A comprehensive insurance plan is one of the essential components in your overall financial plan in order to help protect your loved ones. The CDHA understands how important it is to have a quality insurance program to help provide financial security, to replace lost income while disabled or to cover medical expenses.
For more than 40 years the Canadian Dental Hygienists Association has acted as a strong voice to promote and protect the interests of dental hygienists across Canada. In association with Sun Life Assurance Company of Canada, the CDHA has developed a package of comprehensive benefits to meet the unique needs of members across Canada.

From a single source, you now have a cost-effective means to help protect yourself and your family against life’s uncertainties.

A healthy future

To ensure the interests of our members are protected, the CDHA worked with Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, to design a comprehensive, competitively-priced benefits plan tailored specifically for CDHA members.

Comprehensive insurance protection

This program combines the flexibility of an individual plan with the cost advantage of a group plan. It offers a full array of benefits, including:

- Long Term Disability (LTD) insurance
- Critical Illness (CI) insurance
- Term Life insurance
- Extended Health Care (EHC) insurance
- Dental Care insurance
- Accidental Death & Dismemberment (AD&D) insurance
- Office Overhead Expense (OOE) insurance

Choose the benefits that are right for you, starting with a core benefit program of LTD, CI and/or Term Life insurance. Then complement your coverage with AD&D, Dental Care, OOE, and/or EHC insurance.

Who is eligible?

This plan has been developed exclusively for the members of CDHA. You are eligible to apply for coverage if you are:

- a CDHA member in good standing with the CDHA (membership is required for the coverage to remain in-force)
- under age 65 (age 60 for Critical Illness insurance)
- a resident of Canada
- actively at work for at least 18 hours a week (if applying for LTD insurance and/or OOE insurance)

Core Benefit

Choose from one or more of the following insurance benefits to create your base coverage:

LTD | CI | Term Life

Then

Complement your insurance coverage by adding EHC and Dental care, AD&D insurance, and OOE insurance (where applicable) for a comprehensive protection program.
**Spouse** means your spouse by marriage or under any other formal union recognized by law; or a person of the opposite sex or of the same sex who is publicly represented as your spouse for a period of at least 12 months, provided that a written request is made by you for granting insurance for such named individual, in a form satisfactory to Sun Life Assurance Company of Canada. Unless this written request is made, the person legally married to you is considered to be the spouse. Discontinuance of cohabitation terminates the eligibility of a common-law spouse.

**Dependent children** means children who are not married or in any other formal union recognized by law, dependent on you or your spouse for support, and are under the age of 21 (age 25 if the dependent is a full-time student – age 26 in Quebec), including adopted children and stepchildren, or children of any age if incapable of supporting themselves because of physical or mental disability. Once you opt for family coverage, newborn infants are automatically covered.

### Coverage for your spouse/dependent children

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Coverage available for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Term Disability</td>
<td>Member only</td>
</tr>
<tr>
<td>Critical Illness</td>
<td>Member and spouse*</td>
</tr>
<tr>
<td>Term Life</td>
<td>Member, spouse, dependent children</td>
</tr>
<tr>
<td>Extended Health Care</td>
<td>Single, single + one dependent child, couple** or family</td>
</tr>
<tr>
<td>Dental Care</td>
<td>Single, single + one dependent child, couple or family</td>
</tr>
<tr>
<td>Accidental Death and Dismemberment</td>
<td>Single or family</td>
</tr>
<tr>
<td>Office Overhead Expense</td>
<td>Member only</td>
</tr>
</tbody>
</table>

* In order to be eligible for coverage your spouse must be under the age of 65 (age 60 for Critical Illness insurance).

** Couple coverage can cover a CDHA member and their spouse.
Evidence of good health

All coverages are subject to medical underwriting. You will need to provide evidence of good health by completing a medical questionnaire. In the case of Long Term Disability, you will also be required to provide answers to financial and employment questions.
Your ability to earn an income is one of your most important assets. Consider how you could continue covering your living expenses if you were suddenly disabled.

Protect your professional income with the CDHA’s Long Term Disability (LTD) insurance. It’s designed to replace lost income while you’re disabled and assist in paying those bills that don’t stop coming when you stop working.

Long Term Disability (LTD) Insurance

Coverage
Only CDHA members are eligible to apply. The minimum benefit is $500 per month. Additional coverage can be purchased in units of $100 to a maximum coverage of $5,000 per month. The amount of coverage that you can apply for depends on your net income (see the Income Ratio Guide on page 8). Total disability benefits are payable to age 65.

Elimination periods
Choose a 45-day, 60-day or 120-day elimination period. The elimination period is the amount of time you must be totally disabled before LTD benefits become payable. The elimination period can be satisfied with intermittent periods of disability from the same cause accumulated within six months.

