



Health Coverage Choice Client Guide



Life's brighter under the sun

We understand that you might have a lot of things on your mind when changing jobs. Thankfully, keeping your medical and dental coverage doesn't have to be one of them. You can easily replace your coverage with no medical exam or health questions.

Health Coverage choice – affordable health and dental plans that provide peace of mind.

Are you a Canadian resident who's age 18 to 74 and covered by a provincial or territorial health and drug plan? You can apply to replace your workplace plan or retiree group plan medical and dental coverage with a Sun Life representative **within 60 days** of when it ends.

There's **no medical exam or health questions** when you apply.



Talk to a Sun Life representative today. We can help you choose the options that can work for you.

Choose the right plan for you

Whether you're looking for temporary coverage or a longer-term solution, we can help you choose the plan that's right for you. To be eligible for the Health and Dental Choice A or wish to add optional dental coverage to Health Choice B/C plans, you must have had dental coverage under your workplace plan or your retiree group plan.

Health and Dental Choice A: A dependable solution that helps protect you and your family for core medical, vision and dental expenses at an affordable cost.

Health Choice B: An enhanced plan that provides expanded medical coverage for you and your family, including emergency travel medical and optional dental.

Health Choice C: A complete solution if you and your family need medical, emergency travel medical and optional dental coverage with higher annual and lifetime coverage maximums.

The coverage maximums listed below are for each insured person and per calendar year unless otherwise stated. A calendar year is from January 1 to December 31. For maximums with a multi-year period (e.g. every two years), the period begins on the day you incur the first expense under that maximum. This coverage doesn't cover expenses paid for by government-sponsored health and drug plans.

What's available in each plan

Before you choose a plan, it's important that you understand its specific coverage details, definitions, limitations and exclusions. Learn more by reading this summary, including the **What you need to know** section on page 6.

	Health and Dental Choice A	Health Choice B	Health Choice C	
Prescription drugs	<p>All 3 plans include:</p> <ul style="list-style-type: none"> • Pay Direct Drug card (except in Quebec) • No deductible • Smoking cessation medication (\$250 lifetime maximum) 	<ul style="list-style-type: none"> • 80% reimbursement • \$500 annual maximum • Up to \$5.00 paid towards dispensing fee on prescriptions 	<ul style="list-style-type: none"> • 80% reimbursement • \$1,300 annual maximum • Full coverage of reasonable and customary dispensing fees up to the plan reimbursement 	<ul style="list-style-type: none"> • 80% reimbursement • \$2,600 annual maximum • Full coverage of reasonable and customary dispensing fees up to the plan reimbursement

Health Coverage Choice insurance is underwritten and issued by Sun Life Assurance Company of Canada, a member of the Sun Life group of companies.

