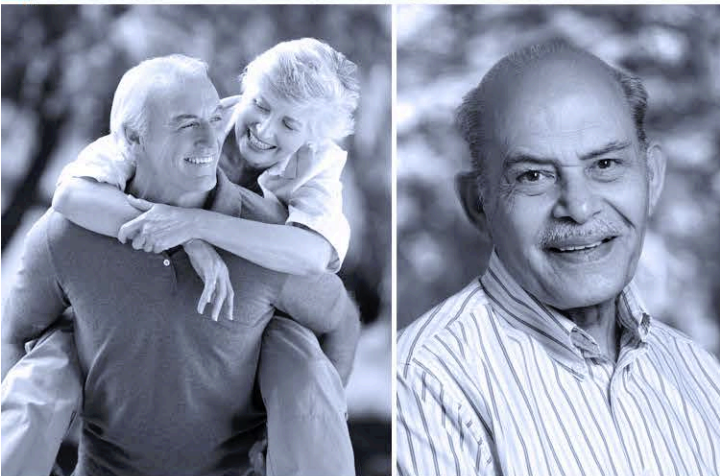


Retiree Benefits Program

For Canadian employees of:

- Royal Bank of Canada and Royal Trust who retired after March 1, 1994 and prior to January 1, 2010; and
- RBC Insurance who retired after January 1, 1999 and prior to January 1, 2010.



This booklet is intended to provide a reasonable and easy-to-understand summary of the main aspects of the *Retiree Benefits Program* applicable to eligible Canadian employees of Royal Bank and Royal Trust who retired after March 1, 1994 and prior to January 1, 2010 and employees of RBC Insurance who retired after January 1, 1999 and prior to January 1, 2010.

All of the benefits outlined in this booklet are governed by separate governing policies. Every effort has been made to provide an accurate summary. If there are any differences between the information in this booklet and in the governing policies, the governing policies will rule. In no way does this booklet create or confer to you any contractual rights or obligations.

While it is our intention to offer a benefits program to retirees who qualify, RBC and its subsidiaries reserve the unilateral right to change, amend or terminate in part or in whole its retiree benefits program at any time, including the right to amend the terms and conditions of the various coverages and to change the amount charged to the individual retirees.

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INTRODUCTION

You were eligible to participate in the *Retiree Benefits Program* if you met the *eligibility* criteria set out on [page 4](#).

Provincial healthcare plans

The *Retiree Benefits Program* is designed to supplement your provincial healthcare plan, providing a level of coverage for many healthcare expenses that are outside of your provincial plan coverage.

Provincial healthcare plans typically cover a range of medical items, services and supplies, which may include:

- doctors' and surgeons' fees;
- specialists' fees when referred by a general practitioner;
- diagnostic procedures, including X-rays and lab tests;
- standard ward hospital accommodation;
- out-patient treatment; and
- other services not mentioned above.

As the consumer of the service, it remains your responsibility, in consultation with the healthcare professional providing the service, to ensure you are aware of applicable provincial limitations.

Your provincial healthcare plan is first payer

Any services that are covered by your provincial healthcare plan must first be submitted to that plan. Any unpaid portion may then be payable from the *Retiree Benefits Program* in accordance with the provisions of the program. Only eligible expenses are reimbursed in accordance with the provisions of the *Retiree Benefits Program*.

Under no circumstances, including any misunderstanding of what is an eligible expense, will the administrator reimburse an ineligible expense. In cases where a portion of an expense is reimbursed by the provincial healthcare plan, provincial legislation may exist that prohibits a private plan from covering the portion paid by the individual.

Changes to provincial healthcare plans, the introduction of new medical and dental services, or the development of new prescription drugs will not result in automatic adjustments to the *Retiree Benefits Program*. RBC continually monitors the benefits program to determine what, if any, adjustments are required.

RBC reserves the right to amend the *Retiree Benefits Program* in any respect at any time, including the benefits payable to retirees. RBC also reserves the right to terminate the *Retiree Benefits Program* in whole or in part at any time.

IMPORTANT INFORMATION

Eligibility

You were eligible to participate in the *Retiree Benefits Program* provided you are:

- a Royal Bank or Royal Trust employee who retired after March 1, 1994 and prior to January 1, 2010 **or**
- an RBC Insurance employee who retired on or after January 1, 1999 and prior to January 1, 2010 **and** you continue to meet the following criteria:
- you are residing in Canada and have coverage under a provincial healthcare plan, **and**
- you fulfill the eligibility criteria under this program for coverage to be extended into retirement (as described under the relevant contract/policy), **and**
- you are in receipt of a pension or a retirement allowance, and an employee of Royal Bank or Royal Trust retired on or after March 1, 1994 and prior to January 1, 2010, or an employee of RBC Insurance who retired on or after January 1, 1999 and prior to January 1, 2010.

In the event of your death, an eligible surviving [spouse/partner](#) and/or eligible [dependent child\(ren\)](#) may continue to participate provided this coverage is in effect prior to your death.

Covering your family

Benefit plans are not just about you; they are also about your family. That's why the *Retiree Benefits Program* allowed you to extend coverage to your eligible family members (see below) under the available healthcare benefit options if you elected enhanced. There are three levels of coverage:

- **Retiree only** – only you will be covered.
- **Retiree + one dependent** – you and your *spouse/partner* or one eligible *dependent child* will be covered.
- **Retiree + two or more dependents** – you, your *spouse/partner* and/or eligible *dependent children* will be covered.

The level of coverage you selected applies to each of the available plans – Supplementary Medical, Emergency Out-of-Province/Country Medical and Travel Assistance, Prescription Drug and Dental Plans.

Eligible dependents

An eligible dependent is any person who qualifies as a retiree's *spouse/partner* or *dependent child(ren)* as outlined in the Glossary of Terms (see [pages 29-30](#)).

Note: You must advise the **Human Resources Service Centre** if and when you no longer have a *spouse/partner* or when your child is no longer an *eligible dependent* so that your coverage and premiums can be adjusted accordingly. Premiums will continue to be collected until you advise us of a change and premiums will not be refunded.

Eligible change event (gaining or losing a dependent)

You must advise the **Human Resources Service Centre** in the event of death, divorce, disqualification of your *spouse/partner*, or when your child is no longer an *eligible dependent* so that your coverage and premiums can be adjusted, where applicable.

- *Spouse/partner* coverage can be cancelled at any time. Once coverage has been cancelled it cannot be reinstated at a later date.
- *Dependent child* coverage can be cancelled at any time. Child coverage may be reinstated at a later date provided your child fulfills the definition of an eligible *dependent child*.

Quebec residents

For retirees living in Quebec, and below age 65, the law requires that you select a minimum level of drug coverage for you and your eligible dependents (i.e., coverage that is compliant with the Régie de l'assurance-maladie du Québec (RAMQ)), unless you have comparable coverage under another plan.

Residency outside of Canada

If you take up residence outside of Canada, your *Retiree Benefits Program* healthcare coverage, including Emergency Out-of-Province/Country coverage, will be suspended and your Accidental Death & Dismemberment will cancel permanently. Should you relocate back to Canada at a later date, your *Retiree Benefits Program* healthcare coverage will be reinstated upon confirmation of your provincial healthcare plan participation. Your healthcare premium will be the rates in effect at the time of your return. Please contact the **Human Resources Service Centre** at **1-800-545-2555** for details and to confirm your date of relocation.

Reducing coverage after retirement

- **Healthcare:** you can reduce and/or cancel your coverage at any time. Coverage cannot be increased.
- **Basic Life Insurance:** you can cancel your coverage at any time.
- **Optional Life & Accidental Death & Dismemberment Insurance:** you can cancel or reduce at any time.

In all cases, appropriate documentation is required to be provided to the **Human Resources Service Centre** in order for your change to take effect. Coverage cannot be reinstated at a later date. Please contact the **Human Resources Service Centre** at **1-800-545-2555** for additional information.

Beneficiaries

The person or persons you name as your *beneficiary* (using the *Beneficiary Designation Form*) will receive your Basic Life Insurance, Optional Retiree Life Insurance, as well as any Accidental Death and Dismemberment Insurance (AD&D) if you die as a result of a covered accident. If you have not named a *beneficiary* using the *Beneficiary Designation Form*, the benefit will be paid to your estate.

You are automatically the *beneficiary* of any Optional Spousal Life Insurance or Optional Child(ren) Life Insurance payable under the *Retiree Benefits Program* as well as any Accidental Death & Dismemberment (AD&D) Insurance paid on behalf of a covered family member.

A *Beneficiary Designation Form* is available from the RBC pensioners' website at www.rbc.com/pensioners/. You can update your beneficiaries at any time by completing a new *Beneficiary Designation Form*.

When designating your *beneficiary(ies)*, keep in mind the following:

If you appoint multiple beneficiaries...

If you appoint more than one person as *beneficiary* for the same benefit, you can specify what percentage of the benefit each will receive; however, the total must add up to 100%.

If you want to appoint minor beneficiaries...

If you name a minor *beneficiary*, they will not have access to any insurance payout until reaching the age of majority – unless you take the necessary legal steps before your death. Those steps vary from province to province. Before naming a minor *beneficiary*, you may wish to seek legal advice.

In Quebec, when a death benefit under a life insurance policy is payable to a minor *beneficiary*, it must be paid to the parent(s) (or a tutor or curator as defined by the Quebec Civil Code, if applicable), and not to anyone else who might be named as administrator/trustee of the proceeds.

If you live in Quebec and designate your legally married or civil union spouse/partner...