Definition of Total Disability
During the elimination period and for the first 24 months, you are considered totally disabled if sickness or injury prevents you from performing the essential duties of your own occupation, you are under the regular care of a physician and you are not gainfully employed elsewhere.

After 24 months, you are considered totally disabled if sickness or injury prevents you from working at any regular occupation for which you are qualified by education, training or experience, you are under the regular care of a physician and are not gainfully employed elsewhere.

Other features
Residual Disability Benefit
If you return to your own occupation on a limited basis, after a period of total disability, or are able to work at another job, but you suffer a loss of average monthly earned income of 20% or more, a residual disability benefit may be available. It is equal to the percentage of the lost income, for a period of up to 24 months.

Average monthly earned income is the average of your monthly income for any consecutive 12 months within the 24-month period immediately prior to the date you become disabled.

During the elimination period and for the first 24 months, you are considered residually disabled if sickness or injury prevents you from performing one or more of the duties of your regular occupation, you have an income loss of at least 20%, you are under the regular care of a physician and you are not engaged in another occupation.
Work Re-entry Benefit

This benefit is designed to allow you, after becoming totally disabled, to resume work or to be retrained and still be eligible for benefits. If you participate in an approved work re-entry program and continue to receive medical treatment for the disability, you will be eligible for the work re-entry benefit following the elimination period. The total amount received, including the work re-entry benefits, income from all integration sources and income earned from the work re-entry program, will not exceed 100% of your earned income in the year immediately preceding the year in which disability commenced.

Recurrent Disability Benefit

If total disability from the same cause recurs within six months following the end of a previous period of benefit payment, payments will resume without having to re-satisfy the elimination period.

Presumptive Disability Benefit

As a result of an injury or sickness, if you totally and irrecoverably lose the power of speech, sight in both eyes, hearing in both ears or the use of both hands or both feet, you will be considered totally disabled whether or not you are able to work or require the regular care of a physician. You will qualify for the benefits following the elimination period.

Survivor Benefit

If you die during a period of total disability, a survivor benefit of three times the last month’s disability benefit is payable to your surviving spouse, or to your estate.

Automatic Coverage for HIV and Hepatitis B or Hepatitis C

If you become infected with HIV, Hepatitis B or Hepatitis C and are required by the government or licensing authority to disclose this condition to patients and to limit your practice, but are not considered totally disabled, you may be eligible for a residual disability benefit.

Optional riders

Enhance your LTD coverage by adding one or both of the following optional riders:

Own Occupation to 65 Rider

This is an option for members under age 50. Total disability benefits are payable to age 65 if sickness or injury prevents you from performing the essential duties of your own occupation and you are not gainfully employed elsewhere. This rider replaces the 24-month total disability definition.

Cost of Living Adjustment (COLA) Rider

The COLA Rider keeps benefits in step with inflation. It increases your benefit each year by the increase in the Consumer Price Index, up to five per cent, to protect your purchasing power during a lengthy disability.

Monthly benefit payout

The amount of disability benefits payable will be the amount for which you are insured on the date you become disabled, reduced by any benefit payable as a result of your disability under any other income sources, including CPP/QPP primary and dependent spouse benefits; EI; Workers’ Compensation; payment from any employer, retirement benefits, disability benefits under any other association group or individual insurance plans; or no fault automobile insurance plans; but only to the extent necessary so that total income from all sources does not exceed 85% of your average monthly earned income.

However, if you are disabled by cancer, heart attack or stroke, the amount of benefits payable under this plan will not be reduced by benefits received under the CPP/QPP. Also, any disability or retirement
benefits payable under the CPP/QPP will not be taken into account in calculating whether the sum of all income, compensation, indemnity and benefits exceeds 100% of monthly benefits determined at the onset of disability.

**Exclusions**

No benefits are payable for any disability resulting from:
- declared or undeclared war, insurrection or rebellion;
- voluntary participation in a riot or act of civil disobedience;
- intentionally self-inflicted injury;
- committing or attempting to commit a criminal offence; or
- uncomplicated pregnancy.

Payment of benefits is also excluded during any period of confinement in a prison or similar institution.

**Income ratio guide**

You may select a monthly LTD benefit starting at $500 per month to a maximum as shown in the chart below, depending upon your annual earned income.

*Earned income* means your salary, fees, commissions and bonuses and any other income earned for services performed less any business expenses. Earned income does not include income from deferred compensation plans, disability policies, retirement plans or any payments, such as interest or dividends, which is not related to the performances of services.

