ADVISOR USE ONLY

HEALTH INSURANCE

Personal Health Insurance & Health Coverage Choice

ADVISOR GUIDE

What's inside

Sun Life

We help. You grow.

Contents

Overview

Sun Life offers two products that can protect Clients' finances and help them get the care they need: Personal Health Insurance (PHI) and Health Coverage Choice (HCC). These products lower the risk of being burdened by expenses for preventive care or medical bills as a result of an illness or accident.

Why have the PHI and HCC conversation with Clients?

The 2013 Sun Life Canadian Health Index™ report discovered that many Canadians expect to pay nothing for health services. The reality is that provincial health plans don't cover all medical expenses. This means there are gaps that can leave Clients financially devastated.

Here are some examples of expenses that could have a significant impact on Clients' finances:

- prescription drugs treatments for a chronic or critical illness
- emergency medical services provided in another country
- nursing care provided at home
- medical equipment to assist with mobility

Clients also want coverage to assist with the cost of services that help keep them healthy. Expenses for dental care and services such as chiropractic care, massage therapy and vision care add up quickly. Clients who travel might also want a plan that includes emergency travel medical coverage.

When you meet with Clients, have a conversation about their current health and dental coverage. Do they have enough protection? Are they worried about unplanned medical expenses? By introducing Clients to PHI and HCC, you can help alleviate their concerns and open the door to discussions about other health insurance needs. Customer research has shown that Clients who already own a health insurance product are more open to considering additional types of health coverage.[1]

In this guide, the ◎ symbol is used to identify a Sun Life competitive advantage. Please refer to page 37 for a summary of these competitive advantages.

[1] *Source: PMG Intelligence 2013*

The 2013 Sun Life Canadian Health Index™ report shows that many Canadians are unprepared for a major health event. The results reinforce the importance of talking to Clients about Sun Life health insurance solutions. The study found:

- 38% have no group health insurance coverage,
- 81% have no money saved specifically for health expenses,
- only 21% own personal health insurance, and
- 1 in 5 has no group or personal insurance, and no savings to cover major health expenses.

This significant target market represents an opportunity to build your business.

DID YOU KNOW?

Each province has its own prescription drug program. Check the provincial website when you're assessing a Client's current coverage.

What is the target market for PHI and HCC?

Certain Client groups are less likely to have adequate health and dental coverage or may be losing their coverage in the near future. These groups include people who are:

- self-employed, small business owners or employed by a small business,
- retired or nearing retirement,
- in contract or part-time positions,
- young individuals, couples and families,
- in group plans with limited coverage, or
- leaving or losing coverage under a group benefits plan.

Selecting the right product

After you review the Client's current coverage and determine they need additional coverage, how do you help them select the product that's right for them? Use this chart as a guide:

Personal Health Insurance	Health Coverage Choice
Medical underwriting required. Don't currently have adequate health insurance coverage or have limitations in their current coverage. Group benefits are ending and they're willing to go through medical underwriting. Small business owners offering this benefit to their key employees.	No medical underwriting is required. Clients are eligible if application is made within 60 days of leaving a workplace or retiree health benefits plan. When a Client's employment is ending, especially if they have a pre-existing medical condition. No eligible expenses are excluded for pre-existing medical conditions.[2] Want coverage as soon as possible. ***Tip:*** *Healthy Clients willing to be medically underwritten may wish to consider PHI as they can get higher coverage limits.*

To help a Client decide which product is best for them, discuss concerns they may have about health care expenses. For example, a Client leaving a group plan with pre-existing medical conditions may still be offered coverage for PHI with certain exclusions. A PHI Standard or Enhanced plan will give the Client some protection against catastrophic costs even though expenses related to their existing conditions may not be covered.

[2] *Eligible expenses and coverage limits will be different than Clients' previous group plan.*

Case study

Paul and Lindsay are both 62. Paul is retiring at the end of the year; Lindsay retired two years ago. Their workplace or retiree health benefits plan coverage ends when Paul retires.

Paul is healthy and Lindsay manages her high blood pressure with medication. They both have regular dental checkups and go to a registered massage therapist periodically.

They're confident they can manage Lindsay's existing medication costs on their own, but are concerned about other medical expenses they may encounter during retirement. So they're working with their advisor Brian, to determine whether they should apply for additional coverage.

Brian recommends they apply for PHI because it offers higher coverage limits than HCC. They're both approved for coverage, but due to Lindsay's high blood pressure, she has some exclusions. With their PHI plan in place, they're more confident they can continue to get the health care they need and manage unexpected expenses during retirement.

Product at a glance

The table below outlines the PHI and HCC products to help you determine the best plan for Clients.

Plan details	PHI	HCC
Types of plans available	• Basic plan • Standard plan • Enhanced plan	• Health and dental choice A (HCC A) • Health choice B (HCC B) • Health choice C (HCC C)
Coverage options available	• Single-person coverage for individuals • Multi-person coverage for couples or families • Joint ownership not allowed • Optional benefits available • Plans can't be customized	• Single-person coverage for individuals • Multi-person coverage for couples or families • Joint ownership not allowed • Optional benefits available • Plans can't be customized
Issue ages	• 69 or younger on the PHI application date • Renewable for Clients age 70 and over	• 74 or younger on the HCC application date • Renewable for Clients age 75 and over
Eligibility requirements	• Resident of Canada • Covered under provincial or territorial health insurance • Quebec residents must also have group drug coverage provided through an employer or through a membership in an order or association or, if not, through RAMQ • Must be the policy owner or related to the policy owner (see complete details on page 24)	• Resident of Canada • Covered under provincial or territorial health insurance • Quebec residents must also have group drug coverage provided through an employer or through a membership in an order or association or, if not, through RAMQ • Have been covered under a group plan within 60 days prior to the HCC application date • Must be the policy owner or related to the policy owner (see complete details on page 24)
Renewability, expiry, convertibility	• Renewable for Clients age 70 and over • Standalone, guaranteed renewable plans • Renewable every year • Non-convertible • Emergency travel medical benefit on Standard and Enhanced plans expires on the insured person's 80th birthday	• Renewable for Clients age 75 and over • Standalone, guaranteed renewable plans • Renewable every year • Non-convertible • Emergency travel medical benefit on HCC B and C plans expires on the insured person's 80th birthday
Premium determined by	• Age • Plan type • Province of residence • Any rating for build	• Age • Plan type • Province of residence

The table below is a continuation of the PHI and HCC products chart on the previous page.