Under Quebec law, if you designate your legally married or civil union *spouse/partner* as *beneficiary*, this designation will be irrevocable unless you specify that it is revocable on the form. If you specify that a designation is revocable, then you can change your *beneficiary* at any time without the consent of your *spouse/partner*. To change an irrevocable designation, you will need the written consent of your *spouse/partner*.

Marriage after retirement

If you should marry, remarry, or acquire a new *spouse/partner* after your retirement, your new *spouse/partner* is not eligible for benefits*. In the event you subsequently die and are survived by your new *spouse/partner*, he or she is still not eligible for benefits.

*For more information on *Retiree Benefits Program* coverage for Quebec residents, see [page 31](#).

Co-ordinating claims

If you, your *spouse/partner*, or an *eligible dependent* are covered under the *Retiree Benefits Program* and are also covered for similar benefits under another group plan, your expense claims may be co-ordinated under both plans. Keep in mind, payment from all sources cannot exceed the total of all eligible expenses incurred.

[Co-ordination of benefits](#) can also apply in situations where your *spouse/partner* works for, or has retired from RBC. Sun Life will automatically co-ordinate the claim based on the information provided.

To ensure prompt processing of claims, you are required to comply with the following industry procedures:

- When co-ordinating benefits with a *spouse/partner's* plan, you must submit claims for yourself through the *Retiree Benefits Program* first. Any unpaid personal claims can then be submitted through your spouse's or partner's plan.
- If you are actively employed (other than at RBC), you must first submit claims for you and your covered dependents to your employer's service provider(s). Any unpaid claims can then be submitted through the *Retiree Benefits Program*.
- Your *spouse/partner* must submit personal claims through his or her benefit plan first. If that plan doesn't cover the full cost of the service or procedure, you can claim the remaining expense through the *Retiree Benefits Program*.
- Claims for *dependent children* are to be submitted first to the plan of the parent whose birthday falls earlier in the year. If you were born in March, for example, and your *spouse/partner* was born in July, you would submit claims for *dependent children* to the *Retiree Benefits Program* first. Again, any uncovered expenses could, in turn, be submitted to your *spouse/partner's* plan as a secondary payer.

Claim payments and explanation of benefits

Reimbursement of claims is credited directly to the bank account from which your pre-authorized regular monthly premiums are deducted and/or your pension payments are made. An Explanation of Benefits (EOB) will be provided, reflecting both the amount eligible and the amount reimbursed.

If you prefer, a "paperless" EOB may be e-mailed to you once your claim has been processed. You can register for paperless EOBs from Sun Life Member Services, Paperless Payments at: www.mysunlife.ca. If you do not register for the paperless option, an EOB will be mailed to the home address on your claim form.

Premium deductions

Under the *Retiree Benefits Program* regular monthly premiums will be deducted from your bank account through pre-authorized debit and/or your Monthly Pension Payment if you are a member of the Defined Benefit option of the *RBC Retirement Program*. Healthcare and insurance premiums are based on the coverage selected and the rates in effect. Funds for these deductions must be in your bank account in order for coverage to be effective. Should no funds be available in your bank account, coverage is at risk of being terminated.

Retail sales tax

In certain provinces (currently Ontario, Quebec and Manitoba), retail sales tax will be added to premiums paid for Optional Life Insurance and Accidental Death & Dismemberment and deducted from your Monthly Pension Payment. Furthermore, if you are a resident of Ontario or Quebec, retail sales tax will also be added to premiums paid for the Healthcare coverage and deducted from your Monthly Pension Payment.

Tax treatment

Current legislation requires that you pay income tax on the premiums and retail sales tax (if applicable) that RBC pays to provide you with coverage under the Basic Life Insurance Plan. Your total taxable amount for this benefit appears each year on your T4A slip and Relevé 1 slip (Quebec residents only).

Quebec residents: refer to [page 31](#) for additional tax treatment information.

Survivor benefits

The *Retiree Benefits Program* Healthcare plans, (e.g., Supplementary Medical, Emergency Out-of-Province/Country Medical and Travel Assistance Plan, Prescription Drug and Dental Plans) include the following survivor benefits.

If, at the time of your death, you are participating in the *Retiree Benefits Program*:

- your surviving *spouse/partner*, if already covered under the program, will continue to be eligible for coverage; and
- your surviving *dependent children*, if already covered under the program, will continue to be eligible for coverage, until such time as they no longer qualify as a dependent.

For more information on *Retiree Benefits Program* coverage for Quebec residents, see [page 31](#).

When coverage ends

Under the *Retiree Benefits Program*, your coverage under the Healthcare plans will end on the earlier of the following dates:

- the date you cancel coverage with no possibility of reinstatement, or
- upon your death.

Coverage for your *spouse/partner* (if covered) will end upon his or her death. Coverage for eligible children will end when they no longer qualify as *dependent children*.

In the case of Emergency Out-of-Province/Country Medical and Travel Assistance, coverage will also end on the earliest of:

- the end of the 31st day of any out-of-province/country trip,
- your return to your province of residence following a trip,
- you no longer qualify for benefit coverage, or
- the termination of your coverage under a provincial healthcare plan.

Should your coverage end, you may wish to contact [RBC Insurance](#) or [Sun Life](#) to see what individual policy options may be available.

Amendment and termination

RBC and its subsidiaries reserve the unilateral right to change, amend or terminate the contracts and/or policy documents at any time, and may be required to do so because of changes to legislation. In addition, RBC reserves the right to amend the terms and conditions of the various coverages, as well as the amount charged to the individual, at any time.

YOUR HEALTHCARE OPTIONS

The *Retiree Benefits Program* offers two benefit options as follows:

- **Basic** – Retiree only.
- **Enhanced** – Retiree only, or retiree and *eligible dependent(s)*.

Your selected option applies to all plans:

Supplementary Medical, Emergency Out-of-Province/Country Medical and Travel Assistance Plan, Prescription Drug and Dental Plans.

SUPPLEMENTARY MEDICAL PLAN

The following is a summary of the eligible expenses that will be covered, at the set reimbursement rate, under the healthcare option selected. These expenses are eligible provided they are:

- medically necessary,
- *reasonable and customary*,
- recommended by a qualified physician, and
- covered under the option you select.

Reasonable and customary amounts

The program will reimburse the cost of eligible services or supplies up to the *reasonable and customary amounts* at the time of purchase including frequency limits and amount charged, in the province where you live. The program will not pay for costs that exceed these *reasonable and customary amounts*. For the *current reasonable and customary amounts*, please contact **Sun Life** at **1-800-305-5905**.

Supplementary Medical Plan		
Your Coverage	Basic	Enhanced
Reimbursement level <i>(unless otherwise reflected)</i>	70%	80%
Hospital	Covers the difference between the public ward allowance under your provincial healthcare plan and the cost of semi-private or private accommodation in a Canadian <i>hospital</i> . Coverage is from the first day of your <i>hospital</i> stay. This benefit is reimbursed at 90%. Expenses are deemed eligible provided that <i>hospital</i> accommodation is medically necessary. Should you no longer need to remain in the <i>hospital</i> but require an Alternate Level of Care (ALC), these charges are not eligible under the provincial healthcare plan nor are they eligible under RBC's plan. ALC is for chronic care when a patient is placed in a chronic ward while waiting for a room in a <i>nursing home</i> (or to go home and be cared for by family members).	
Private duty nursing	Reimburses 70% under the Basic and Enhanced option for up to 1,440 hours per disability per person for the care provided in the home (excluding custodial care) by a provincially licensed registered nurse or nursing assistant, who is not a member of your family, and does not normally live in your home. Coverage is subject to a physician's written recommendation. The medical necessity must be established to the satisfaction of the plan administrator and, benefits are not payable if rendered in a <i>hospital</i> .	
Convalescent / Nursing home	Reimbursement for semi-private room accommodation in a qualified <i>convalescent hospital</i> or <i>nursing home</i> for up to a combined period payable of 180 days for all periods of an illness due to the same or related cause. Accommodation must be recommended by the attending physician and for rehabilitation and not primarily for custodial care. Custodial Care is non-medical care that means you require assistance with activities of daily living such as dressing, bathing and using the bathroom.	
Ambulance	Reimbursement for the use of a licensed ambulance for transportation to and from a hospital. Only those expenses not covered by your provincial healthcare plan will be reimbursed.	