<table>
<thead>
<tr>
<th>If your annual earned income is...</th>
<th>The maximum monthly benefit available to you is...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000</td>
<td>Not eligible</td>
</tr>
<tr>
<td>$15,000 – $17,999</td>
<td>$900</td>
</tr>
<tr>
<td>$18,000 – $23,999</td>
<td>$1,100</td>
</tr>
<tr>
<td>$24,000 – $30,999</td>
<td>$1,400</td>
</tr>
<tr>
<td>$31,000 – $35,999</td>
<td>$1,700</td>
</tr>
<tr>
<td>$36,000 – $44,999</td>
<td>$2,000</td>
</tr>
<tr>
<td>$45,000 – $59,999</td>
<td>$2,400</td>
</tr>
<tr>
<td>$60,000 – $71,999</td>
<td>$3,000</td>
</tr>
<tr>
<td>$72,000 – $83,999</td>
<td>$3,400</td>
</tr>
<tr>
<td>$84,000 – $95,999</td>
<td>$3,800</td>
</tr>
<tr>
<td>$96,000 – $109,999</td>
<td>$4,200</td>
</tr>
<tr>
<td>$110,000 – $119,999</td>
<td>$4,600</td>
</tr>
<tr>
<td>$120,000 – $129,999</td>
<td>$4,800</td>
</tr>
<tr>
<td>$130,000 and above</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
Critical Illness (CI) Insurance

Medical advances are improving the probability of survival from a critical illness, but that survival is often followed by a lengthy – and costly – recovery. Your other insurance benefits plan plays an important role in providing you with a safeguard – but it may not cover every situation. Not all critical illnesses result in a disability claim, nor do all of the costs associated with a serious illness qualify for health benefits. Have you considered the financial impact a critical illness would have on you and your family? Would you able to meet your financial obligations if you were ill for a prolonged period?

Critical Illness insurance complements your disability, life and health benefits. It pays a one-time benefit if you are diagnosed with one of the 18 covered critical conditions, and survive for 30 days. The benefit is paid in a lump-sum once your claim is approved, regardless of whether you are working or what expenses you have incurred due to your illness.

Critical Illness (CI) Insurance

Coverage

One is rarely prepared for the emotional and financial impact of a critical illness. If it does happen, the potentially life-changing consequences that could accompany a serious illness are possibilities most of us would rather not face. The associated costs could jeopardize your standard of living and affect your quality of life. Dealing with the impact of a major illness is difficult enough. This plan is designed to help give you peace of mind so you can concentrate fully on things that matter most – your recovery.

Critical Illness Insurance helps ensure that you are financially prepared if you contract a serious illness. It pays a tax-free lump sum benefit if you suffer from one of the covered conditions when you have survived for 30 days (90 days for cancer) after the initial diagnosis of a covered condition.

Are you prepared for the potential cost of recovery?

With the loss of your income, as well as treatment and drug costs, your bank balance can quickly turn from black to red.

Critical Illness insurance can provide financial security so you can focus on what matters most – recovering on your terms.

Critical Illness insurance:
- Is paid in a lump sum which you can spend any way you like
- Can help you with daily expenses to maintain your lifestyle
- Is paid to you regardless of whether or not you are able to work
- Gives you financial freedom to seek alternative treatment options
- Can help you pay for treatments, travel, and modifications to your home

Benefit

Coverage is available in units of $10,000 with a minimum of $30,000 and maximum of $300,000. The benefit is payable on the first insured condition only and coverage terminates with this payment or at age 65.
Plan Features

- You can choose how to use the money and the benefit is payable regardless of whether or not you recover.
- Covers expenses that may not be covered by medical or disability insurance.
- Expenses that the money can be used for include renovating a home, accessing the best medical care, paying off a mortgage or other debt or recuperating in a better climate.

Insured Conditions

Heart Attack (Myocardial Infarction) – means the death of a portion of heart muscle resulting from a blockage of one or more coronary arteries. The diagnosis must be based on both of:

- new electrocardiographic (ECG) changes, which support the diagnosis of a heart attack, and
- elevation of cardiac (heart) enzymes.

Coronary Artery Bypass Surgery – means heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but will exclude:

- non-surgical techniques such as balloon angioplasty;
- laser relief of an obstruction, and
- other non-bypass techniques.

Any such surgery must be recommended by a consultant physician who is a certified cardiologist.

Stroke – means the diagnosis by a physician of a cerebrovascular incident causing infarction of brain tissue due to hemorrhage, thrombosis or embolism, producing a measurable neurological deficit persisting for at least 30 days following the occurrence of the stroke.

Specifically excluded:

- transient ischemic attacks (TIA)

Cancer (Life Threatening) – means the diagnosis by a physician of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. Excluded cancers are:

- early prostate cancer, diagnosed as TINOMO or equivalent stage,
- pre-malignant lesions, benign tumors or polyps,
- non-invasive carcinoma in situ,
- any skin cancer, other than invasive malignant melanoma into the dermis or deeper, and
- any tumor in the presence of the human immunodeficiency virus.