	Health and Dental Choice A	Health Choice B	Health Choice C	
Supplemental health care	Reimbursement	<ul style="list-style-type: none"> 80% reimbursement 	<ul style="list-style-type: none"> 100% reimbursement 	<ul style="list-style-type: none"> 100% reimbursement
	Hearing aids	<ul style="list-style-type: none"> \$300 maximum every 5 years 	<ul style="list-style-type: none"> \$400 maximum every 5 years 	<ul style="list-style-type: none"> \$600 maximum every 5 years
	Accidental dental	<ul style="list-style-type: none"> \$2,000 per fracture or injury 	<ul style="list-style-type: none"> \$5,000 lifetime maximum 	<ul style="list-style-type: none"> \$5,000 lifetime maximum
	Ambulance	<ul style="list-style-type: none"> Ground ambulance service No coverage for air ambulance 	<ul style="list-style-type: none"> Ground ambulance service No coverage for air ambulance 	<ul style="list-style-type: none"> Ground ambulance service Air ambulance \$5,000 maximum per incident
	In-home nursing¹	<ul style="list-style-type: none"> \$2,500 annual maximum and a \$20,000 lifetime maximum combined with medical equipment and services 	<ul style="list-style-type: none"> \$5,000 annual maximum and a \$25,000 lifetime maximum 	<ul style="list-style-type: none"> \$5,000 annual maximum and a \$25,000 lifetime maximum
Medical equipment and services		Medical equipment and services have a \$2,500 annual maximum and a \$20,000 lifetime maximum combined with in-home nursing	Medical equipment and services have a \$2,500 annual maximum	Medical equipment and services have a \$5,000 annual maximum
	Orthopedic shoes	<ul style="list-style-type: none"> \$200 annual maximum 	<ul style="list-style-type: none"> \$250 annual maximum 	<ul style="list-style-type: none"> \$250 annual maximum
	Blood glucose monitor	<ul style="list-style-type: none"> \$150 every 5 years 	<ul style="list-style-type: none"> \$250 every 5 years 	<ul style="list-style-type: none"> \$300 every 5 years
	Continuous glucose monitors	<ul style="list-style-type: none"> Reasonable and customary services and charges 	<ul style="list-style-type: none"> Reasonable and customary services and charges 	<ul style="list-style-type: none"> Reasonable and customary services and charges
	Medically necessary wigs and hair pieces	<ul style="list-style-type: none"> \$100 annual maximum 	<ul style="list-style-type: none"> \$350 lifetime maximum 	<ul style="list-style-type: none"> \$500 lifetime maximum
	Wheelchairs, walkers and traction kits	<ul style="list-style-type: none"> \$1,000 lifetime maximum 	<ul style="list-style-type: none"> \$4,000 lifetime maximum 	<ul style="list-style-type: none"> \$4,000 lifetime maximum
	Hospital bed, oxygen	<ul style="list-style-type: none"> Reasonable and customary services and charges 	<ul style="list-style-type: none"> \$1,500 lifetime maximum for hospital beds 	<ul style="list-style-type: none"> \$1,500 lifetime maximum for hospital beds
	Casts, crutches	<ul style="list-style-type: none"> Reasonable and customary services and charges 	<ul style="list-style-type: none"> \$300 annual maximum 	<ul style="list-style-type: none"> \$500 annual maximum
Prosthetic appliances (e.g. artificial limbs)	<ul style="list-style-type: none"> Reasonable and customary services and charges 	<ul style="list-style-type: none"> Reasonable and customary services and charges Breast prosthesis: \$200 annual maximum 	<ul style="list-style-type: none"> Reasonable and customary services and charges Breast prosthesis: \$200 annual maximum 	
Vision care	<p>Includes coverage for:</p> <ul style="list-style-type: none"> Prescription eye glasses Prescription contact lenses Prescription sunglasses Laser eye surgery 	<ul style="list-style-type: none"> 100% reimbursement \$150 maximum every 2 years, including \$50 maximum per eye exam 	<ul style="list-style-type: none"> 100% reimbursement \$200 maximum every 2 years, including \$50 maximum per eye exam 	<ul style="list-style-type: none"> 100% reimbursement \$300 maximum every 2 years, including \$50 maximum per eye exam

	Health and Dental Choice A	Health Choice B	Health Choice C	
Paramedical practitioners	<p>Paramedical practitioners Include:</p> <ul style="list-style-type: none"> Chiropractors, including 1 x-ray examination per calendar year Registered massage therapists Naturopaths and acupuncturists Osteopaths, including 1 x-ray examination per calendar year Physiotherapists Podiatrists or chiropodists, including 1 x-ray examination per calendar year Speech language pathologists Psychologists and social workers 	<ul style="list-style-type: none"> 80% reimbursement \$25 maximum per visit Up to \$250 per year, per type of practitioner Psychologist/social worker: \$60 per visit maximum up to \$300 per year 	<ul style="list-style-type: none"> 100% reimbursement No per visit maximum \$300 per year per type of practitioner and combined maximum up to \$500 per calendar year Psychologist/social worker: \$70 per visit up to 7 visits per year 	<ul style="list-style-type: none"> 100% reimbursement No per visit maximum \$300 per year per type of practitioner and combined maximum up to \$650 per calendar year Psychologist/social worker: \$75 per visit up to 10 visits per year
Semi-private hospital room	<ul style="list-style-type: none"> 50% reimbursement \$5,000 annual maximum 	<ul style="list-style-type: none"> \$175 daily maximum 85% reimbursement \$5,000 annual maximum Convalescent hospital: \$20 per day up to 180 days per incident 	<ul style="list-style-type: none"> \$200 daily maximum 85% reimbursement \$5,000 annual maximum Convalescent hospital: \$20 per day up to 180 days per incident 	
Combined lifetime maximum for above expenses²	<ul style="list-style-type: none"> \$250,000 lifetime maximum 	<ul style="list-style-type: none"> \$250,000 lifetime maximum 	<ul style="list-style-type: none"> \$300,000 lifetime maximum 	
Emergency travel medical	<ul style="list-style-type: none"> No coverage 	<ul style="list-style-type: none"> 100% reimbursement \$1 million lifetime maximum Coverage provided for the first 60 days of a trip Covers travel outside of your province or territory or outside of Canada Available until the age of 80 If you have a pre-existing medical condition where symptoms have appeared or required medical attention, hospitalization or treatment (this includes changes in medication or dosage), and existed during the 9 months before your trip, expenses related to this condition are not included 	<ul style="list-style-type: none"> 100% reimbursement \$1 million lifetime maximum Coverage provided for the first 60 days of a trip Covers travel outside of your province or territory or outside of Canada Available until the age of 80 If you have a pre-existing medical condition where symptoms have appeared or required medical attention, hospitalization or treatment (this includes changes in medication or dosage), and existed during the 9 months before your trip, expenses related to this condition are not included 	