Your Coverage	Basic	Enhanced
Wigs	\$200 per person in any two consecutive years (Enhanced option it is every 12 months) when your loss of hair is due to unnatural causes, such as post-chemotherapy hair loss (includes alopecia).	
Breast prostheses and surgical brassieres	Up to three brassieres at a combined maximum of \$1,000 per person per <i>benefit year</i> required as a result of surgery.	
Orthopaedic shoes and orthopaedic inserts	Not covered	Combined maximum of one pair of shoes or inserts up to \$200 per person per <i>benefit year</i> for custom-made or modifications to orthopedic shoes or inserts, when prescribed by a doctor, podiatrist or chiroprapist.
Dental accident	Reimbursement for eligible expenses for dental services to repair damage to natural teeth caused by an accidental blow. Treatment within six months of the accident will be covered. The plan will not cover more than the fee stated in the Dental Association Fee Guide for a general practitioner in the province where you live. The guide must be the current guide at the time that treatment is received.	
Visual therapist or audiologist	\$500 per <i>benefit year</i> for the services of a licensed qualified visual therapist or audiologist. You do not, however, need to be referred for treatment by a physician.	
Speech therapist	\$500 per <i>benefit year</i> for the services of a licensed qualified speech therapist. You do not, however, need to be referred for treatment by a physician.	
Psychologist	\$500 per <i>benefit year</i> for the services of a licensed qualified psychologist, including initial testing. You do not, however, need to be referred for treatment by a physician.	
Physiotherapist	\$500 per <i>benefit year</i> for the services of a licensed qualified physiotherapist. You do not, however, need to be referred for treatment by a physician.	
Paramedical (other than physiotherapist, psychologist and visual therapists)	\$500 combined per <i>benefit year</i> for the services of chiropractors, osteopaths, naturopaths, podiatrists, chiroprapists, acupuncturists, massage therapists, orthotherapists, occupational therapists, including diagnostic X-rays. Paramedical services must be provided by a licensed practitioner to qualify for reimbursement. You do not, however, need to be referred for treatment by a physician. Only those expenses not covered by your provincial healthcare plan will be reimbursed.	
Hearing aids, molds, Cochlear device, or hearing aid batteries	Up to \$1,500 every 48 months. Claims reimbursed are subject to the <i>reasonable and customary amount</i> in effect at the time the expenses was occurred and provided it is prescribed by an ear, nose and throat specialist. It is important to note that a hearing-aid claim will be reviewed based on your purchase date, and not on the date of your examination, prescription or claim submission.	
Vision care (including intraocular lenses)	Not covered	\$150 every 24 months; \$150 every 12 months for children age 16 and under; must be prescribed in writing by an ophthalmologist or a licensed optometrist.
Eye examinations	Not covered	Once in a 12-month period when that service is not provided by the provincial healthcare plan.

Your Coverage	<i>Basic</i>	<i>Enhanced</i>
Medical equipment & supplies	<p>Coverage includes (but is not limited to) the following based on a physician's written recommendation:</p> <ul style="list-style-type: none"> • Wheelchair, hospital bed, or other durable equipment rented (or purchased at Sun Life's option) for temporary therapeutic use, casts, splints, trusses, braces and crutches, and the initial issue or replacement of artificial limbs or eyes to replace natural limbs or eyes lost, but excluding myoelectric appliances. Sales tax and delivery charges will be considered eligible expenses. • Charges for a dextrometer, a glucometer or a medi-jector rented (or purchased at Sun Life's option), provided only for an insulin-dependent diabetic whose control is difficult to maintain with conventional methods, and if recommended in writing by a specialist in internal medicine or a diabetologist. Charges for the repair of a dextrometer or a glucometer, due to medical necessity, or for its replacement, provided at least five years have elapsed since the equipment was acquired. • Charges for a CPAP (continuous positive Airway Pressure) machine and mask. 	
Diagnostic tests and X-ray services	<p>Covers laboratory tests and diagnostic services done in a commercial laboratory, provided reimbursement is not available under your provincial healthcare plan. Coverage includes:</p> <ul style="list-style-type: none"> • blood tests and blood plasma; • echography (e.g., ultrasound) other than for pregnancy; • X-rays, radium and isotope therapy; and • thermograms and mammograms but excluding any tests performed in a <i>qualified physician's</i> office or a pharmacy. 	
Oxygen	Supply of oxygen and the rental of its equipment	
Artificial limbs and eyes	Covers artificial limbs and eyes, including replacements, when medically necessary, including sales tax and delivery charges, but excluding myoelectric appliances.	
Stump socks	Maximum of five pairs per person per <i>benefit year</i> .	
Elastic support stockings	Covers elastic support stockings, including pressure gradient hose, based on the <i>reasonable and customary amount</i> in effect at the time of purchase.	
Homecare equipment	Not covered	<p>\$1,000 lifetime maximum per person of the cost for medically required home care equipment, subject to a <i>qualified physician's</i> written recommendation. Refer to Sun Life for details and prior approval. Items considered eligible for reimbursement are: bathroom safety items (for disabled persons) and wheelchair ramps. Not eligible are items such as: air filters for furnaces, and Obus Forme backrest supports.</p>

What's not covered

Regardless of the benefit option you select, the *Retiree Benefits Program* Supplementary Medical Plan does not pay any benefit, or accept liability for claims relating to:

- Services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, except as described below under Integration with government programs.
- Expenses for the portion of services covered under your provincial healthcare plan. Expenses for these services can be claimed only after your provincial plan has paid out the annual maximum benefit allowed under that plan.
- Charges for any illness or injury for which compensation is provided under a *Workers' Compensation Act*, a *Criminal Injuries Compensation Act*, or similar legislation.
- Any services or supplies that are not usually provided to treat an illness, including experimental treatments.
- Charges above what is considered *reasonable and customary*.
- Expenses that you are not legally obligated to pay.
- Any illness or injury that is the result of:
 - committing or attempting to commit an unlawful act;
 - insurrection or war (declared or not); or
 - participation in any riot, civil commotion or any other act of aggression.
- Charges by a physician for travel time, cancelled appointments, advice given over the phone, completion of forms, or preparation of a letter.
- Charges for equipment considered by the plan administrator to be ineligible, such as insulin pumps.

Integration with government programs

The Supplementary Medical Plan will integrate with benefits payable or available under the government-sponsored plan or program (the government program).

The covered expense under this plan is that portion of the expense that is not payable or available under the government program, regardless of:

- whether you have made an application to the government program,
- whether coverage under this plan affects your eligibility or entitlement to any benefits under the government program, or
- any waiting lists.

EMERGENCY OUT-OF-PROVINCE/COUNTRY MEDICAL AND TRAVEL ASSISTANCE PLAN

The *Basic* and *Enhanced* options include coverage under the *Retiree Benefits Program's* Emergency Out-of-Province/Country Medical and Travel Assistance Plan. This plan provides both assistance and financial protection if you have a **medical emergency** during the *first 31 days* of a trip outside your province of residence. If you elected *Enhanced* coverage for *retiree and eligible dependents*, your *spouse/partner* and/or *eligible dependents* will also qualify for coverage.

Emergency Out-of-Province/Country Medical and Travel Assistance Plan		
Your coverage	<i>Basic</i>	<i>Enhanced</i>
Coverage for the first 31 days of a trip	100%	100%

A **medical emergency** is a sudden, unforeseen injury or acute episode of disease which commences during the period of coverage and which results in a **medical condition** requiring immediate treatment from a *qualified physician* or immediate hospitalization.

If you are travelling outside of Canada or the United States, it is recommended that in advance of your trip you obtain the Canada Direct telephone number for the country you are travelling to in order to make it easier to contact *Assured Assistance Inc.* in the event of an emergency. These numbers are available by going to <http://www.infocanadadirect.com>.

Eligible expenses

The plan covers *reasonable and customary* expenses in excess of the amount covered by your provincial healthcare insurance plan or other source of similar coverage for:

- hospital room and board in a ward or semi-private room;
- hospital services and supplies;
- the services of a *qualified physician*;
- diagnostic services;
- out-patient services;
- ground ambulance transportation to and from a hospital when medically necessary; and
- air ambulance transportation when medically necessary and pre-approved by *Assured Assistance Inc.*

Medical Condition

A **medical condition** is accidental bodily injury or sickness (or a condition related to that accidental bodily injury or sickness), including disease, acute psychoses and complications of pregnancy occurring within the first 31 weeks of pregnancy.

The plan will reimburse 100% of eligible expenses not covered under your provincial healthcare plan or other sources of similar coverage. In all cases, treatment must be the result of a **medical emergency** that occurs while you and/or your covered family members are temporarily outside of your province of residence or Canada, and within the first 31 days of your departure.

Travel medical and claim assistance

The plan provides emergency medical and claim assistance through a worldwide communications network that operates 24 hours a day, seven days a week. The network locates medical services and obtains insurer approval for covered services.

If you, your *spouse/partner* or *eligible dependents* experience an unexpected **medical emergency** that requires immediate treatment while travelling, you should contact *Assured Assistance Inc.* before seeking medical attention when possible at:

- Canada and the U.S.: **1-866-496-5254** (toll-free)
- Worldwide: **1-905-816-1202** (collect)
- Fax: 1-905-813-4719 (outside North America)
- Fax: 1-888-298-6340 (toll-free in North America)

Travel assistance card

A travel assistance card with the contact information listed above can be found on [page 33](#).

Medical assistance services

Assured Assistance Inc. provides a number of important medical services:

- Emergency response in many different languages.
- Referral to a certified medical facility.
- Arrangement of direct payment whenever possible to the provider for *reasonable and customary amounts* for the treatment of an unexpected **medical emergency** not covered by your provincial healthcare plan. Coverage includes:
 - hospital room and board in a ward or semi-private room,
 - hospital services and supplies,
 - diagnosis and treatment by a *qualified physician*,
 - out-patient services, and,
 - arranging billing for medical treatment.
- Emergency transportation to a facility that is equipped to provide the necessary treatment.
- Contacting and updating your family, place of business or family physician.
- Monitoring of the medical treatment with the medical professionals treating you.

Non-medical assistance services

The plan also covers a number of non-medical services:

- Subsistence allowance that covers reimbursement for the covered person's commercial accommodations and meals, essential telephone calls and taxi fares, if, upon physician's advice:
 - the covered person, or the covered person's travelling companion (who must be covered under this plan), are relocated to receive medical attention; or
 - the covered person is delayed beyond his/her return date in order to receive emergency treatment for an emergency covered under this insurance.