There will be no coverage under the Insured Condition definition of cancer if any symptom or medical problem which initiated any investigation leading to the diagnosis of cancer commenced within 90 days following the first premium due date. In the event of any diagnosis based on such a symptom or medical problem, this Benefit will terminate, and the Company’s sole liability in respect of this Benefit will be limited to a refund of the premiums paid since the effective date.

Kidney Failure – means the diagnosis by a physician of irreversible failure of both kidneys from any cause which necessitates either regular treatment by dialysis or kidney transplantation.

Paralysis – means the diagnosis by a physician of the complete loss of the use of two or more limbs through physical paralysis which has lasted for a continuous period of 180 days, and which is deemed by the physician to be permanent.

Major Organ Transplant – means a surgery, as the recipient, for transplantation of any of the following organs or tissues: heart, liver, lung, kidney, or bone marrow.

Major Organ Failure Requiring Transplant – means the irreversible failure of the heart, liver, bone marrow, both lungs or both kidneys requiring...
receipt of a transplant of that organ, resulting in the Insured Member’s or Spouse’s being accepted into a recognized transplant program in Canada. The Insured Member or Spouse must survive at least 30 days following the date of enrolment into the transplant program.

**Multiple Sclerosis** – means confirmation by a consultant physician who is a certified neurologist, of a definite diagnosis of multiple sclerosis producing at least two episodes of well defined neurological abnormalities which have persisted for a continuous period of 180 days and resulted in measurable disability. The diagnosis must be supported by modern investigative techniques.

**Blindness** – means the diagnosis, by a physician who is a certified ophthalmologist, of the permanent and uncorrectable loss of sight in both eyes. The corrected visual acuity must be either worse than 20/200 in both eyes, or the field of vision must be less than 20 degrees in both eyes.

**Deafness** – means the diagnosis, by a physician who is a certified otolaryngologist, of the permanent loss of hearing in both ears, with an auditory threshold of more than 90 decibels.

**Alzheimer’s Disease** – means a progressive degenerative disease of the brain. The diagnosis of Alzheimer’s Disease must be made by a certified neurologist licensed and practicing in Canada. The Insured Member or Spouse must exhibit loss of intellectual capacity involving impairment of memory and judgement which results in significant reduction in mental and social functioning such that the Insured Member or Spouse requires supervision for daily living. All other dementing organic brain disorders are excluded.

**Benign Brain Tumour** – means the diagnosis of a benign tumour within the substance of the brain. Excluded are cysts, granulomas, meningiomas, malformations of the intracranial arteries or veins or tumours of the cranial nerves, pituitary or spinal cord.

**Coma** – means the diagnosis of a state of unconsciousness with no reaction to external stimuli, for a period of at least 96 hours. This diagnosis must be made by a neurologist licensed and practicing in Canada.

**Loss of Speech** – means total, permanent and irreversible loss of the ability to speak for a continuous period of 12 months due to physical injury or physical disease. The diagnosis must be made by an appropriate specialist physician licensed and practising in Canada.

**Major Burns** – means third degree burns covering at least 20% of the surface area of the Insured Member’s or Spouse’s body. The diagnosis must be made by a plastic surgeon licensed and practising in Canada.

**Occupational HIV Infections** – means infection with the Human Immunodeficiency Virus (HIV) resulting from an accidental injury which occurred in Canada after the effective date of insurance coverage under this Plan, and which exposed the Insured Member or Spouse to HIV contaminated blood or bodily fluids during the course of the Insured Member’s or Spouse’s normal occupation.

Payment for this condition requires the Company’s satisfaction of all of the following:

(a) the accidental injury must be reported to the Company within 14 days of the accidental injury.

(b) an HIV test must be taken within 14 days of the accidental injury and the result must be negative.

(c) an HIV test must be taken between 90 and 180 days after the accidental injury and the result must be positive.

(d) the occupation of the Insured Member or Spouse must be one where occupational HIV accidental injury must be reported, investigated and documented according to workplace legislation and regulations.
(e) the accidental injury must have been reported, investigated and documented in accordance with workplace legislation and regulations.

No benefit payment will be paid if:

(a) the Insured Member or Spouse has elected not to take any available licensed vaccine offering protection against the HIV;

(b) a licensed cure for HIV infection has become available prior to accidental injury; or

(c) HIV infection occurs as the result of sexual transmission or IV drug abuse.

**Parkinson’s Disease** – The diagnosis of primary idiopathic Parkinson’s Disease by a neurologist licensed and practising in Canada and characterized by the clinical manifestation of two or more of the following:

(a) Rigidity

(b) Tremor

(c) Bradykinesia

All other types of Parkinsonism are excluded.

Pre-existing Condition applies for any coverage that is issued without medical evidence.

