouse's plan.
- If you and your spouse both have a drug card under your respective benefit plans, you may have your pharmacy automatically coordinate your benefits under the two cards when the pharmacist submits your claim electronically. To do so, you must advise your pharmacist that a second plan is in place. In most cases, this will eliminate the need for you to submit paper claims to coordinate your drug benefits (although there may still be some situations where a paper claim is required).

Note: If you are filing a claim for your spouse who is also covered with Sun Life Financial under a different contract number, you will need to complete the "Co-ordination of benefits" section of the Extended Health Care claim form, providing your spouse's contract and member ID numbers and your spouse must sign this portion of the claim form.

Sun Life Financial web services for plan members

The Sun Life Financial password-protected website offers a number of helpful features and information that will make it easier for you to manage your benefits.

You will have access to a wide range of claims information and forms, and you will be able to:

- View your LifeLabs Benefits Plan documents online;
- Use the Benefits Explorer feature to get detailed easy-to-read information about your Extended Health Care and Dental coverage;
- Submit certain types of claims via the Internet;
- Print Extended Health Care and Dental claim forms with your personal information already filled in;
- Print your paper pay-direct drug cards and emergency medical and travel assistance cards;
- Use the secure, password-protected message centre to send and receive e-mails instead of sending sensitive information by unsecured Internet e-mail; and
- Nominate a beneficiary using our d-beneficiary feature
- Manage your own life events
- Get a wide range of useful health-related information through the Sun Life Financial Wellness Centre.

Life's brighter under the sun

Group Benefits are offered by Sun Life Assurance Company of Canada,
a member of the Sun Life Financial group of companies. PDF6038-E 04-21 vu-rn

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