The benefit is up to C\$150 per day to a maximum of C\$1,500 per family and is subject to pre-authorization by *Assured Assistance Inc.*

- Return transportation (via economy class) for insured children left unattended due to the death or hospitalization of a covered person. Where necessary, a qualified attendant will be provided.
- Economy-fare transportation for one family member to join a covered person who, while travelling alone, has been hospitalized for more than four consecutive days. Coverage is only extended to a family member insured under this plan.
- The extra cost of a one-way economy-class ticket home for covered persons who miss their originally-scheduled flight due to an accident or illness.
- If the covered person is unable to drive due to a **medical emergency** and no one else is available to drive, the plan will pay up to C\$1,000 towards returning the covered person's vehicle to his or her home, or the nearest rental agency.
- If deceased, preparation of a covered person's remains, to a maximum of C\$3,500, and transportation to his or her hometown in Canada. Coverage does not include the cost of cremation or burial.

Travel Medical Insurance

As an additional source of financial protection for your family, you and your immediate family are eligible for discounted rates from **RBC Insurance** on Travel Medical Insurance.

For the *Basic* and *Enhanced* healthcare options, which include Emergency Out-of-Province/Country Medical and Travel Assistance coverage for the first 31 days of your trip, you may purchase travel medical coverage beyond the first 31 days. Coverage must be in place prior to your trip.

You can apply for:

- single-trip coverage for one trip lasting up to 183 days, or
- multi-trip annual coverage of up to 365 days.

To obtain coverage or more information, call **RBC Insurance** at **1-800-565-3129**. You can find a full listing of RBC Insurance service centres and offices across Canada at: www.rbcinsurance.com/contact_index.html.

What's not covered

The following expenses will not be covered:

- Any illness or injury that occurs beyond the 31st day of your trip outside of your province of residence.
- Treatment for any **medical condition** that:

- is not considered a **medical emergency**;
- prior to your trip, it was reasonable to expect a covered person would require treatment or hospitalization during your trip;
- prior to your trip, was identified as requiring immediate care or further investigation or treatment other than routine monitoring;
- continues or recurs after you have been advised to return home or move to a different medical facility.
- Claims arising from pregnancy or childbirth after the 31st week of pregnancy (including care for a child born during your trip).
- Charges for treatment if you are medically able to return home or transfer to a medical facility that is part of the *Assured Assistance Inc.* medical network.
- Charges for invasive or aggressive investigation or surgery that is not pre-authorized by *Assured Assistance Inc.*
- Any illness or injury resulting from:
 - an intentionally self-inflicted bodily injury or sickness;
 - committing or attempting to commit an unlawful act;
 - insurrection or war (declared or not);
 - participation in any riot, civil commotion or any other act of aggression;
 - any occupation or paid employment;
 - an accident while operating a vehicle, vessel or aircraft while impaired by drugs or alcohol;
 - the abuse or chronic use of alcohol or drugs prior to or during your trip; or
 - deliberate non-compliance with medical treatment prescribed by a physician.
- Any medical treatment if you travelled to obtain medical treatment or advice.

When coverage ends

Your coverage will end on the earliest of:

- the end of the 31st day of any out-of-province/country trip.
- your return to your province of residence following a trip,
- you no longer qualify for the benefit, or
- the termination of your coverage under a provincial healthcare plan.

PRESCRIPTION DRUG PLAN

The cost of prescription drugs is typically the largest and fastest growing healthcare cost for Canadians. The *Retiree Benefits Program* provides a range of coverage choices designed to assist in meeting your personal needs, and to supplement any coverage provided under provincial healthcare plans.

Prescription Drug Plan		
Your coverage	<i>Basic</i>	<i>Enhanced</i>
Reimbursement level	70% of drugs listed under elected Formulary (A or B)	80% of drugs listed under elected Formulary (A or B)
Annual deductible	\$0	\$0

The Prescription Drug Plan's *Basic and Enhanced* options provide prescription drug coverage under one of two drug formularies. A formulary is simply a list of eligible drugs covered by the plan.

These two managed formularies are updated several times a year. New drugs are reviewed regularly, and generic drugs and line extensions are reviewed as they come on the market. New drugs are assessed by *ReVue*, an independent consulting group comprised of independent pharmacists, experts in drug research and physicians. Those drugs that receive a favourable assessment by *ReVue* are added to both Formulary A and B. You can review both formularies at www.mysunlife.ca.

Reimbursement at generic equivalent drug cost

The Prescription Drug Plan includes a *generic equivalent drug* provision. This means that when a brand named drug is purchased when there is a lower cost *generic equivalent drug* available, the drug plan will reimburse eligible drugs only up to the *generic equivalent drug* cost. A *generic equivalent drug* is a drug with the same active ingredients at the same doses as the brand name original of the drug, but is normally available at a lower cost without the brand name attachment. Generic equivalents are introduced into the market only when the patent protection on brand name drugs expires.

Certain restrictions and exceptions may exist under this provision. For example, if a lower cost *generic equivalent drug* is not available, or the prescribing physician indicates that no substitutions are to be made for the brand name drug, then the brand name cost may be eligible for reimbursement.

Prescription Drug Card

A drug card is provided for coverage under the *Basic and Enhanced* options. A drug card enables your pharmacist to verify your coverage and process drug claims at the pharmacy. The pharmacist will bill the plan directly for all eligible expenses reimbursed. You pay only the portion of the drug expense that is not covered or not fully covered.

Keep in mind that not all drug expenses can be processed with your drug card. If you need to submit a paper-based claim, you will need to include the policy number (25108).

To be eligible for reimbursement, expenses must be claimed within one year from the date incurred.

Eligible expenses

The Prescription Drug Plan covers certain drugs prescribed by a physician, dentist or, where applicable under provincial law, other qualified health professionals. The plan covers the cost of prescription drugs up to the amount charged for a *generic equivalent drug*.

To be eligible for coverage, drugs must be:

- listed on the applicable managed formulary (i.e., Formulary A or B);
- listed in the federal or provincial drug schedules; and
- assigned a Canadian drug identification number (DIN).

The payment for a single purchase of an eligible expense is limited to the cost of a supply which could reasonably be consumed or used from the date of purchase within:

- 34 days for items available with the drug card;
- 3 months for items not available with the drug card; or
- 100 days, as ordered by a physician, for maintenance drugs.

To request reimbursement for a 100-day supply of a particular maintenance drug instead of the usual 34-day supply, refer to the RBC Pensioner website at www.rbc.com/pensioners/ to print the *Prescription Drug Plan Maintenance Drug Request* form.

The following items are covered under both Formularies and are available using your drug card:

- medication listed in the federal or provincial drug schedules which has a Drug Identification Number (DIN) and requires a prescription;
- oral contraceptives;
- drugs for sexual dysfunction, up to \$1,200 per person per *benefit year*;
- disposable needles, syringes, lancets and chemical reagent testing materials used to monitor diabetes;
- injectable drugs, vitamins and allergy extracts with a DIN (drug identification number);
- extension devices for inhaled medications;
- extemporaneous preparations and compounds, of which at least one ingredient is an eligible drug under this benefit provision; and
- life-sustaining drugs (e.g., insulin).

Drug Formularies

You can review and compare both Formularies A and B by linking to Sun Life's member website at www.mysunlife.ca. You'll need your access ID and password. If you don't have an access ID, or forgot your ID or password, call Sun Life Financial's Customer Care Centre at 1-800-305-5905.

The following items are covered, but are not available with your drug card:

- compound serums that require a prescription;
- varicose vein injections, if medically necessary;
- vaccines used to prevent disease (for dependent children age 16 or under);
- diaphragms, intrauterine devices (IUDs), and contraceptive implants;
- colostomy supplies; and
- drugs for weight loss, provided:
 - they are prescribed for obesity or Type 2 diabetes;
 - a physician's written recommendation is submitted with the claim; and
 - the individual's body mass index (BMI) is greater than 27 with co-morbidities or greater than 30 if no co morbidities.

Quebec residents

Retirees living in Quebec should be aware that some prescription and non-prescription drugs (and some dietary supplements) are covered by the Régie de l'assurance-maladie du Québec (RAMQ), except where covered by a group plan. As a result, *Retiree Benefits Program* is obligated to cover these expenses. These expenses can be submitted to Sun Life for approval and payment up to the RAMQ reimbursement level.

In addition, when there is a generic substitution and if you are taking a brand-name drug on RAMQ's formulary (where a generic exists), the reimbursement level is decreased to the RAMQ amount – currently 68%.

For more information on *Retiree Benefits Program* coverage for Quebec residents, see [page 31](#).

Special provincial drug programs are integrated

Some provinces have special disease-specific programs that cover drugs beyond the basic provincial drug program. To help you get the coverage you are entitled to, Sun Life has enhanced their drug claims process. The process will help ensure that you benefit from these provincial programs if you are eligible, while also managing future costs to our drug plan. Sun Life will help you with the claims process if you are eligible for special provincial coverage.

The process is initiated by Sun Life. If you submit a claim for an eligible drug, you will receive a letter from Sun Life notifying that you may be entitled to coverage under a provincial program and that you need to apply. The letter will provide you with the instructions on the application process.