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**Exclusions**

No benefits are payable for claims resulting directly or indirectly from any of the following:

(a) declared or undeclared war, insurrection or rebellion;

(b) voluntary participation in a riot or act of civil disobedience;

(c) attempted suicide, intentionally self-inflicted injury while sane or any self-inflicted injury while insane;

(d) committing or attempting to commit a criminal offence;

(e) use of illegal or illicit drugs or substances, misuse of drugs or alcohol;

(f) any symptom or medical problem leading to a diagnosis or surgery if that symptom or medical problem began or occurred before the first premium due date.

No Critical Illness benefit shall become payable for any illness, disorder, or surgery excluded by or omitted from the Insured Conditions.
While death is probably the furthest thing from your mind, consider how your family would cope if you were no longer around. The economic realities would soon set in: bills, mortgages, legal fees, taxes and funeral expenses, not to mention everyday living expenses.

The CDHA Term Life insurance plan can help protect your family’s financial future.

**Term Life Insurance**

**Coverage**

Coverage is available in units of $10,000 with a minimum of $30,000 and a maximum of $500,000. In the event of your death, your beneficiary receives the sum insured. The Term Life insurance coverage terminates at age 65.

In addition to your coverage, coverage is also available for:

- your spouse (amount not to exceed the member’s coverage); and
- your dependent children ($1,000/child for children under 15 days and $10,000/child for children 15 days and older, provided you are insured under the Term Life insurance plan).

**Exclusions**

No benefits will be paid for a death resulting from self-inflicted injuries or suicide while sane or insane, within two years from the effective date of insurance. This exclusion is not applicable to the dependent child coverage.
To ease the pain of unexpected medical expenses, Extended Health Care (EHC) coverage is available to help cover a number of important medical expenses that may not be paid by provincial health insurance plans. Two plan options are available. Coverage under both options terminates at age 65. As an added convenience, you can access your claims/benefit information through the Internet.

**Plan Member Services website**

All insured members of the EHC and Dental Insurance plans have access to the Sun Life Financial Plan Member Services website. It provides you with easy access to the information you need and lets you conveniently manage these plans online. Special features allow you to:

- submit claims;
- set up a direct deposit for a claim payment;
- print personalized claim forms; and
- view or print details of your claims.

## Extended Health Care (EHC) Insurance

### Coverage

Single, single + one dependent child, couple or family coverage is available. Couple coverage can cover a CDHA member and his/her spouse.

**Two options are available:**

<table>
<thead>
<tr>
<th>Coverage Details</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>No deductible</td>
<td>$100 for single coverage, $200 for single + one dependent child, couple or family coverage</td>
</tr>
<tr>
<td>Hospital</td>
<td>Semi-private or private hospital accommodation (up to $75/day and a maximum continuous stay of 365 days) with 100% co-insurance</td>
<td>Semi-private or private hospital accommodation (up to $75/day and a maximum continuous stay of 365 days) with 100% co-insurance</td>
</tr>
<tr>
<td></td>
<td>In-patient hospital charges are not subject to a deductible</td>
<td>In-patient hospital charges are not subject to a deductible</td>
</tr>
<tr>
<td>Major Medical Expenses</td>
<td>80% of most expenses, including:</td>
<td>80% of most expenses, including:</td>
</tr>
<tr>
<td></td>
<td>- drugs legally requiring a prescription and life sustaining drugs</td>
<td>- drugs legally requiring a prescription and life sustaining drugs</td>
</tr>
<tr>
<td></td>
<td>- services performed by health professionals up to $375/practitioner/year (e.g. massage therapists, physiotherapists, speech therapists, chiropractors, podiatrists, osteopaths, plus one x-ray per year for podiatrists, chiropractors, osteopaths)</td>
<td>- services performed by health professionals up to $250/practitioner/year (e.g. massage therapists, physiotherapists, speech therapists, chiropractors, podiatrists, osteopaths, plus one x-ray per year for podiatrists, chiropractors, osteopaths)</td>
</tr>
</tbody>
</table>
As a dental hygienist you know how important a dental care routine is, not only to oral health, but to overall well-being. We are proud to offer you two choices in Dental Care insurance options to cover your individual needs.

### Dental Care Insurance

**Coverage**

You can select one of two options to help cover your needs. Both coverage options include basic services such as exams, fillings, and oral surgery as well as major services such as crowns and dentures.

You must be covered under the CDHA's Extended Health Care insurance program in order to be eligible for Dental Care insurance. Dental Care insurance is available to CDHA members, their spouses and dependent children.

**Elimination periods**

There is a 3 month waiting period from the time your application is accepted until the coverage begins for preventive and basic services. There is a 12 month waiting period from the time your application is accepted until coverage begins for major services. The maximum benefit is reduced by 50% if coverage starts in the second half of the benefit year.