Plan details	PHI	HCC
Underwriting decisions	The costs of medications, the disease process and any pre-existing conditions are taken into consideration. Decisions: • Standard issue • Modified – offer made with exclusions because of pre-existing condition or treatment. There may be a rating because of a person's medical history. • Declined – coverage isn't available if the applicant: – is awaiting doctor-recommended tests or investigations, – has a pending surgery, or – has had certain illnesses or conditions (see the Underwriting section for a partial list).	• Clients must apply within 60 days of leaving their workplace or retiree health benefits plan • No medical evidence is required • If optional dental is chosen, Clients must also have had dental coverage through their group plan
Administration/ policy fee	• None	• None

Plan details – Personal Health Insurance (PHI)

Prescription drugs

Now that you have a general overview of both products, it's time to dig deeper so you can better help Clients. This table outlines the plan details for the PHI product.

Basic plan	Standard plan	Enhanced plan
• 60% reimbursement • $750 annual maximum • Excludes oral contraceptives • Up to $5 paid towards dispensing fee on prescriptions	• 70% reimbursement on first $7,000 of annual eligible expenses ($4,900 paid expenses) • 100% reimbursement on next $93,000 of annual eligible expenses • Excludes oral contraceptives • Full coverage of reasonable and customary dispensing fees	• 80% reimbursement on first $5,000 of annual eligible expenses ($4,000 paid expenses) • 100% reimbursement on next $245,000 of annual eligible expenses • Includes oral contraceptives • Full coverage of reasonable and customary dispensing fees
All three plans include: • Pay Direct drug card for residents outside of Quebec (this card is not available in Quebec*) • No deductible • Smoking cessation medication ($250 lifetime maximum) • Access to my Sun Life Mobile app		

** For Quebec residents, the Pay Direct drug card isn't available. They'll need to complete a claims form and submit it after they've applied for reimbursement under their provincial plan or group benefits plan.*

Supplemental health care

This table outlines the plan supplemental health care details for the PHI product.

	Basic plan	Standard plan	Enhanced plan
	• 60% reimbursement[3] • No deductible	• 100% reimbursement[3] • No deductible	• 100% reimbursement[3] • No deductible
Hearing aids	• $400 maximum every five years	• $500 maximum every five years	• $600 maximum every five years
Accidental dental	• $2,000 per fracture or injury		
Ambulance	• Ground and air ambulance services		
In-home nursing[4] and home care	• $2,500 annual maximum and a $20,000 lifetime maximum combined with medical equipment and services	• Combined $5,000 annual maximum and a combined $25,000 lifetime maximum	• Combined $10,000 annual maximum and a combined $30,000 lifetime maximum
Medical equipment and services	The following items have a $2,500 annual maximum and a $20,000 lifetime maximum combined with in-home nursing:	The following items have a $5,000 annual maximum:	The following items have a $5,000 annual maximum:
Quebec only: Medically necessary MRI, ultrasounds, CAT and CT scans	• $750 combined annual maximum	• Reasonable and customary services and charges	• Reasonable and customary services and charges
Orthopedic shoes	• $150 annual maximum	• $225 annual maximum	• $250 annual maximum
Blood glucose monitor	• $150 every five years	• $300 every five years	
Medically necessary wigs and hair pieces	• $100 annual maximum	• $500 lifetime maximum	
Wheelchairs, walkers, traction kits	• $1,000 lifetime maximum	• $4,000 lifetime maximum	
Hospital bed, oxygen, continuous glucose monitor	• Reasonable and customary services and charges	• $1,500 lifetime maximum for hospital beds	
Splints, crutches		• $500 annual maximum	
Prosthetic appliances (e.g. artificial limbs)	• Reasonable and customary services and charges	• Reasonable and customary services and charges • Breast prosthesis: $200 annual maximum	

[3] *See maximums listed in chart.*
[4] *In-home nursing includes services of registered nurses, registered practical nurses or registered nursing assistants.*

Paramedical practitioners

This table outlines the plan paramedical practitioner details for the PHI product.

Basic plan	Standard plan	Enhanced plan
• 60% reimbursement • $25 maximum per visit • Psychologist/Social worker maximum - $35/visit up to $500/year • Up to $250 per year, per type of practitioner	• 100% reimbursement • No per visit maximum • Psychologist/Social worker maximum - $1000/year • Up to $300 per year, per type of practitioner	• 100% reimbursement • No per visit maximum • Psychologist/Social worker maximum - $1500/year • Up to $400 per year, per type of practitioner

Paramedical practitioners include:

- Chiropractors, including one x-ray examination per calendar year
- Registered massage therapists
- Naturopaths and acupuncturists
- Osteopaths, including one x-ray examination per calendar year
- Physiotherapists
- Podiatrists or chiropodists, including one x-ray examination per calendar year
- Speech language pathologists
- Psychologist/Social worker

Note: *Clients must apply to their province of residence as first payor. The Client can submit a claim to us for the unpaid portion.*

Dental

This table outlines the plan dental details for the PHI product.

	Basic plan	Standard plan	Enhanced plan
Preventive	• 60% reimbursement • $500 annual maximum	• Optional benefit • 70% reimbursement • $750 annual maximum	• Optional benefit • 80% reimbursement • $750 annual maximum
	Preventive services include: • Exams, diagnosis, tests, x-rays, lab exams • Space maintainers for children under 12 years of age • Pit and fissure sealant for children under 19 years of age • A three month waiting period before coverage begins • White fillings • Scaling, minor extractions • Nine month recall visits		
Restorative	• No coverage	• No coverage	• Optional benefit • 50% reimbursement • $500 annual maximum • One year waiting period before coverage begins • Includes endodontics, periodontics, oral surgery, crowns, onlays, bridges, dentures (and repairs)
Orthodontics	• No coverage	• No coverage	• Optional benefit • 60% reimbursement • $1,500 lifetime maximum • Two year waiting period before coverage begins

Vision care

This table outlines the plan vision care details for the PHI product.