What's not covered

- Non-prescription or over-the-counter drugs (except life-sustaining drugs approved by the plan administrator).
- Any drug or item that does not have a drug identification number (DIN).
- Proprietary medicines bearing a GP (general product) number, as defined in Division 10 of the *Food and Drugs Act, Canada*.
- Homeopathic preparations.
- Drugs and treatments, and any services and supplies relating to the administration of the drug and treatment, administered in a *hospital*, on an in-patient or out-patient basis, or in a government-funded clinic or treatment facility.
- The cost of giving injections, serums and vaccines.
- Medicines obtained directly from a doctor or dentist.
- Hair growth stimulants.
- Any preventive immunization vaccine or toxoid (with the exception of *eligible children 16 & under*).
- Any allergy extract compounded in a lab and not bearing a DIN.
- Items deemed cosmetic, such as topical minoxidil or sunscreens (including those requiring a prescription), whether or not such items are prescribed for medical reasons.
- Any nicotine resin containing products to help a person quit smoking, whether or not they require a prescription.
- Natural health products, whether or not they have a Natural Product Number (NPN).
- Condoms or contraceptive applications (e.g., jellies, foams, sponges, suppositories, patches, etc.), whether or not prescribed for medical reasons.
- Oral vitamins, minerals, dietary supplements, infant formulas or injectable total parenteral nutrition (TPN) solutions whether or not such items are prescribed for medical reasons, except where federal or provincial law requires a prescription for their sale.
- Atomizers, prosthetic devices, first aid kits or equipment, electronic diagnostic monitoring or testing equipment, reusable insulin delivery devices, and spring-loaded devices to hold lancets, alcohol, alcohol swabs, disinfectants, cotton, bandages, or supplies and accessories for any of the above.
- Muscle relaxants that do not require a prescription.
- Charges covered under any provincial plan.
- Any charges stemming from an illness or injury that is the result of:
 - committing or attempting to commit an unlawful act;
 - insurrection or war (declared or not);
 - participation in any riot, civil commotion or any other act of aggression; or
 - any occupation or paid employment.

Note: This is not an all-inclusive list. If you have questions about your coverage for an expense not listed, please call Sun Life at 1-800-305-5905.

DENTAL PLAN

Your *Retiree Benefits Program* Dental Plan offers coverage for a range of preventive, routine and restorative procedures under the *Basic* and *Enhanced* options.

Dental Plan		
Your coverage	Basic	Enhanced
Basic and preventive	<p>70% reimbursement (up to the rate specified in the <i>Specified Fee Guide</i>) for the following services:</p> <ul style="list-style-type: none"> • up to two recall oral exams per person per <i>benefit year</i>, including teeth cleaning; • up to two complete oral examinations and one specialty exam per <i>benefit year</i>; • up to two fluoride treatments per person per <i>benefit year</i>; • polishing up to two times per <i>benefit year</i>; • routine scaling (by a licensed dental hygienist); • X-rays; • test and lab exams for basic services; • fillings (amalgam or composite); • extractions; • space maintainers; • pit and fissure sealants; • repair, relining or rebasing of dentures (by a licensed denturist, denture therapist, technician or mechanic); • oral surgery, including removal of impacted wisdom teeth; • oral hygiene instruction limited to once a <i>benefit year</i>; • required consultations with another dentist or specialist; • emergency or palliative services; and • removal of impacted teeth and related anaesthesia. 	<p>80% reimbursement (up to the rate specified in the <i>Specified Fee Guide</i>) for the services reflected under the <i>Basic</i> option.</p>
Endodontic / Periodontic	None	<p>70% reimbursement (up to the rate specified in the <i>Specified Fee Guide</i>) for the following services:</p> <ul style="list-style-type: none"> • treatment of periodontal and other diseases of the gums or tissues of the mouth; • endodontic treatment, including root canal therapy; and • test and lab exams for endodontic and periodontic services.

Your coverage	Basic	Enhanced
Major restorative	None	<p>50% reimbursement (up to the rate specified in the <i>Specified Fee Guide</i>) for the following services:</p> <ul style="list-style-type: none"> • the first installation, including adjustments, of a partial or full denture; • replacement of a denture that is at least five years old and no longer serviceable; • addition of teeth to an existing partial denture; • first placement of inlays, onlays and crowns; • replacement of inlays, onlays and crowns that are at least five years old and no longer serviceable; • repair or re-cementing of bridgework; • the first installation of bridgework; • replacement of bridgework that is at least five years old and no longer serviceable; and • test and lab exams for major restorative. <p>Implants are not covered. However, for an implant-related crown or prosthesis, the plan will pay the benefit that would have been payable for a tooth-supported crown or a non-implant related prosthesis, respectively. Any limitations that would have applied if there had been no implant will be taken into account. All other expenses related to implants, including surgery charges, are not covered.</p>
Orthodontia	None	<p>50% reimbursement to a lifetime maximum of \$2,000 per person for Orthodontic treatment and Orthodontic appliances (e.g., appliances to straighten permanent teeth, regain lost space, maintain space, correct cross-bites and/or control oral habits).</p>
Annual maximum	\$1,000 per <i>benefit year</i> for all services combined	\$3,000 per person per <i>benefit year</i> for all services including orthodontia.

Keep in mind that the Dental Plan will reimburse only *reasonable and customary* charges in the amount which is the lesser of:

- the fee guide for general practitioners which is current on the date of treatment for dental services or supplies approved by the Provincial Dental Association in your province of residence, and
- the current fee guide for general practitioners approved by the Dental Association in the province where treatment is received, and
- the least expensive service or supply that produces an adequate dental service.

Note: In Alberta, there is no fee schedule for general practitioners. Reimbursement rates for dental expenses are based on the fee schedule developed by the insurer.

Expenses incurred for dental services outside Canada are eligible expenses up to the lesser of:

- the amount that would be paid under this plan had the procedure(s) been performed in the retiree's province of residence, and
- in the province of the place of issue if the retiree does not reside in Canada.

What's not covered

- Supplies usually related to sports (e.g., mouth guards).
- Expenses covered under another *Retiree Benefits Program* (e.g., Supplementary Medical) or any other policy (e.g., under another group plan).
- Charges that exceed the *reasonable and customary amounts* for the least expensive alternative service or material that is consistent with normal dental care.
- Services or supplies that are considered by the plan administrator to be unreasonable under the terms of the contract.
- Expenses you would not normally incur in the absence of this coverage.
- Cosmetic dental care.
- Services or supplies for implantology.
- Charges related to temporomandibular joint (TMJ) treatment.
- Charges for a missed appointment, counseling or completion of a claim form.
- Experimental treatment.
- Expenses for lost or stolen dentures.
- Expenses arising from:
 - committing or attempting to commit an unlawful act;
 - insurrection or war (declared or not);
 - participation in any riot, civil commotion or any other act of aggression; or
 - injury or illness arising out of any occupation.

Specified Fee Guide

The fee guide for general practitioners that is current on the date of treatment for dental services or supplies approved by the Provincial Dental Association in your province of residence. When a fee guide is not published for a given year, the term fee guide may also mean an adjusted fee guide established by Sun Life.

Treatment plan

If treatment under the Dental Plan is expected to cost more than \$500, you should ask your dentist to submit a treatment plan to Sun Life before treatment begins. A treatment plan is simply a description of the proposed procedure and its related cost.

As plan administrator, Sun Life will review the treatment plan and report what portion of the cost (if any) is covered under the Dental Plan option you have selected. This will allow you to determine how much reimbursement you can expect – before your treatment begins and provided you and/or your eligible dependents remain eligible when the treatment occurs. For more information, call the Sun Life Customer Care Centre at **1-800-305-5905**, or go to the member website at www.mysunlife.ca.

RETIREE BASIC LIFE INSURANCE

As part of your *Retiree Benefits* coverage, RBC provides you with coverage in retirement based on the greater of:

- Less than 20 years of Total Company Service at date of retirement: 1 x your *benefit base* at retirement to a maximum of \$25,000, or
- Over 20 years of Total Company Service at date of retirement: 1 x your *benefit base* at retirement to a maximum of \$25,000 plus 50% of your *benefit base* in excess of \$25,000, or
- If you were employed by Royal Bank as of December 31, 1987 with no break in service after December 31, 1987: 1 x your *benefit base* as of December 31, 1987 to a maximum of your *benefit base* at retirement.

Retiree Basic Life Insurance is payable to your *beneficiary* upon your death for any cause. No evidence of insurability is required.

ADDITIONAL BENEFITS

OPTIONAL LIFE INSURANCE

Life insurance is an important source of financial protection for your family. If at retirement your life insurance needs exceeded the coverage provided under the Retiree Basic Life Insurance Plan, you were able to continue your employee optional life coverage for you, your *spouse/partner* and *dependent children* up to the limits set out below.

Coverage cannot be increased once retirement occurred and any election to reduce coverage cannot be subsequently increased. Coverage can be further reduced or cancelled at any time after retirement by completing a *Group Life and Accident Insurance Post Retirement Election Form*. Please contact the **Human Resources Service Centre at 1-800-545-2555** for assistance.

The Optional Life Insurance coverage was available as follows:

Optional Life Insurance
Offers continued optional life insurance coverage for you and/or your <i>spouse/partner</i> and <i>dependent children</i> .
<p>Optional Retiree Life Insurance</p> <ul style="list-style-type: none"> • For retiree under age 65: continue coverage at existing or reduced level in multiples of 1 to 7 times your <i>benefit base</i> at retirement. • For retiree age 65 to 69: maximum coverage reduces to 100% of your <i>benefit base</i> at retirement. • For retiree age 70 and up: maximum coverage reduces to 50% of your <i>benefit base</i> at retirement.
<p>Optional Spousal Life Insurance</p> <ul style="list-style-type: none"> • For <i>spouse/partner</i>, if retiree under age 65: continue spousal coverage at existing or reduced level to a maximum of \$90,000. • Coverage reduces to 50% of your previous spousal coverage to a maximum of \$45,000. • on the May 1st following/coincident with your 65th birthday. • No change at age 70.
<p>Optional Dependent Child(ren) Life Insurance</p> <ul style="list-style-type: none"> • Continue coverage of \$5,000 until no longer a dependent.