### Coverage options

<table>
<thead>
<tr>
<th>Coverage Details</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Services and Equipment</strong></td>
<td>Includes private duty nursing, ambulances, laboratory tests, artificial limbs, hearing aids and orthopaedic shoes.</td>
<td>Includes private duty nursing, ambulances, laboratory tests, artificial limbs, hearing aids and orthopaedic shoes.</td>
</tr>
<tr>
<td><strong>Vision Care</strong></td>
<td>Up to $200 every 3-plan years with 100% co-insurance</td>
<td>No coverage</td>
</tr>
<tr>
<td><strong>Coverage termination</strong></td>
<td>At age 70</td>
<td>At age 70</td>
</tr>
</tbody>
</table>

A complete list of all eligible expenses and exclusions is available on request.

Coverage options continued on next page...

Coverage options continued on next page...
## Coverage options cont’d

<table>
<thead>
<tr>
<th>Coverage Details</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Services covered</strong></td>
<td>Examinations:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ one complete examination every five years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ one recall visit every nine months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ emergency or specific examinations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X-rays:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ one complete series of x-rays or one panorex every five years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ one set of bitewing x-rays every 18 months</td>
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<tr>
<td></td>
<td>■ x-rays to diagnose a symptom or examine progress of a particular course of treatment</td>
<td></td>
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<tr>
<td></td>
<td>Consultations:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ consultation with another dentist, if required by the insured person’s dentist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cleaning:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ polishing (cleaning of teeth) and topical fluoride treatment once every nine months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ diagnostic tests and laboratory examinations</td>
<td></td>
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<td></td>
<td>■ caries control</td>
<td></td>
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<td></td>
<td>■ trauma control</td>
<td></td>
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<td></td>
<td>■ emergency services</td>
<td></td>
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<tr>
<td></td>
<td>■ recontouring of teeth for functional reasons</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ interproximal discing (limited to one for each insured child under 12 years of age)</td>
<td></td>
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<tr>
<td></td>
<td>■ space maintainers for missing primary teeth (for insured children under 12 years of age)</td>
<td></td>
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<tr>
<td></td>
<td>■ pit and fissure sealants (for children under 19 years of age)</td>
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<td></td>
<td>■ palliative services</td>
<td></td>
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<tr>
<td><strong>Basic services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expenses covered</strong></td>
<td>80% to maximum coverage per benefit year</td>
<td></td>
</tr>
<tr>
<td><strong>Services covered</strong></td>
<td>Fillings:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ amalgam, composite, acrylic or the equivalent of these fillings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Note: when a bonded amalgam filling is placed on any tooth, we determine eligible expenses on the basis of the cost of an equivalent non-bonded amalgam</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ uncomplicated removal of teeth (procedure does not require surgical flap or sectioning of the tooth)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ prefabricated metal or plastic restorations and repairs to prefabricated metal or plastic restorations, other than in conjunction with the placement of permanent crowns and scaling and root planning (not to exceed four time units per year)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ scaling and root replaning – limit to four time units per year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ occlusal adjustment, also described as equilibration (not to exceed four time units per year)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ periodontal appliances (once every five years)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ appliance maintenance (once every six months)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ appliance reline</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ post treatment evaluation</td>
<td></td>
</tr>
</tbody>
</table>
## Coverage options cont’d

<table>
<thead>
<tr>
<th>Coverage Details</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
</table>
| **Services covered.cont’d** | **Surgical services:**  
- surgical services limited to alveoplasty, dislocations, enucleation of cysts, frenectomy, lacerations, miscellaneous surgical services, surgical extractions and repositioning (surgery requires surgical flap or sectioning of the tooth), surgical excision  
- drug injections  
Sedation and anaesthesia:  
- anaesthesia (if performed in conjunction with oral surgery)  
- conscious sedation  
- deep sedation  
- general anaesthesia |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| **Major Services**          | **Expenses covered** | 50% to maximum coverage per benefit year                                                                                                                                                                                                                                                                                                                                                                                   | There is a 12 month waiting period for Major Services                                                                                                                                                                           |
| **Services covered**        | **All plans include:**  
- partial and complete dentures and repairs and additions to them  
- crowns and repairs to crowns (not prefab metal) on molars (white covered on non-molars)  
- inlays  
- repairs of bridges  
- dentures (and repairs)  
- rebase or reline of dentures  
- bridges and dentures (prosthodontics) – construction and insertion of bridges or standard dentures (not dentures with precision attachments) limited to teeth extracted while covered under this provision OR after a 12 month waiting period. Replacement after 5 years. |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| **Orthodontic Services**    | **Lifetime maximum coverage** | $1,500 lifetime maximum  
Orthodontics coverage is limited to children under the age of 19 only                                                                                                                                                                                                                                                                                  | No coverage                                                                                                                                                                                                 |
| **Expenses covered**        | 50% to lifetime maximum coverage                                                                                                                                                                                                                                                                                                                                                                                                     | No coverage                                                                                                                                                                                                 |
| **Services covered**        | **interceptive, interventive or preventive services**  
- comprehensive treatment  
- habit breaking appliances                                                                                                                                                                                                                                                                                                                                                               | No coverage                                                                                                                                                                                                 |