Basic plan	Standard plan	Enhanced plan
• No coverage	• 100% reimbursement • $250 maximum every two years ($300 maximum every two years for Enhanced), including $50 maximum per eye exam • One year waiting period before coverage begins • Prescription eye glasses, contact lenses, sunglasses and laser eye surgery	

Emergency travel medical

This table outlines the plan emergency travel medical details for the PHI product.

Basic plan	Standard plan	Enhanced plan
• No coverage	• 100% reimbursement • $1 million lifetime maximum • Coverage provided for the first 60 days of a trip • Covers travel outside of the Client's province and outside of Canada • Multiple trips allowed • Coverage ends on the insured person's 80th birthday. • If the Client has 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 nine months before their trip, expenses related to this condition aren't included	

Semi-private hospital room

This table outlines the plan semi-private hospital room details for the PHI product.

Basic plan	Standard plan	Enhanced plan
Consider adding the optional benefit of a semi-private hospital room to any of the three plans. This will provide you with: • 85% reimbursement • Coverage up to $200 daily and $5,000 annually • Convalescent hospital: $20 per day, up to 180 days per incident		

Note: *Premiums for PHI plans are reviewed each year and may change. We give the policy owner 30 days' notice if premiums are changing. The change is based on the experience of an entire age group within a plan series; it'll never change for a single individual based on their personal experience.*

Plan details – Health Coverage Choice (HCC)

Prescription drugs

Review the table below for details on the HCC product.

Health and dental choice A	Health choice B	Health choice C
• 80% reimbursement • $500 annual maximum • Up to $5 paid towards dispensing fee on prescriptions	• 80% reimbursement • $1,300 annual maximum • Full coverage of reasonable and customary dispensing fees	• 80% reimbursement • $2,600 annual maximum • Full coverage of reasonable and customary dispensing fees
All three plans include: • Pay Direct drug card for residents outside of Quebec (this card is not available in Quebec*) • No deductible • Smoking cessation medication ($250 lifetime maximum) • Access to my Sun Life mobile app		

** For Quebec residents, the Pay Direct drug card isn't available. They'll need to complete a claims form and submit it after they've applied for reimbursement under their provincial plan or group benefits plan.*

Supplemental health care

This table outlines the plan supplemental health care details for the HCC product.

	Health and dental choice A	Health choice B	Health choice C
	• 80% reimbursement[5]	• 100% reimbursement[5]	• 100% reimbursement[5]
Hearing aids	• $300 maximum every five years	• $400 maximum every five years	• $600 maximum every five years
Accidental dental	• $2,000 per fracture or injury	• $5,000 lifetime maximum	
Ambulance	• Ground ambulance services		
	• No coverage for air ambulance		• Air ambulance $5,000 maximum per incident
In-home nursing[6] and home care	• $2,500 annual maximum and a $20,000 lifetime maximum combined with medical equipment and services	• $5,000 annual maximum and a $25,000 lifetime maximum	
Medical equipment and services	The following items have a $2,500 annual maximum and a $20,000 lifetime maximum combined with in-home nursing:	The following items have a combined $2,500 annual maximum:	The following items have a combined $5,000 annual maximum:
Quebec only: Medically necessary MRI, ultrasounds, CAT and CT scans	• No coverage	• Reasonable and customary services and charges	• Reasonable and customary services and charges
Orthopedic shoes	• $200 annual maximum	• $250 annual maximum	
Blood glucose monitor	• $150 every five years	• $250 every five years	• $300 every five years
Medically necessary wigs and hair pieces	• $100 annual maximum	• $350 lifetime maximum	• $500 lifetime maximum
Wheelchairs, walkers, traction kits	• $1,000 lifetime maximum	• $4,000 lifetime maximum	
Hospital bed, oxygen, continuous glucose monitor	• Reasonable and customary services and charges	• $1,500 lifetime maximum for hospital beds	
Splints, crutches		• $300 annual maximum	• $500 annual maximum
Prosthetic appliances (e.g. artificial limbs)	• Reasonable and customary services and charges	• Reasonable and customary services and charges • Breast prosthesis: $200 annual maximum	

[5] *See maximums listed in chart.*
[6] *In-home nursing includes services of registered nurses, registered practical nurses or registered nursing assistants.*

Paramedical practitioners

This table outlines the plan paramedical practitioner details for the HCC product.

Health and dental choice A	Health choice B	Health choice C
• 80% reimbursement • $25 maximum per visit • Up to $250 annually per type of practitioner, except psychologists • Psychologist/Social worker – $60/visit up to maximum $300 annually	• 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/visit up to seven visits	• 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/visit up to 10 visits
Paramedical practitioners include: • Chiropractors, including one x-ray examination per calendar year • Registered massage therapists • Naturopaths and acupuncturists • Osteopaths, including one x-ray examination per calendar year • Physiotherapists • Podiatrists or chiropodists, including one x-ray examination per calendar year • Speech language pathologists		

Note: *We may change rates each year. If we do change the rates, we'll send the policy owner written notice 30 days before the change.*

Vision care

This table outlines the plan vision care details for the HCC product.

Health and dental choice A	Health choice B	Health choice C
All three plans include: • 100% reimbursement • $150 maximum every two years ($200 maximum every two years for Health choice B or $300 maximum every two years for Health choice C), including $50 maximum per eye exam • Coverage of prescription eyewear, contact lenses, prescription sunglasses and laser eye surgery		

Emergency travel medical

This table outlines the plan emergency travel medical details for the HCC product.

Health and dental choice A	Health choice B	Health choice C
• No coverage	• 100% reimbursement • $1 million lifetime maximum • Coverage provided for the first 60 days of a trip • Covers travel outside of the Client's province and outside of Canada • Multiple trips allowed • Coverage ends on the insured person's 80th birthday • If a Client has 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 nine months before their trip, expenses related to this condition aren't included	

Semi-private hospital room

This table outlines the plan semi-private hospital room details for the HCC product.

Health and dental choice A	Health choice B	Health choice C
• 50% reimbursement • $5,000 annual maximum	• $175 daily maximum	• $200 daily maximum
	• 85% reimbursement • $5,000 annual maximum • Convalescent hospital: $20 per day, up to 180 days per incident	

Eligible expense limits

This table outlines the plan Eligible expense limits details for the HCC product.

Health and dental choice A	Health choice B	Health choice C
• $250,000 lifetime maximum[7]		• $300,000 lifetime maximum[7]

[7] *Lifetime maximum applies to drug, supplemental health care, paramedical practitioners, vision and semi-private hospital room.*

Dental

Clients may also want dental coverage. Review the dental options in this table and help Clients pick the choice that meets their needs.