Premium deductions

How much you pay for Optional Life Insurance (retiree, *spouse/partner* and/or *dependent child(ren)*) will vary depending on your age and the amount of coverage you select. RBC reserves the right to adjust the premiums at any time.

When coverage ends

Your Optional Retiree Life Insurance coverage will end when you die. Coverage for your *spouse/partner*, and/or *dependent children* will end when your coverage ends, when your *spouse/partner* and *dependent children* no longer qualify as a *spouse/partner* or *dependent child* or when your *spouse/partner* and/or *dependent children* die, whichever comes first.

OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

The *Retiree Benefits Program* offers you retiree-paid Optional Accidental Death & Dismemberment (AD&D) Insurance. AD&D gives you an easy and affordable way to provide your family with additional financial protection. At the time of your retirement you were able to purchase coverage for yourself, your *spouse/partner*, and/or your *dependent child(ren)*. Coverage for your *spouse/partner* and/or *dependent child(ren)* cannot exceed the coverage you elected for yourself.

The AD&D Plan will provide you with a benefit if you suffer an accidental injury, as specified in the table of covered losses that follows. Your loss must:

- be a direct result of an accidental injury,
- occur within 365 days from the date of the accidental injury, and
- be total and irreversible or irrecoverable.

Optional Accidental Death & Dismemberment (AD&D) Insurance
Offers continued coverage for accidental injury for yourself, your <i>spouse/partner</i> , and/or your <i>dependent children</i> if resident of Canada.
<p>Retiree AD&D</p> <ul style="list-style-type: none"> • For retiree under age 65: coverage in effect at existing or reduced level (in units of \$50,000) to a maximum of \$500,000. • For retiree age 65 to 69: maximum coverage reduces to \$150,000. • Coverage ends when you reach age 70.
<p>Spousal AD&D</p> <ul style="list-style-type: none"> • For <i>spouse/partner</i>, if retiree under age 65: coverage in effect at existing or reduced level (in units of \$50,000) to a maximum of \$500,000 or the amount of your retiree AD&D coverage, whichever is lower. • For <i>spouse/partner</i>, if retiree age 65 to 69: maximum spousal coverage reduces to \$150,000 or the amount of your retiree AD&D coverage, whichever is lower. • Coverage ends when you reach age 70.
<p>Dependent Child(ren) AD&D</p> <ul style="list-style-type: none"> • For retiree under age 65: coverage in effect at existing or reduced level (in units of \$25,000) to a maximum of \$100,000 or the amount of your Retiree AD&D coverage, whichever is lower. • Coverage ends when you reach age 70 or your covered child(ren) are no longer dependent, whichever comes first.

Principal sum

The amount of coverage you select is known as the *principal sum*. For example, if you select five units of coverage for yourself, your *principal sum* would be \$250,000 (5 x \$50,000 = \$250,000). The maximum benefit payable is equal to the *principal sum* except where an accident results in irrevocable quadriplegia, paraplegia, hemiplegia, the loss of sight in both eyes, or the loss of both speech and hearing (see payment amounts below).

Premium deductions

How much you pay for AD&D coverage for yourself will vary depending on your age and the amount of coverage you select. The premiums for spousal coverage depend on the amount of spousal coverage and the age of your *spouse/partner*. RBC reserves the right to adjust the premiums at any time.

Payment amounts

Amounts payable under the plan will depend on the nature and extent of the injury. The table below outlines the percentage of the *principal sum* that will be paid out, depending on the plan and injury.

Covered loss	% of principal sum
Life	100%
Both hands or both feet	100%
One hand and one foot	100%
One hand and entire loss of sight of one eye	100%
One foot and entire loss of sight of one eye	100%
One arm or one leg	100%
One hand or one foot	100%
Entire sight in one eye	100%
Use of one hand	100%
Speech	100%
Hearing in both ears	100%
Hearing in one ear	50%
Thumb and finger on same hand	33 $\frac{1}{3}$ %
Four fingers of one hand	33 $\frac{1}{3}$ %
All toes of same foot	25%
Speech and hearing in both ears	200%
Entire sight in both eyes	200%
Quadriplegia (paralysis of four limbs)	200%
Paraplegia (paralysis of the lower portion of the body (including bowel and bladder) and both lower limbs due to injury of the spinal cord)	200%
Hemiplegia (paralysis of one side of the body)	200%
Permanent and Total Disability	100%

Loss means	
For hand or foot	Complete severance at or above the wrist or ankle joint, but below the elbow or knee joint.
For arm or leg	Complete severance at or above the elbow or knee.
For thumb and fingers	Complete severance at or above the knuckles joining the fingers to the hand.
For thumb and index finger	Complete severance between the wrist and the interphalangeal and proximal interphalangeal joints of one hand, respectively.
For toes	Complete severance at or above the knuckles joining the toes to the foot.
For hearing	Total and irrecoverable loss.
For speech	The entire and irrevocable loss of speech which does not allow audible communication of any degree.
For loss of sight	Means the entire and irrevocable loss of sight of an eye.
For loss of use that has been continuous for 12 months from the date of the accident	Permanent, total and irrecoverable loss of use.
For paralysis	Permanent and irrevocable paralysis.

Only one benefit – the largest amount – will be paid for all losses relating to the same accident. For example, if you permanently lost the use of an arm due to an injury, you would receive 100% of the *principal sum*. However, if in the *same accident*, you also lost all the toes on one foot, you would not be able to make a second claim for an additional benefit.

Exposure and disappearance

If a person suffers a loss specified in the *covered loss* table (see [page 23](#)) due to unavoidable exposure to the elements of nature after a conveyance in which the person was travelling, sinks, makes a forced landing or is lost, wrecked or stranded, such loss will be deemed to have occurred as a result of an accidental injury. A person is deemed to have suffered death by accidental injury if his body is not found within 365 days after a conveyance in which the person was travelling, sinks, makes a forced landing or is lost, wrecked or stranded.

Common accident

If you and your *spouse/partner* die as a direct result of a common accident within 365 days of such common accident, the amount of benefit payable for loss of *your spouse/partner's* life will increase to equal the amount payable for your loss of life provided spousal coverage was in place as of the date of the accident. However, in no event will the amount paid for both lives exceed the combined benefit maximum specified in the *covered loss* section above, maximum \$1,000,000.

Common accident means the same accident or separate accidents occurring within the same 24-hour period.

Permanent and total disability

If, as a direct result of an accidental injury, a person becomes *permanently* and *totally disabled* while insured for this benefit, the insurer will pay the *permanent and total disability* benefit shown in the group benefits schedule, provided:

1. the person becomes *permanently and totally disabled* within 365 days after the date of the accidental injury, and
2. the person has been *permanently and totally disabled* for a continuous period of 12 months and remains so disabled at the end of such period.

The benefit is payable to the person in a single payment.

Permanent and total disability

Permanent and total disability is defined as wholly and continuously disabled due to an accidental injury that is severe enough, in the insurer's opinion, to permanently prevent the person from working for pay or profit.

Additional coverage

In addition to the coverage outlined above, the AD&D Plan provides you and your covered family members with a range of additional benefits. These valuable benefits are summarized below:

Rehabilitation

If you are injured in an accident, the plan will cover reasonable and necessary costs associated with retraining you for an occupation that you would otherwise not pursue if within three years of the accident. Expenses must be incurred within three years of the accident. The maximum benefit payable is \$10,000. The plan does not cover room, board, ordinary living, travel or clothing expenses.

Spousal retraining benefit

If you die in an accident, the plan will cover the reasonable and necessary costs associated with your *spouse/partner* completing a formal occupational training program, provided your *spouse/partner* is covered under the plan. The training program must be to help your *spouse/partner* qualify for employment in an occupation for which he or she would otherwise not have sufficient qualifications. Expenses must be incurred within three years of the accident. The maximum benefit payable is \$10,000. The plan does not cover room, board, ordinary living, travel or clothing expenses.

Repatriation benefit

If you (or a covered family member) die as the result of an accident that occurs while travelling 150 kilometres or more away from home, the plan will cover the costs related to preparing and shipping the body to your city of residence. The maximum benefit payable is \$10,000.

Education benefit

If you die, the plan will provide a special education benefit on behalf of your *dependent children*. The plan will provide the lesser of \$5,000 or 5% of principal sum for the continuing education of any dependent child who, at the date of the accident:

- is enrolled as a full-time student in any institution of higher learning beyond the secondary school level, or
- is attending secondary school and subsequently enrolls as a full-time student in an institution of higher learning within 365 days of the date of the accident.

The special education benefit is paid annually for up to four consecutive years, but only if the *dependent child* continues his or her education as a full-time student in an institution of higher learning.

If you have *dependent children* who at the time of your death are not eligible for the education benefit, a lump sum of \$1,500 will be paid to your *beneficiary*.

Air Travel Coverage

Death or bodily injury as a direct result of a covered accident related to air travel is covered provided the accident occurs while and in consequence of:

- Riding in, boarding or leaving, as a passenger, a pilot (excluding a student pilot), operator or member of the crew; any aircraft having a current and valid certificate of airworthiness and piloted by a person who holds a current and valid license to pilot such aircraft (including any such aircraft which is owned, operated or chartered by or on behalf of the employer); and
- Riding in, boarding or leaving, as a passenger; any aircraft operated by the Canadian Armed Forces or similar military service of any other recognized country.