**Termination**

Coverage ends on the first of the month coincident with or following the insured member’s 65th birthday.
Accidental Death and Dismemberment (AD&D) Insurance

You can’t foresee the occurrence of an accident. But if it does happen, it may be serious enough to limit your ability to practise as a dental hygienist. In the event of an accident that results in injury or death, the CDHA AD&D insurance plan is with you all the way. It can provide financial compensation to help you and your family cope with the consequences of your injury or death.

Accidental Death and Dismemberment (AD&D) Insurance

Coverage

The coverage is designed especially for dental hygienists, covering injuries specific to your profession such as the loss of an index finger.

You must apply for Term Life coverage to be eligible for AD&D coverage. No medical or health questions are required. Your eligibility guarantees your acceptance to this plan.

- The coverage is available in units of $10,000, with a minimum of $30,000 and a maximum of $500,000. Your AD&D coverage cannot exceed the greater of $200,000 or twice the amount you have chosen for your Term Life insurance coverage.

- Coverage terminates at age 65.

- Financial assistance of up to $10,000 is available for career retraining.

- 24-hour world-wide coverage is available.

- You can choose coverage for either yourself, you and your spouse only, you and your dependent child(ren) only, or you and your family. (The AD&D coverage level you select will be referred to in this brochure as the “principal sum”):

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Maximum you could receive...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>Your principal sum</td>
</tr>
<tr>
<td>Spouse only</td>
<td>50% of your principal sum</td>
</tr>
<tr>
<td>Spouse and dependent children</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>40% of your principal sum</td>
</tr>
<tr>
<td>Each child</td>
<td>10% of your principal sum</td>
</tr>
<tr>
<td>(to a maximum of $50,000)</td>
<td></td>
</tr>
<tr>
<td>Dependent children only</td>
<td></td>
</tr>
<tr>
<td>Each child</td>
<td>20% of your principal sum</td>
</tr>
<tr>
<td>(to a maximum of $50,000)</td>
<td></td>
</tr>
</tbody>
</table>

Exclusions

No benefit will be paid for any loss directly or indirectly due to or resulting from one or more of the following:

- declared or undeclared war, insurrection or rebellion;

- voluntary participation in a riot or act of civil disobedience;

- suicide or intentionally self-inflicted injury;

- committing or attempting to commit a criminal offence;

- you, your spouse, or dependent child riding as a passenger in, alighting from, or boarding an aircraft while operating, learning to operate, or servicing as a member of a crew of an aircraft or while crop dusting, crop spraying, seeding, sky-diving, racing, testing exploration or any other purpose except transportation; or

- full-time service in the armed forces of any country.
Office Overhead Expense (OOE) Insurance

Coverage

Office Overhead Expense insurance is available to members of the CDHA to cover the normal costs of running a business in the case of total disability. The practice must be outside the home.

Coverage is available from a minimum of $500 per month. Additional coverage can be purchased in units of $100 to a maximum coverage of $10,000 per month ($5,000 per month if you opt for the 14 day elimination period) and is not linked to income.

You must be under 60 years of age and work a minimum of 18 hours a week in order to be eligible for coverage.

Definition of total disability

You are considered totally disabled if you are:

- unable due to sickness or injury to perform the substantial material duties of your regular occupation;
- under the care of a physician; and
- not engaged in any other gainful occupation.

Plan features

Eligible expenses include, but are not limited to the following:

- rent or mortgage interest;
- heat, water and electricity;
- interest on business loans made for office equipment or automobile;
- telephone or postage;
- salaries of employees;
- accounting services;
- property taxes/business taxes;
lease of equipment (including automobile);
- depreciation or scheduled principal payments on office equipment and business use of automobiles;
- premiums for insurance and benefit coverage;
- professional association membership dues.

Ineligible expenses include:
- salaries and other remuneration paid to members insured under OOE insurance or to members of your profession;
- salaries and other remuneration paid to persons hired to perform your duties;
- payments to family members other than salaries;
- meals, entertainment and promotional expenses;
- travel expenses;
- the cost of goods, wares or merchandise, including medical supplies;
- any other expenses that would not normally be incurred when the insured is disabled.

In no event will the benefit paid exceed the average monthly amount for covered monthly overhead expenses incurred during the six months preceding the insured's disability. Receipts disclosing your monthly overhead expenses will be requested when you make a claim.