	Health and Dental Choice A	Health Choice B	Health Choice C
Dental	<p>To be eligible for dental coverage, everyone on the application must have had dental coverage through your group benefits plan. Also, there's a 1-year waiting period before coverage begins for restorative services.</p>		
	Included		Optional
	<p>Preventive services Include:</p> <ul style="list-style-type: none"> Examinations and diagnosis Tests, x-rays, and lab exams White fillings Scaling and extractions Recall visits every 9 months Minor emergency treatment 	<ul style="list-style-type: none"> 80% reimbursement \$700 annual maximum 	<ul style="list-style-type: none"> 80% reimbursement \$700 annual maximum combined with restorative 80% reimbursement Year 1: \$750 annual maximum Year 2+: \$1,000 annual maximum combined with restorative
<p>Restorative services Include:</p> <ul style="list-style-type: none"> Endodontics Periodontics Oral surgery Crowns Onlays Bridges Dentures (and repairs) 	<ul style="list-style-type: none"> No coverage 	<ul style="list-style-type: none"> 50% reimbursement \$700 annual maximum combined with preventive 1-year waiting period before coverage begins 	<ul style="list-style-type: none"> 50% reimbursement \$1,000 annual maximum combined with preventive 1-year waiting period before coverage begins

¹ In-home nursing includes services of registered nurses, registered practical nurses or registered nursing assistants.

² Lifetime maximum applies to drug, supplemental health care, paramedical practitioners, vision and semi-private hospital room.

This summary does not provide full or complete product information. Your Sun Life representative can help you choose the options that can work for you.

With all plans, you'll also enjoy

> No annual deductible

You don't have to pay an annual deductible with Health Coverage Choice. That means we'll start reimbursing your claims as soon as you qualify for coverage.

> Your coverage information when and where you need it

You'll be able to see and manage your coverage through mysunlife.ca and the **my Sun Life mobile app**. This includes submitting claims electronically and getting reimbursed directly to your bank account. If you already have a sign-in ID and password from your workplace plan, you'll continue using them.

> Coverage anywhere in Canada

Since Health Coverage Choice is an individual policy, it goes where you go, anywhere in Canada, as long as eligibility criteria is still met.

> Access to Lumino Health

Lumino Health is Canada's largest health network. Get access to health-care providers, healthy tips and offers on products and services. In just a few clicks you can:

- **Find and book appointments** with health-care professionals in-person and virtually. Refine your search based on location, patient ratings and cost information. Favourite your providers for quick reference.
- **Discover health resources and offers** from a wide range of companies. Also, you may benefit from exclusive discounts on products and services. From vision and hearing to mental health, find exactly what you need.
- **Access health articles** that feature advice from health experts. Find information on fitness, food, mental health and more.

What you need to know

Am I eligible for Health Coverage Choice?

To be eligible, you must have been enrolled in a workplace or retiree group benefits plan within the past 60 days. Your spouse may also apply if they were enrolled in your workplace or retiree group benefits plan and are age 18 to 74.

Coverage is also available for your dependent children. Your 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 age 21. If your child is a full-time student at an educational institution recognized under the *Income Tax Act (Canada)*, they are an eligible dependent until the age of 25. They must also be entirely dependent on you for financial support.

Your child is also an eligible dependent if:

- They are physically or mentally unable to support themselves.
- They became so while they depended on you for financial support under one of the two age requirements above.

When will my coverage begin?

Your coverage will begin the day after your workplace or retiree group coverage ends.

What is the 10-day free look period?

If you look over your new policy and decide it doesn't meet your needs, you can cancel it with no obligation within 10 days of receiving it. We'll refund your money.

Régie de l'assurance maladie du Québec (RAMQ) – for residents of Quebec

It's mandatory for residents of Quebec to enrol for prescription drug coverage. Unless you're eligible for drug coverage through a private plan or a professional association (for example, your spouse's group benefit plan), you must enrol with RAMQ. To be eligible for any individual health plan such as Health Coverage Choice, you must be enrolled in RAMQ or another group plan that offers prescription drug coverage. That plan will pay drug expenses first. To claim any unpaid portion of your drug expenses at the pharmacy, you must send us the receipts by mail. Visit ramq.gouv.qc.ca > **Citizens** > **Prescription drug insurance** or call **1-800-561-9749**.