Note: Dental coverage is an optional benefit. To be eligible for dental coverage, everyone on the application must have had dental coverage through the Client's group benefits plan. Preventive and major restorative dental coverage are optional benefits you can offer Clients to add to Health choice B or C.

<table>
<tr><th></th><th>Health and dental choice A</th><th>Health choice B</th><th>Health choice C</th></tr>
<tr><td rowspan="2">Preventive</td><td>• Included
• 80% reimbursement
• $700 annual maximum</td><td>• Optional benefit
• 80% reimbursement
• $700 annual maximum combined with restorative</td><td>• Optional Benefit
• 80% reimbursement
• Year 1: $750 annual maximum
• Year 2+: $1,000 annual maximum combined with restorative</td></tr>
<tr><td colspan="3">Preventive services include:
• Examinations and diagnosis
• Tests, x-rays and lab exams
• White fillings
• Space maintainers for children under 12 years of age
• Scaling and extractions
• Pit and fissure sealant for children under 19 years of age
• Recall visits every nine months
• Minor emergency treatments</td></tr>
<tr><td rowspan="2">Restorative</td><td rowspan="2">• No coverage</td><td>• Optional Benefit
• 50% reimbursement
• $700 annual maximum combined with preventive
• One year waiting period before coverage begins</td><td>• Optional Benefit
• 50% reimbursement
• Year 1: No coverage
• Year 2+: $1,000 annual maximum combined with preventive
• One year waiting period before coverage begins</td></tr>
<tr><td colspan="2">Restorative services include:
• Endodontics
• Periodontics
• Oral surgery
• Crowns
• Onlays
• Bridges
• Dentures (and repairs)</td></tr>
</table>

Features and benefits

TIP! *We'll point out the different HCC plan levels through the guide using these short forms:*
HCC A = Health and dental choice A
HCC B = Health choice B
HCC C = Health choice C

Prescription drugs

Many Clients are concerned about paying for prescription drugs. These costs can add up over time and be catastrophic when dealing with a serious or chronic illness. PHI and HCC plans offer different levels of prescription drug coverage, including catastrophic drug coverage on PHI Standard and Enhanced plans.

For example, a person with eligible drug expenses of $20,000 in one year would be reimbursed at $17,900 under a PHI Standard plan. Under a PHI Enhanced Plan, that person could expect $19,000 to be reimbursed.

Where available, Clients must first submit drug coverage claims to their provincial plan. Any eligible unpaid claims can then be submitted to Sun Life. A formulary is the list of drugs covered by a drug plan. Some prescribed drugs may not be on the provincial formulary but may be covered by the more extensive PHI or HCC formulary.

The drug formularies for PHI and HCC include both generic and brand name drugs. Clients can use the **my Sun Life Mobile app** to learn about a drug and potential generic or therapeutic drug alternatives (effective October 2014).

Drug coverage in Quebec

Residents of Quebec are required to have group drug coverage either through a workplace or retiree health benefits plan provided by an employer, membership in an association or order, or the Régie de l'assurance maladie du Québec (RAMQ). All prescription drug claims must be first submitted to RAMQ or their workplace or retiree health benefits plan.

Supplemental health care

Supplemental health care expenses covered under the PHI and HCC plans include:

- hearing aids,
- accidental dental,
- ambulance,
- in-home nursing,
- home care (PHI only), and
- medical equipment and services.

These items and services can help Client's recover from illness and accidents or help improve their quality of life when coping with chronic illness or aging.

In-home nursing and home care

The services of registered nurses, registered practical nurses and registered nursing assistants are covered when the services of a nurse are required. PHI Basic, Standard and Enhanced plans include home care services, which cover personal care services performed by a certified home support worker. A certified home support worker is a person who's authorized to provide personal care services such as bathing, dressing, patient transfer and medication reminders. Certified home support workers may have different titles depending on the province where care is provided. For example, in Ontario a common title is Personal Support Worker; in Alberta, Health Care Aid is used.

DID YOU KNOW?

There's a 90% chance that one member of an average 65-year-old couple will suffer a significant health condition before age 93.[8]

Case study

Catherine is 67. She recently had knee replacement surgery and is temporarily unable to perform certain activities of daily living. Catherine's doctor feels she needs 10 hours of help from a certified home support worker each week for a month. The maximum coverage she is eligible for through her provincial plan is five hours per week. Catherine has a PHI Enhanced plan that provides up to $10,000 a year and a $30,000 lifetime maximum for in-home nursing and home care services combined. Sun Life's pre-approval process determines that her PHI Enhanced plan will pay for the additional five hours of care that Catherine needs for the four-week period.

[8] *Sun Life Interpretation of "2008 Canadian Critical Illness (CANCI) tables" published by the Canadian Institute of Actuaries in July 2012 and the "Canadian Pensioners' Mortality Table" published by the Canadian Institute of Actuaries in 2014.*

Paramedical practitioners

The services provided by paramedical practitioners can help a person recover from an accident or injury and assist with maintenance. Chiropractors, registered massage therapists, physiotherapists and psychologists/social workers are examples of paramedical practitioners whose services are covered under PHI and HCC plans.

PHI Standard and Enhanced plans don't have a per-visit maximum.

Dental

Regular checkups and cleanings are important for maintaining oral health and overall well-being.

Preventive dental coverage for oral health maintenance is either included or optional on all plans. Reimbursement for restorative dental services such as endodontics, periodontics and oral surgery is part of the optional dental coverage in PHI Enhanced and HCC B and HCC C plans.

PHI Enhanced plans with dental also includes coverage for orthodontics.

Vision care

Regular eye exams can identify symptoms of other health problems. Vision care is included in all plans except PHI Basic. It helps cover the purchase of prescription glasses, contact lenses and an eye exam every two years.

Emergency travel medical

All plans, except for PHI Basic and HCC A, include coverage for unexpected emergency medical services performed outside an insured person's home province if they occur within the first 60 days of the trip. Coverage remains in force until the insured person's 80th birthday.