The amount payable is subject to the Air Travel Coverage maximum shown in the covered loss section above. The maximum is 50% of the benefit amount for employee optional AD&D.

What's not covered

No benefit will be paid for any loss that is directly or indirectly related to:

- suicide or self-inflicted injury, whether the person is sane or insane;
- war, insurrection, the hostile actions of any armed forces, or participation in a riot or civil commotion;
- an infection (except pyogenic infections from an accidental cut or wound), illness or disease, or bodily or mental infirmity;
- riding in, boarding or leaving, or descending from, any aircraft as a pilot, operator or member of the crew;
- the committing of or attempt to commit an assault or criminal offence; or
- injuries sustained while operating a motor vehicle, either while under the influence of any intoxicant, or if the person's blood contained more than 80 milligrams of alcohol per 100 milliliters of blood at the time of injury.

Non-duplication of expenses

Expenses that are eligible under this benefit and that are also payable in part or in full under any other benefit, policy, or plan providing similar coverage issued by RBC, will be paid first under such other benefit, policy or plan. Any expenses not paid will then be considered under this benefit, subject to any stated maximum.

The total amount of payments from all coverages combined will not exceed 100% of the eligible expenses incurred.

When coverage ends

Your Optional AD&D coverage will end on the earlier of your reaching age 70 or your death. Coverage for your *spouse/partner*, and/or *dependent children* will end when your coverage ends, when your *spouse/partner* and *dependent children* no longer qualify as a *spouse/partner* or dependent as the case may be, or when your *spouse/partner* and *dependent children* die, whichever comes first.

EMPLOYEECARE PROGRAM

RBC EmployeeCare is a confidential service provided by *Ceridian*. It's not just counselling; it's a way to gain access to information that can help you in your everyday life.

The program can assist you with a variety of issues including but not limited to:

- Emotional well-being – relationships, stress, depression;
- Elder care – health/financial information, support and care giving;
- Financial – credit and debt control;
- Addiction and recovery – alcohol, drugs, gambling;
- Health and wellness – free nutrition counselling, fitness;
- Everyday issues – home improvements, community resources; and
- Legal – legal advice, buying or selling a house, estate planning, preparing a will.

To learn more, call **1-800-667-3400**, or visit www.lifeworks.com.

- User ID: *rbc*
- Password: *rbccanada*

SUBMITTING A CLAIM

You and your covered family members must follow the procedures outlined below when making claims.

E-Claims

Submit your vision, some paramedical and dental claims – such as physiotherapy, massage, chiropractic services and more – online using the E-claim process featured on the Sun Life website. You don't need a paper claim form – just fill in the information online.

Your claim will be adjudicated instantly and you can access your claim statement right away. The payment will be in your account within 24 to 48 hours.

To submit a vision, paramedical or dental claim online:

1. Visit www.mysunlife.ca and sign on using your Access ID and Password.
2. Select “*Submit a Claim*” under the “*Take me to*” menu on the right side of the screen, or select the type of claim from “*Claims*” on the blue menu bar.
3. You will be guided through the claiming process in a few easy steps.

Sun Life randomly audits claims submitted online, so please be sure to keep your original receipts and supporting documents for 12 months. If your claim is chosen for audit, Sun Life will ask you to mail your original receipts.

Paperless Claim Statements

Electronic delivery of your Explanation of Benefits (EOB) statements is easy to set up and environmentally friendly too. You receive statements of adjudicated claims by email rather than in the mail. For more details, refer to www.mysunlife.ca.

SUPPLEMENTARY MEDICAL

(excluding Emergency Out-of-Province/Country Medical & Travel Assistance. Refer to [page 12](#) for claims information)

You can submit vision and some paramedical claims directly to Sun Life electronically (see the instructions under E-claims). For other medical services and supplies, you can print out a personalized claim form from the Sun Life website at www.mysunlife.ca. Your form should be mailed directly to Sun Life's office as indicated on the claim form. Be sure to include your policy number (25134), and to save a copy for your own files.

Claim payments will be deposited in your bank account. Sun Life will also send you an Explanation of Benefits (EOB) that you can use for *co-ordination of benefits* (see [page 6](#)).

Claims must be submitted within one year of the date the expense is incurred. Claims submitted beyond this one-year window will be considered ineligible for payment.

Custom-made orthotics and orthopaedic shoes

Claims for custom-made orthotics and orthopaedic shoes must include all of the following:

- A written recommendation (i.e., prescription) for the custom-made orthopaedic shoes or orthotics from an eligible prescribing healthcare practitioner (*note: a new written recommendation must be submitted with each claim and must include the diagnosis necessitating the custom-made orthopaedic shoes or orthotics*);
- A detailed lab invoice which provides an itemized breakdown of the raw materials used, their cost, and any other associated costs incurred to manufacture the custom-made orthopaedic shoes or orthotics (*note: if there are costs related to shoe modifications, the details and cost of each modification must be included on the lab invoice*); and
- A receipt showing full payment has been made, patient's name and date of service.

When purchasing your custom made orthopaedic shoes or orthotics, ask your provider for the items listed above at the same time you pick up and pay for your shoes or orthotics. Claims submitted without each item listed above will be declined.

PRESCRIPTION DRUGS

A drug card is provided for coverage under both the *Basic* and *Enhanced* options. A drug card enables your pharmacist to verify your coverage and process drug claims at the pharmacy. The pharmacist will bill the plan directly for all eligible expenses reimbursed. You pay only the portion of the drug expense that is not covered or not fully covered.

Keep in mind that not all drug expenses can be processed with your drug card. If you need to submit a paper-based claim, you will need to include the policy number (25108).

To be eligible for reimbursement, expenses must be claimed within one year from the date incurred.

Sun Life will email or mail you an Explanation of Benefits (EOB) that you can use for *co-ordination of benefits* (see [page 6](#)).

- If you require additional drug cards for *eligible dependents* (i.e., a *spouse/partner* or a *dependent child* who is studying outside the province), you can:
 - obtain a pay-direct drug (PDD) code from the Sun Life website at www.mysunlife.ca; or,
 - call Sun Life at **1-800-305-5905** to request an additional PDD code/drug card.

DENTAL

Claims can be submitted either electronically or using paper-based forms.

Electronic claims:

- If your dentist has electronic access to the Sun Life claims system, he or she can submit a claim on your behalf. You will need to tell your dentist the plan policy number (25134) and your eight-digit retiree number.
- If your dentist submits the claim electronically, your reimbursement should be deposited in your bank account within a few days. You'll need to pay your dentist. Be sure to ask your dentist for a receipt for your records.

Paper-based claims:

- If you wish to submit a paper-based form, you can print a personalized claim form available from Sun Life Member Services at www.mysunlife.ca using your access ID and password.
- If your dentist prefers, a Standard Dental Claim Form can be used, but you must be sure to write the plan policy number (25134) and your retiree number on the form.
- Paper-based claim forms should be mailed directly to the Sun Life office as indicated on the claim form.
- Sun Life will not send the reimbursement to your dentist. You'll need to pay your dentist, and then file a claim for reimbursement. Your claim payment will be deposited in the bank account where your pension payments are deposited.

Sun Life will email or mail you an Explanation of Benefits (EOB) that you can use for *co-ordination of benefits* (see [page 6](#)).

Claims must be submitted within one year of the date the expense is incurred. Claims submitted beyond this one-year window are ineligible for reimbursement.

RETIREE BASIC LIFE, OPTIONAL LIFE AND OPTIONAL AD&D

For claims under the Retiree Basic Life, Optional Life or Optional AD&D Insurance Plans, please call the **Human Resources Service Centre** at **1-800-545-2555**.

Claims should be initiated as soon as possible, but no later than **60 days** (for life insurance) and **90 days** (for AD&D) after the illness, injury or death for which a claim is being made.

For follow-up contact regarding claims, you may also write or send a fax to:

RBC
Human Resources Service Centre
Attention: Benefits Administration
Transit 6315, 6880 Financial Drive
Tower 1, 2nd Floor
Mississauga, Ontario L5N 7Y5

The fax number is 1-888-309-4999.

GLOSSARY OF TERMS

Beneficiary	The individual(s) you name to receive the death benefit from your Retiree Basic Life Insurance, your Optional Life Insurance or Optional AD&D Plans. If you do not have a beneficiary, benefits will be paid to your estate.
Benefit base	Your benefit base equals either: a) your salary as of your retirement date; or b) if you were on an average earnings formula, the average of your eligible earnings for the two previous full calendar years prior to retirement, including salary/draw.
Benefit year	The <i>Retiree Benefits Program</i> benefit year runs from January 1 to December 31.
Company	Refers to any Canadian member company of RBC.
Convalescent Hospital	A facility licensed to provide convalescent care and treatment for sick or injured patients on an in-patient basis. Nursing and medical care must be available 24 hours a day. It does not include a nursing home, rest home, home for the aged or chronically ill, sanatorium or a facility for treating alcohol or drug abuse.
Co-ordination of benefits	If you are covered under the <i>Retiree Benefits Program</i> and another group plan, the payment of eligible expenses can be shared by both plans. There are, however, standard industry procedures for submitting claims under more than one plan. For details, refer to page 6 .
Dependent child	<p>A natural, adopted or stepchild (including a child in which the retiree has been named the legal guardian) of you and/or your spouse/partner who is:</p> <ul style="list-style-type: none">• unmarried and dependent on you for support, and• residing in Canada and has coverage under a provincial healthcare plan; and is:<ul style="list-style-type: none">• under age 21; or• under age 25, if attending school full-time at a post-secondary institution, such as a college or university (under 26 for prescription drug coverage in Quebec); or• any age, with pre-approval of the plan administrator, if the child:<ul style="list-style-type: none">○ is unmarried, unemployed, and financially dependent on you due to a mental or physical disability; and○ was disabled before the limiting age noted above; and○ was covered under an RBC benefits plan prior to reaching the limiting age noted above. <p>If a child becomes disabled while a dependent, the age limit specified above does not apply, provided an extension of coverage beyond the limiting age has been applied for within 31 days and approved by the plan administrator. Proof that the above conditions continue may be required periodically.</p> <p>In the case of a divorced retiree or a retiree with a common-law partner, only children actually dependent on the retiree are considered dependents.</p> <p>You must advise the Human Resources Service Centre when your child is no longer an eligible dependent so that your coverage and premiums can be adjusted accordingly.</p>
Eligible dependent	An individual who qualifies as your spouse/partner and/or dependent child(ren).