When can I cancel my policy?

You may cancel your policy at any time.

When will my coverage end?

Your coverage will end on the earliest of:

- 31 days after the premium due date, if you fail to make a payment;
- the last day of the month we receive your written request to end your coverage;
- the date you are no longer a resident of Canada;
- the date you are no longer covered by a provincial or territorial government health care plan; or
- the date of your death.

Spouse and/or dependent child coverage will end on the earliest of:

- the date of your or your spouse's death;
- 31 days after the premium due date, if you fail to make a payment;
- the last day of the month we receive your written request to end your coverage;
- the date your eligible spouse and/or dependent child no longer satisfies the eligibility requirements;
- the date your spouse and/or dependent child is no longer a resident of Canada; or
- the date your spouse and/or dependent child is no longer covered by a provincial or territorial government health care plan.

The emergency travel insurance coverage ends at age 80.

Waiting period for restorative dental

An insured person becomes eligible for restorative dental coverage one year after the start date of the policy.

Will my premiums change over time?

Premiums vary by age and by how much provincial and territorial health plans cover. This means your premium reflects how old each insured person is and in which province or territory they live. Your premium may change from time to time for a variety of reasons, including our claims experience for insured persons with similar policies, how long these policies remain active, and our expenses.

If your premium changes, we will give you at least 30 days written notice before the change is made.

How will I be billed?	You will be billed monthly. If there's an amount owing once your application is processed, you'll be charged as soon as possible. After that, on the date you choose.
Consequences for consumer non-disclosure or misstatements	It's important to give us accurate information when you apply. Otherwise, your policy may be cancelled or claims denied.
If I apply as a couple or family, can each person choose a different plan?	Everyone must choose the same plan when you apply for couple or family coverage.
How much does Health Coverage Choice cost?	A Sun Life representative can help you choose the Health Coverage Choice plan that fits your budget. We base your monthly premiums on: <ul style="list-style-type: none"> ➤ your age each year on the date your policy started; and ➤ the province or territory you live in.
How can I pay my premiums?	Paying for your policy is easy and convenient. You can pay by credit card or by setting up a pre-authorized payment from your bank account.
How do I use my drug card?	When you're buying prescription medicine from the pharmacy, show your Pay Direct Drug card to your pharmacist. The part that's covered by your plan will be paid automatically, so that you only have to pay the remainder. Please note that residents of Quebec don't get a drug card. Visit ramq.gouv.qc.ca > Citizens > Prescription drug insurance or call 1-800-561-9749 .
How do I submit a claim?	The fastest way to submit a claim is through the my Sun Life Mobile app . Sign in, swipe left to the Benefits tab, select Submit a claim and follow the instructions. You can also submit a claim online through mysunlife.ca . Sign in and select Submit a claim from the Benefits section on the Home page. Lastly, you can use a paper claim form. We've included a form in your Welcome Package. Once the form is complete, mail it with your original receipts to the address on the form.
Is there anything that Health Coverage Choice doesn't cover?	Health Coverage Choices doesn't reimburse for: <ul style="list-style-type: none"> ➤ expenses that we're not legally allowed to pay; ➤ services or items that we consider cosmetic; ➤ services or items that we consider experimental, for delivery, transportation and administration charges; ➤ services and products that are self-prescribed or are rendered or prescribed by a person who is ordinarily a resident in the insured person's home or who is related to the insured person by blood or marriage; ➤ services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, except as described in <i>Integration with government programs</i> unless explicitly listed as covered under this benefit; ➤ expenses for services or supplies that aren't approved by Health Canada or other government regulatory body for the general public; ➤ services or supplies that aren't usually provided to treat an illness, including experimental or investigational treatments. Experimental or investigational treatments mean treatments that are not approved by Health Canada or other government regulatory body for the general public; ➤ services or supplies that don't qualify as medical expenses under the <i>Income Tax Act (Canada)</i>; ➤ elective (non-emergency) medical treatment or surgery which is received or performed out of the province where the insured person lives, and ➤ any other exclusions or limitations that are specifically listed in the Health Coverage Choice policy. We will not pay benefits when the claim is for an illness resulting from: <ul style="list-style-type: none"> ➤ hostile action of any armed forces, insurrection or participation in a riot or civil commotion, and ➤ participation in a criminal offence.

We can help

➤ Speak to your **Sun Life representative** to learn more.

Respecting your privacy

Respecting your privacy is a priority for the Sun Life group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit sunlife.ca/privacy.

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