There are certain limits on coverage under the emergency travel medical benefit. For example, we may require the attending physician to provide medical evidence certifying that the insured person's medical condition was stable for a minimum period of nine months before the insured person traveled outside the province where they live in. Encourage Clients to read their contracts to understand their coverage. The following case study demonstrates how Clients with pre-existing conditions can still benefit from emergency travel medical coverage with a PHI or HCC plan.

Case study

John is 67 years old with a heart condition. But that hasn't stopped him from spending two months in Florida every year.

On the way to the golf course, John's car was hit by another driver who ran a red light. He suffered a broken leg and was taken to the hospital where he needed x-rays, a cast and pain medications. Immediately after the accident, John's wife called our emergency travel assistance provider to determine coverage. Fortunately John had a PHI Standard plan which included emergency medical travel insurance. Because John's medical emergency wasn't related to his heart condition, his medical bills were covered.

Semi-private hospital room and convalescent hospital

Coverage for a semi-private hospital room is included on all HCC plans and optional on all PHI plans. A semi-private hospital room is valuable when more privacy is wanted. Ward rooms are typically occupied by four patients.

This benefit includes coverage for accommodation in a convalescent hospital, except on HCC A. A Client may stay in a convalescent hospital when recovering from an injury or illness.

Applying for PHI or HCC

Eligibility and issue ages

When a Client is ready to apply, check to see if they meet the eligibility criteria and issue age requirements.

Requirements	PHI	HCC
Issue ages	69 or younger on the PHI application date (renewable for age 70 and over)	74 or younger on the HCC application date (renewable for age 75 and over)
Criteria	• Resident of Canada • Covered under provincial or territorial health insurance • Policy owner, or related to the policy owner in one of the following ways: - legally married to the policy owner or in a civil union, - living with the policy owner in a conjugal relationship and represented as a spouse or partner, or - an unmarried natural, adopted or step child who's entirely dependent for maintenance and support and who's: **a)** under 21 years of age, **b)** under 25 years of age and attending a college or university full time, or **c)** physically or mentally incapable and became incapable while entirely dependent on the policy owner for maintenance and support while eligible under a) or b) above. All insured persons must meet and continue to meet the above criteria while the policy is in force.	
Previous group coverage	Not applicable	Every person included on the application must have had similar coverage under a workplace or retiree health benefits plan within 60 days of the application date. For example, to apply for HCC with dental coverage, the applicant must have had dental coverage through their group plan.
Quebec resident requirement	Quebec residents must have and continue to have group drug coverage through an employer, a membership in an order or association or, if not, through RAMQ.	

Renewability, expiry, convertibility

- Premiums for PHI are renewed each year and may change. The policy owner is given at least 30 days notice if premiums are changing.
- As long as premiums are paid and up-to-date, the plan does not expire until the policy owner cancels it or is on their death.
- The Emergency travel medical benefit on PHI Standard and Enhanced and HCC B and HCC C plans expires on the insured person's 80th birthday.
- These plans aren't convertible.

DID YOU KNOW?

Premiums for PHI plans are reviewed each year and may change. Sun Life gives the policy owner at least 30 days notice if premiums are changing. The change is based on the experience of an entire age group within a plan series; it'll never change for a single individual based on their personal experience.

Optional benefits

Before finishing an application, be sure to review and discuss the optional benefits with Clients.

Requirements	PHI	HCC
Dental coverage	• Available for Standard and Enhanced plans • Selected at the time of application • Optional benefit ends when the base plan ends • Premiums and banding are determined in the same way as the base plan	• Available for HCC B and HCC C • Must have had dental coverage under their group benefits plan • Selected at time of application • Optional benefit ends when the base plan ends • Premiums and banding are determined in the same way as the base plan
Semi-private hospital room and convalescent hospital	• Available on all three plan types • Benefit ends when the base plan ends • Premiums and banding are determined in the same way as the base plan	• Automatically included on all HCC plan types

DID YOU KNOW?

Couples and family members must choose the same plan type and optional benefits for each insured person.

Premium details and rates

The premium is based on the age of each insured person and the province where they live. A premium may be rated because of the insured person's build. A rating can result in premiums up to two times the standard rate.

- Rates aren't guaranteed. Sun Life reviews the rates annually and has the right to change the premiums as long as we provide at least 30 days written notice to the policy owner.
- Rates may change because of a change in our overall claims experience and can never change for just one individual as a result of their experience. Any rate changes will be applied on the next anniversary of the policy.
- When the insured person moves into the next age band, the premiums will change on their next policy anniversary.
    - PHI age bands are: under 30 years of age, ages 30-44, ages 45-54 and increase by five year increments until age 84. The last band is age 85 and over.
    - HCC ages bands are: under 45 years of age, ages 45-54 and increase by five year increments until age 84. The last band is age 85 and over.
- Couple rates are available when both adults have chosen the same plan type. However, rates are charged on a per person basis. For example, if a man is over 65 and his spouse is under 65, they're charged the couple rate for their individual age bands.
- A discount isn't available for multiple sales or annual payments.

PHI and HCC rates are based on our claims experience, which reflects the coverage Clients have through their province. This is why rates are different in each province. This also is why Clients in many provinces will see their premium decrease when they turn 65. Often at age 65, Clients will have access to more provincial coverage, such as the Ontario Drug Benefit for residents of Ontario. Clients can still benefit from having PHI or HCC after 65 because there remain gaps in coverage.

DID YOU KNOW?

Clients can pay their premiums by:

- *Monthly pre-authorized chequing withdrawals (PAC)*
- *Monthly or annual credit card payments*
- *Annual cheque (for paper applications only)*

Grace period

The grace period for the payment of premiums is 30 days and is allowed for each premium except the first. During the grace period, insurance remains in force and premiums continue to be payable. The policy will be terminated when payment hasn't been made before the grace period ends.

Application process

PHI and HCC have separate applications that the Client can complete on their own or with you, using either the paper application or the web application link from the advisor site. The Client's application will be processed faster if:

- the application is completed fully and includes all relevant information about their overall health, and
- they use the online web application link from the advisor site. As a reminder, sunlife.ca is for direct-to-consumer sales only. Commissions won't be paid on applications submitted through that channel.

As the advisor, you earn an extra two per cent first year commission (FYC) for web applications.