Hospital A legally-operated institution which, for compensation from its patients, is primarily engaged in providing medical, diagnostic and surgical facilities for the care and treatment of sick and injured persons on an in-patient basis, and provides such facilities under the supervision of a staff of doctors and with a 24-hour-a-day service by registered nurses, and is not principally a home for the aged, rest home, nursing home, convalescent hospital or a place for the care and treatment of drug addicts or alcoholics.

Nursing home A facility licensed as such to provide care for patients who require assistance with daily living activities, who cannot be cared for at home and who require regular medical supervision and skilled nursing care on a 24-hour basis. It does not include a rest home, home for the aged, chronic care hospital, sanatorium, convalescent hospital or a facility for treating alcohol or drug abuse.

Qualified physician A medical doctor who is licensed to practice medicine in the place services are provided.

Spouse/partner The person of the same or opposite sex who was, at the date of your retirement:

- is legally married to you (spouse); or
- has been living with you in a common-law relationship for at least a year, and whom you publicly represented as common-law partner (partner); and
- is a resident of Canada and has coverage under a provincial healthcare plan.

You may qualify only one person as your spouse/partner at one time.

A divorced spouse or a former common-law partner is not eligible for coverage. Also, a spouse/partner that you acquire after the date of your retirement is not eligible for coverage. Quebec residents, refer to [page 31](#) for more details.

You must advise the **Human Resources Service Centre** if and when you no longer have a spouse/partner so that coverage and premiums can be adjusted accordingly.

INFORMATION FOR QUEBEC RESIDENTS

Tax treatment of benefits

According to current legislation, you must pay provincial income tax on the costs paid by RBC (including sales tax) towards your Healthcare coverage. Your total taxable amount for these benefits appears each year on your Relevé 1 slip.

RAMQ rules on basic prescription drug coverage

Retirement before age 65

Under Régie de l'assurance maladie du Québec (RAMQ) regulations, retirees below age 65 who have access to RAMQ-compliant coverage under a private prescription drug plan are required to participate in that plan. Therefore, if you retire before age 65, you must be covered under the Healthcare coverage provided by RBC. You can reduce your coverage under the *Retiree Benefits Program* at any time, however, you cannot increase your coverage at a later date.

If you have existing RAMQ-compliant coverage under another group plan – for example, through a *spouse/partner's* plan or another employer – you may choose to opt out of the *Retiree Benefits Program*. If you lose access to this alternative coverage at a later date but before age 65, you will be permitted to re-enroll in the *Retiree Benefits Program* Healthcare coverage.

Retirement at or after age 65 and when you reach age 65

From age 65, you are automatically enrolled in RAMQ's prescription drug program. If you retired at age 65 or later, you may choose to supplement your RAMQ coverage with *Retiree Benefits Program* coverage.

You may choose to opt out of the *Retiree Benefits Program*, Prescription Drug coverage and opt for RAMQ coverage only. If you opt out of *Retiree Benefits Program* coverage, your *spouse/partner* will not be eligible for *Retiree Benefits Program* coverage, irrespective of his or her age.

Alternatively you can choose *Retiree Benefits Program* coverage and withdraw from the RAMQ coverage provided from age 65. If you withdraw from RAMQ coverage you may be charged an additional premium for your *Retiree Benefits Program* coverage.

If you have both RAMQ and *Retiree Benefits Program* coverage, payment of your prescription drug claims can be coordinated under both plans. Your eligible prescription drug claims would be reimbursed by RAMQ as first payer. Any part of the claim that is not covered could be submitted under the *Retiree Benefits Program* for consideration and potential payment.

Marriage after retirement

If you retired before age 65 with coverage under the *Basic* or *Enhanced* options, and you marry or acquire a *spouse/partner* after retirement but before attaining age 65, your acquired *spouse/partner* and/or eligible *dependent child(ren)* must be added to your RBC healthcare coverage unless he or she is covered under another Group Plan as required under Quebec law. Your monthly premiums will be adjusted to the higher level of *Retiree plus one* or *Retiree plus two or more*.

Survivor benefits

If you die, your surviving *spouse/partner's Retiree Benefits* coverage will continue; however, if your *spouse/partner* does not have RAMQ coverage, he or she must immediately apply for this coverage and the RBC Prescription Drug Plan will become second payer.

RAMQ drug coverage

Retirees living in Québec should be aware that some prescription and non-prescription drugs (and some dietary supplements) are covered by the Régie de l'assurance-maladie du Québec (RAMQ), except where covered by a group plan. As a result, the *Retiree Benefits Program* is obligated to cover these expenses. These expenses can be submitted to Sun Life for approval and payment up to the RAMQ reimbursement level.

Spousal coverage ends on marriage breakdown

Your *spouse/partner's* coverage under the *Retiree Benefits Program* – including coverage under the Optional Spousal Life and Optional Spousal AD&D insurance plans – will end following a marriage breakdown. That is, as soon as the *spouse/partner* no longer qualifies as a *spouse/partner* under tax legislation, the *spouse/partner* coverage for that former *spouse/partner* ends.

Beneficiary designations

For information on *beneficiary* designations, see [page 5](#).

For more information

Link to RAMQ at www.ramq.gouv.qc.ca/index_en.shtml. Alternatively, you can access RAMQ's *Health Insurance Infoline*, 24 hours a day, 7 days a week by calling:

- Quebec City: 418-646-4636
- Montreal: 514-864-3411, or
- Elsewhere in Quebec, toll-free: 1-800-561-9749.

RESOURCES – INFORMATION

For more information about your *Retiree Benefits Program*, you can:

- Go to the website for retirees at: www.rbc.com/pensioners. The website includes a wide range of information and resources specifically for RBC retirees.
- Go to the Sun Life website at: www.mysunlife.ca. The website includes a wide range of information and resources about your healthcare plans. Alternatively, you can call Sun Life at 1-800-305-5905 for any specific questions about your coverage or a claim.
- Call the **Human Resources Service Centre (HRSC)** at **1-800-545-2555**. The HRSC has representatives available to answer questions on a wide range of issues.
 - Hearing impaired retirees may contact the HRSC via e-mail, or TTY users may utilize a Message Relay Service, provided by your local telecom by dialing 711.
 - Service in English and French is available from 8 a.m. to 8 p.m. (ET).

The following table outlines the various carriers and the benefits they cover. Be sure to provide the applicable policy number, as well as your retiree (employee) number.

Benefits plan	Carriers	Policy number	Contact
Supplementary Medical	Sun Life Financial	25134	1-800-305-5905 www.mysunlife.ca
Prescription Drug	Sun Life Financial	25108	
Dental	Sun Life Financial	25134	
Emergency Out-of-Province/Country Medical and Travel Assistance	RBC Insurance Co. / Assured Assistance Inc.	N/A	See travel assistance card below
Travel Medical (beyond first 31 days)	RBC Insurance	N/A	1-800-565-3129
Retiree Basic Life	RBC Insurance Co.	606107	HRSC 1-800-545-2555
Optional Life Insurance	Sun Life Financial	14000	
Optional AD&D	Manulife Financial	39150	



Additional links

- **EmployeeCare Program:** visit www.lifeworks.com
 - User ID: *rbc*
 - Password: *rbccanada*
- **Canada Revenue Agency (CRA):** www.cra-arc.gc.ca
- **RBC Insurance:** www.rbcinsurance.com

Travel assistance card

It is recommended that you keep the information card below with you at all times while travelling.



<p>Retiree Benefits Program Emergency Out-of-Province/Country Medical and Travel Assistance</p> <hr/> <p>Assured Assistance Inc.: Canada & U.S.: 1-866-496-5254 (toll-free in North America) Worldwide: 1-905-816-1202 (collect) Fax: 1-888-298-6340 (toll-free in North America) Fax: 1-905-813-4719 (outside North America) Member N^o.: _____</p> <hr/> <p style="text-align: center;"> <small>®Registered trademark of Aetna. Used by permission</small></p>	<p>Retiree Benefits Program Emergency Out-of-Province/Country Medical and Travel Assistance</p> <hr/> <p>Assured Assistance Inc.: Canada & U.S.: 1-866-496-5254 (toll-free in North America) Worldwide: 1-905-816-1202 (collect) Fax: 1-888-298-6340 (toll-free in North America) Fax: 1-905-813-4719 (outside North America) Member N^o.: _____</p> <hr/> <p style="text-align: center;"> <small>®Registered trademark of Aetna. Used by permission</small></p>
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