**Elimination periods**

You can select either a 14 or 30 day elimination period. The elimination period is the amount of time you must be totally disabled before OOE benefits become payable. The elimination period can be satisfied with intermittent periods of disability from the same cause accumulated within six months.

Benefits become payable upon having completed the 14 or 30 day elimination period of uninterrupted total disability.

Note that maximum coverage with a 14 day elimination period is $5,000.

**Maximum benefit period**

For members disabled prior to age 65, benefits are payable until the earlier of 36 months following completion of elimination period, or the equivalent of 12 times the monthly benefit is paid.

For members disabled after age 65, the maximum benefit is payable for 12 months.
**Termination**

This benefit terminates at the earliest of the following:

- on the termination of the master policy by the association;
- on the first of the month following your request to terminate coverage;
- on the policy anniversary date following the termination of your membership with CDHA;
- following your attainment of age 70 less the elimination period;
- on the date following the grace period for failure to pay premiums;
- on the date of your retirement;
- on death.

Payment of benefits terminates the earlier of the following:

- the date you are no longer totally disabled;
- the end of the maximum benefit period;
- the last day of the month in which the member dies.

Benefits are paid at the end of each month. If benefits are payable for part of any month, Sun Life will pay 1/30 of the monthly benefit for each day for which you are entitled to a benefit payment.

Sun Life must receive notice and/or proof of total disability within 14 days of the event.
Premium waiver benefits

This benefit is provided to you at no additional cost. Under this benefit, your insurance premium may be waived:

**Term Life, Accidental Death and Dismemberment and Extended Health Care insurance**

If you are totally disabled for a period of 180 consecutive days, premiums for your/your dependent child’s Term Life, AD&D and EHC may be waived as long as you remain disabled or until you reach your 65th birthday.

If your spouse becomes totally disabled for a period of 180 consecutive days, your spouse’s Term Life insurance premium will be waived until your spouse’s 65th birthday or for as long as your spouse is disabled.

In these cases, total disability means that you are unable to work at any job for which you are qualified by education, training or experience and are not employed elsewhere. This benefit is provided at no additional cost.

**Long Term Disability insurance**

If you are totally disabled and receiving LTD benefit payments, your LTD insurance premium will be waived upon completion of the LTD elimination period, for as long as you remain disabled or until your 65th birthday.

**Premium rates**

Please refer to the current monthly premium rate sheet for Long Term Disability, Critical Illness, Term Life, Extended Health Care, Dental Care, Accidental Death and Dismemberment, and Out of Office Expense insurance rates. For plans with premium rates on an age-banded basis, premium increases as you age and moves to a different age band. You can also use the online premium estimator available in the CDHA website at [www.cdha.ca/members](http://www.cdha.ca/members). It provides estimated premiums for insurance coverage that suits your needs and budget.
Follow these easy steps:

1. Complete an application form.

2. Remember to include a personal cheque marked “VOID” for pre-authorized chequing payment of premium each month.

3. Return your completed application form to:
   Sun Life Assurance Company of Canada
   Association and Affinity Business
   P.O. Box 365, Station Waterloo
   Waterloo, Ontario N2J 4A4

Once your application is approved, your coverage will become effective on the first of the month following approval, and you will receive a Certificate of Insurance.

Questions?

If you require assistance completing your application, or have any questions, please call Sun Life Assurance Company of Canada toll-free at 1-800-669-7921, or, 416-408-7390 in the Toronto area, Monday to Friday, from 8:30 a.m. – 5:00 p.m. EST.

Claims questions

If you have any questions about claims submission or status, call the applicable toll-free number listed below.

Extended Health Care and Dental Care claims:

Atlantic Canada and Quebec
1-800-461-6411 (English)
1-800-363-0636 (French)

Ontario
1-800-361-6212
(416) 753-4300

Western Canada, N.W.T. and Yukon
1-800-661-7334
(403) 441-4400

Life, Long Term Disability, Critical Illness, AD & D or Office Overhead Expense claims:

Call toll-free at 1-800-453-6207

This brochure provides the highlights but not all the details of the CDHA Insurance program. The complete terms, conditions, exclusions and limitations governing the coverage are found in the Group insurance contract issued by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.
Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies, a leading international financial services organization providing a diverse range of wealth accumulation and protection products and services to individuals and corporate customers. Chartered in 1865, Sun Life Financial and its partners today have operations in key markets worldwide, including Canada, the United States, the United Kingdom, Hong Kong, the Philippines, Japan, Indonesia, India, China and Bermuda.

Sun Life Financial Services of Canada Inc. trades on the Toronto (TSX), New York (NYSE) and Philippine (PSE) stock exchanges under ticker symbol “SLF”.