TIP! *If a Client is within 60 days of leaving their group benefits plan and is concerned about qualifying, they can apply for both PHI and HCC. This ensures they don't miss the 60-day HCC eligibility window.*

For information on how to submit the application, please refer to the advisor site or contact the advisor service centre at ***1-877-272-2020****. If a Client applies for both PHI and HCC and is approved for HCC, the policy will be issued. If the PHI plan is approved, the Client can decide which plan to keep. The PHI administration team will ensure there are no gaps in coverage between the PHI and HCC plans.*

How to apply

Clients can apply using a paper application or the web application link from the advisor site with you.

We require the following information to complete an application.

<table>
<tr><th>Personal Health Insurance</th><th>Health Coverage Choice</th></tr>
<tr><td colspan="2">Step 1: Collect the required information
• The birth date of each person included on the application.
• Payment information which may be either:
– Credit card number (Visa or MasterCard) and expiry date, (Visa debit and prepaid credit cards aren't accepted as a form of payment), or
– Chequing account information if premiums will be withdrawn from their bank account.
• Web applications paying by pre-authorized chequing (PAC) must include a completed Personal Health Insurance – Pre-authorized chequing (PAC) for web applications (form E4392).
• Paper applications must be accompanied by a void cheque.
• Quebec residents who apply online need to complete and return the Personal Health Insurance (Québec residents) – Confirmation of coverage through a group benefits plan or through Régie de l'assurance maladie du Québec (RAMQ) (form E4584).</td></tr>
<tr><td>• The name and dosage of any prescription drugs for each person included in the application
• The name and address of each person's family doctor</td><td>• Details of their former group benefits plan including:
– name of employer and phone number,
– name of the insurance company that provided the benefits plan,
– group policy number and certificate number they used for submitting claims, and
– date the group benefits ended.</td></tr>
<tr><td colspan="2">Step 2: Complete the application
To apply for PHI/HCC electronically, go to the advisor site to access the electronic application from the chosen product's landing page. You can use this application with a Client face-to-face or you can send the Client a link to complete on their own, unless they're a Quebec resident.*</td></tr>
<tr><td>To apply for PHI using the paper version, complete the Personal Health Insurance Application (form E3494).</td><td>To apply for HCC using the paper version, complete the Health Coverage Choice Application (form E4065).</td></tr>
<tr><td colspan="2">Mail completed print applications and any additional required forms to:
Sun Life Assurance Company of Canada
Personal Health Insurance
227 King Street South
P.O. Box 1601 Stn Waterloo
Waterloo ON N2J 4C5</td></tr>
</table>

** As a result of a new legal framework that came into effect June 13, 2019 for Clients in Quebec, the online direct sales process must be similar to working with an advisor.*

Things to remember

- You need to provide Clients with the most up-to-date application forms. If you don't use the most recent application forms available, you may be asked to have the Client complete and re-submit an up-to-date application form.
- If a Client chooses a PAC date that is different from the effective date of the policy, two full premium withdrawals will be processed in the first 30 days.
- Please ask the Client to read their contract carefully. There are waiting periods for some benefits.

Underwriting

PHI has different underwriting guidelines than life insurance or critical illness insurance. An underwriter can often make a decision based on the information provided in the application. We'll be able to process a Client's application faster if the application is completed in full, including all information relevant to the Client's overall health. PHI underwriters take into consideration the proposed insured's medical history including pre-existing conditions.

HCC doesn't require underwriting.

DID YOU KNOW?

A pre-existing condition or treatment is identified where a Client has symptoms, received medical treatment, care, advice or diagnosis was recommended or received for any injury, illness, disease or sickness before the date the application was signed.

Underwriting decisions

- Standard issue
- Modified – offer made with exclusions because of pre-existing condition or treatment. There may be a rating because of a person's medical history.
- Declined – Coverage isn't available if the Client:
  - is currently awaiting doctor recommended tests or investigations,
  - has a pending surgery, or
  - has had any of the following illnesses or conditions, listed in the section below:

Pre-existing illnesses or conditions that will be declined

This is a partial list of common conditions that result in uninsurability. There may be others that may also be uninsurable. Please don't submit an application for coverage if the Client has any of the following conditions:

- AIDS or tested positive for HIV within the last 12 months
- Alzheimer's disease
- Amyotrophic Amyotrophic lateral sclerosis (ALS) / Lou Gehrig's disease
- Angina within the last five years
- Anorexia nervosa / bulimia within the last five years
- Anxiety, depression or mood disorder resulting in hospitalization within the last 12 months
- Cancer (within the last 5 years)
- Cardiac arrest
- Cardiomyopathy
- Cerebral palsy
- Carebral aneurysm unoperated
- Cirrhosis of the liver
- Clinically isolated syndrome
- Coronary artery disease (CAD) including treatment by angioplasty or coronary bypass grafting (CABG) within the last five years
- Cystic fibrosis
- Dementia
- Drug / alcohol abuse (within the last five years)
- Dystonia
- Heart attack within the last five years
- Heart valve replacement within the last five years
- Hepatitis B, C, D (chronic)
- Height and weight – BMI more than 45
- Hydrocephalus
- Huntington's chorea
- Kidney failure
- Liver disease (chronic)
- Lupus systemic / erythematosus
- Major organ transplant (bone marrow, liver, kidney, heart, lung)
- Multiple sclerosis
- Muscular dystrophy
- Neurogenic bladder
- Parkinson's disease
- Polycystic kidney disease (PCKD)
- Permanent paralysis
- Stroke (cerebral vascular accident) within the last 5 years
- Suicide attempt within the last three years

Post issue changes – PHI

After a policy has been issued, the policy owner has 30 days to make a change to the policy without providing medical evidence.

Dental option on PHI Standard and Enhanced plans

The dental option can be removed at any time, but it can only be added to a Standard or Enhanced plan:

- when the Client applies for coverage, or
- within the first 30 days after the policy was issued.

To add the dental option, policy owners need to fill out the Personal Health Insurance – Add optional benefit (form E327).

If a Client wants to add the dental option after the first 30 days, they must complete a new application and provide medical evidence to include dental coverage.

Semi-private hospital room coverage on all PHI plans

The policy owner can add or remove semi-private hospital coverage at any time, subject to underwriting approval. To add the optional benefit, the Client needs to provide medical information for each insured person.

Adding a spouse, dependents or both

Policy owners can apply for their family members to be added as long as they meet the eligibility requirements and provide necessary medical evidence. When adding a spouse or dependent, policy owners must fill out the Personal Health Insurance – Add family member (form E323).

The policy owner may add legally adopted and step children as long as they're entirely dependent on the policy owner for maintenance and support and are:

a) Under the age of 21, or

b) Under the age of 25 and attending college or university full time, or

c) Physically or mentally incapable and became incapable while entirely dependent on the policy owner for maintenance and support while eligible under a) or b) above.

Newborn children can be added to the plan without medical evidence if the Personal Health Insurance – Add family member (form E323) is completed within 30 day of the child's birth.

Post issue changes – HCC

Clients can make changes to their HCC plan as long as they're still within the 60-day-eligibility window. After the 60-day window, the Client can only remove the dental option.

Dependents or spouses may be added to a policy as long as they meet the eligibility criteria. Any newborn children can be added within 30 days of birth using the Personal Health Insurance – Add family member (form E323).

Right to cancel a policy

The policy owner may cancel the policy at any time by sending a written request to the Sun Life's Waterloo office. Ten days' notice is required before cancellation to avoid paying an additional month's premium.

DID YOU KNOW?

When a policy owner cancels their policy within 10 calendar days after issue, we'll refund the premiums paid. The 10 days begins five business days after the policy has been issued. Quebec policy owners have 30 calendar days from the date they receive their welcome package or 60 days from the date of issue, whichever date is earlier.

The cancellation request must be received in writing. If a claim has been made, no premiums will be refunded.

Making a claim

Claims for eligible expenses can be submitted:

- using the **Sun Life Mobile App**,
- online at **www.mysunlife.ca**, or
- by paper, using the appropriate form listed below and sending it to the address on the form.

We must receive eligible claims within 12 months of the date the eligible expense was incurred. Claims submitted more than 12 months after the expense was incurred aren't eligible. If the policy ends, we must receive all eligible claims within three months of the policy end date.

My Sun Life Mobile

PHI and HCC policy owners can use their mobile device to manage their policy through the **my Sun Life Mobile app**. Many Clients find the mobile app makes it easy for them to:

- submit claims for vision, paramedical and dental (if applicable) for automatic processing,
- receive payment in their bank account within 48 hours,
- view the payment status of recent claims,
- access their drug and travel cards (if applicable),
- access interactive financial planning tools, and
- get detailed information about a drug, how it works and potential generic or therapeutic drug alternatives, excludes Quebec Clients (effective October 2014).

Web services

PHI and HCC policy owners can visit **mysunlife.ca** to:

- submit claims online for vision, paramedical and dental (if applicable),
- receive payment directly in their bank account,
- print claim forms,
- view their coverage details and history, and
- view eligible prescription drugs.

To register for web services

- Mobile: go to **mysunlife.ca**
- Web service: go to **mysunlife.ca** or call **1-877-SUN-LIFE (1-877-786-5433)**.

Clients need their policy number (037000) and their ID number (shown on their policy) to register.

The **my Sun Life Mobile app** and web service are available to Sun Life group benefits Clients. PHI or HCC policy owners may see wording related to a group plan that's not applicable to them, but the coverage details are correct.*

Paper claims

Some claims can only be submitted using a paper form. For example: claims for medical equipment. If Clients prefer, claims for vision, paramedical or dental (if applicable) can also be submitted using a paper form instead of the web.

To make a dental claim, the policy owner completes: *Dental claim for Personal Health Insurance* (form E4137).

To make a health claim, the policy owner completes: *Extended Health Care claim for Personal Health Insurance* (form E4136).

Submit completed forms and original receipts to the nearest claims office:

Sun Life Assurance Company of Canada
PO Box 11658 Stn CV
Montreal QC H3C 6C1

Sun Life Assurance Company of Canada
PO Box 2010 Stn Waterloo
Waterloo ON N2J 0A6

Paying for prescription drugs

Payment using the Pay Direct drug card

With the exception of Quebec residents, Clients can use their Pay Direct drug card at the pharmacy. The portion of the bill covered by their policy is automatically paid. The Client then pays any remaining balance.

For security reasons, the Pay Direct drug card is mailed separately from the welcome package when a policy is issued. Clients can download and print the card by following these steps:

Go to **mysunlife.ca** and select:

- My Coverage
- Click on My Coverage Card
- Select Print

Payment without the Pay Direct drug card

Clients who live in Quebec or those who don't use their Pay Direct drug card will need to pay the full cost of the prescription and then submit a claim. They must then submit the paper claim form, Extended Health Claim Form for Personal Health Insurance (form E4136), with original receipts to the claims office nearest them:

Sun Life Assurance Company of Canada
PO Box 11658 Stn CV
Montreal QC H3C 6C1

Sun Life Assurance Company of Canada
PO Box 2010 Stn Waterloo
Waterloo ON N2J 0A6

** PHI policy owners who have exclusions won't see their exclusions on mysunlife.ca. Although they can view prescription drugs, they need to refer to the section of their contract to view specific details of drug coverage and exclusions.*

Emergency travel medical claims

It's important that Clients quickly take the following steps if they experience a medical emergency while travelling:

1. Call the 24-hour helpline listed on the emergency travel medical card or have someone call on their behalf. Our emergency travel assistance provider will verify the Client's private health coverage and provincial health care coverage so payments can be arranged on behalf of the insured person, insured spouse or insured dependent.
2. An authorization form will need to be signed by the insured person, allowing our emergency travel assistance provider to recover any amount payable to provincial health care plan.
3. The insured person is responsible for expenses incurred that aren't covered under their plan or their provincial health care plan. The policy owner will need to reimburse our emergency travel assistance provider for any excess amount paid on their behalf.
4. If subsequent bills are received for these expenses, they need to be forwarded to our emergency travel assistance provider. Payments will be coordinated by the provider with the provincial health care plan and Sun Life.
5. Our emergency travel assistance provider may request proof of travel (e.g., plane ticket, gas receipts, car rental receipts) to prove travel dates are within the eligible 60 days. If proof isn't provided, a claim may be denied.

Clients must send their out-of-province claims for hospital or doctors' fees to our emergency travel assistance provider before submitting to their provincial health plan. Our emergency travel assistance provider address can be obtained by visiting our Sun Life Plan Member Services website at **www.mysunlife.ca** or by calling our Sun Life Customer Care centre toll-free number **1-800-361-6212**.

Following these steps will speed up the refund process. Sun Life and our emergency travel assistance provider coordinate the reimbursement process with most provincial plans and insurers and send a cheque to the policy owner for the eligible expenses. Our emergency travel assistance provider will ask Clients to sign a form authorizing it to act on a Client's behalf before the claim is processed.

When does the 60 days of coverage end?

The 60 days of coverage ends, whether a claim has been made or not, when the insured person has left the province where they live and hasn't returned for the length of time needed to obtain another 60 days of coverage. The insured person must return to the province where they live for the required 24 hours or 20 consecutive day period to be eligible for another 60 days of emergency travel medical coverage.

If emergency travel medical coverage has ended and the insured person is:

- under age 65, they become eligible for another 60 days of coverage when they return to the province where they live for 24 hours.
- 65 or older, they become eligible for another 60 days of coverage when they return to the province where they live for 20 consecutive days.

General exclusions

Even if PHI or HCC coverage is offered and in place, there are situations where we won't pay for expenses:

- expenses that we aren't legally allowed to pay,
- for services or items that we consider cosmetic,
- for services or items that we consider experimental,
- for delivery, transportation and administration charges,
- for 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,
- for services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, except as described in Integration with government programs unless explicitly listed as covered under this benefit,
- services or supplies that aren't usually provided to treat an illness, including experimental or investigational treatments. Experimental or investigational treatments mean treatments that aren't approved by Health Canada or other government regulatory body for the general public,
- for services or supplies that don't qualify as medical expenses under the Income Tax Act (Canada), and
- elective (non-emergency) medical treatment or surgery which is received or performed out of the province where they the insured person lives.

We won't pay benefits when the claim is for an illness resulting from:

- hostile action of any armed forces, insurrection or participation in a riot or civil commotion, and
- participation in a criminal offence.

Benefit payments

Payment of benefits

Policy owners can have their claim payments deposited directly into their bank accounts by registering at www.mysunlife.ca.

Policy owners will be reimbursed for eligible expenses within approximately two weeks of Sun Life receiving their claim form.

How we calculate the amount of benefits that will be paid:

1. We confirm all the expenses submitted are eligible for reimbursement.

2. We determine if there are any limitations, which are described in the applicable provisions. If any expense isn't eligible, we subtract that expense from the total amount claimed.

3. For each eligible expense, we compare:

- **a.** The amount being claimed,
- **b.** The customary charge for the expense, and
- **c.** The maximum amount the Client can claim as described on the plan summary page and policy provisions.

The policy owner's reimbursement is based on the lowest of these three amounts.

Direct deposit

Policy owners who are registered for web services can have claims directly deposited into their bank accounts. Here's how it works:

- Spouses who own a separate policy need to register for web services separately.
- Paper claims are deposited directly into a policy owner's bank account if they're registered with web services and have set up direct deposit.
- A policy owner can use web services to update their bank account. This doesn't change the account used to pay their premiums.
- A policy owner can only have one account set up for direct deposit for all benefits.

Competitive advantages

Catastrophic drug maximum on PHI Standard and Enhanced plans

PHI Standard and Enhanced plans provide coverage against catastrophic drug costs. Each year, the policy owner may submit eligible drug claims up to $100,000 for Standard plans and $250,000 for Enhanced plans.

Some insurance carrier's drug coverage is unlimited. Our $100,000 and $250,000 maximum reflects our experience with catastrophic drug costs. Clients will have realistic and affordable catastrophic drug coverage with a PHI Standard or Enhanced plan.

Generic and brand name drug coverage

PHI and HCC plans cover generic drugs. Brand name drugs are covered when eligible. Some insurance carriers' plans only cover the cost of the generic drug.

If a Client was reimbursed for a brand name drug under their group benefits plan, they'll likely be reimbursed for the same drug under an HCC plan up to their specified plan limits. For both PHI and HCC, the drug needs to meet the eligibility and generic substitution criteria described in the policy.

60 day emergency travel medical insurance

Clients who love to travel for extended periods of time will appreciate our emergency medical travel benefit. Those who have this benefit under a PHI or HCC plan have up to $1 million coverage for the first 60 days of their trip for unexpected and emergency medical events.

This benefit remains in place until the insured person's 80th birthday. Many insurance carriers have the benefit end at a younger age or don't offer it at all, and their trip duration is 30 days or less – much shorter than Sun Life's.

In-home nursing and home care maximum

After an illness or injury, the insured may need the services of a nurse or certified home support worker to help them remain in their home. With a PHI Enhanced plan, policy owners can claim a combined annual maximum of $10,000, with a combined lifetime maximum of $30,000 for eligible services.

Many other insurance carriers don't cover the services of a certified home support worker and have lower coverage limits.

Lumino Health

PHI and HCC policy owners have direct access to Lumino Health network of health resources through the mobile app.

They can look for top-rated dentists, chiropractors or other health care providers near them, using Lumino Health provider search. The provider search has more than 150,000 providers, including credible ratings and cost information.

Using Lumino resources and offers they can find exclusive savings and special offers. Browsing categories such as Vision & Hearing, Medical Products & Resources, and Mental Wellness and more.

No per-visit maximum for paramedical services

PHI Standard and Enhanced plans don't have a per-visit maximum for any of the covered paramedical practitioners. Our HCC B and HCC C plans have a per-visit maximum for psychologist/social worker services only.

Policy owners with one of the above plans will find it easier to use their full annual benefit without paying a lot of out-of-pocket expenses that they may incur with other plans that have per-visit maximums.

Ease of submitting claims – my Sun Life Mobile app

The **my Sun Life Mobile app** makes it easy for policy owners to manage their coverage and their claims. Many insurance carriers don't offer a mobile app.

Policy owners can use the mobile app to learn about a drug, see what the typical cost of the drug is and learn about potential generic or therapeutic drug alternatives.

PHI and HCC policy owners can submit vision, paramedical and dental claims using their mobile device. By doing so, their claims are processed faster.

Where to go for more information?

For more information on the features and benefits of Personal Health Insurance & Health Coverage Choice, contact your Sales Director or visit sunlife.ca/advisor.

It's important to meet with Clients regularly to review their coverage and help them with any contractual conversions or renewals to ensure they have the protection that meets their needs.

We help. You grow.

Sun Life