



RBC Dominion Securities, Inc.

Retiree Benefits Booklet

*for retirees of RBC Dominion Securities Inc. (and it's related subsidiaries) who retired on or after January 1, 1997 and prior to January 1, 2010*

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## Introduction

This booklet contains important information concerning your Group coverage and, therefore, should be kept in a safe place.

**Sun Life Assurance Company of Canada** provides services with respect to Extended Health and Dental Benefits on an administrative basis only. Such benefits are not insured by Sun Life Assurance.

Basic Life Insurance is underwritten and insured by **RBC Insurance**.

**NOTE: the information in this booklet is subject to change.**

**Disclaimer:** This booklet is intended to provide a reasonable and easy-to-understand summary of your post-retirement non-pension benefits program. In no way does it confer any contractual rights or obligations. The full provisions of the individual plans are contained in the official plan contracts. If there are any discrepancies between the official contracts and this booklet, or where this booklet is silent, the terms of the contracts will apply in all cases.

**The company reserves the unilateral right to change, amend or terminate any part or all this benefit program at any time. In addition, the company reserves the unilateral right to charge premiums, as well as amend the terms and conditions of the various coverages, based on the financial experience of the plans, where applicable in their sole discretion.**

## Basic Life Insurance

### Life Insurance Coverage: \$10,000

The company provides a basic amount of coverage in the event of a retired employee's death. The company pays the premium for this coverage. The Life Insurance coverage is provided through **RBC Insurance**.

#### Eligibility

Your coverage is effective the first of the month following your official retirement date (following your last day worked).

#### Payment of Benefit

If you die while insured, **RBC Insurance** will adjudicate and pay out the amount of your Life Insurance to the last legally nominated beneficiary as filed. In the absence of a beneficiary nomination, payment will be made to your estate.

You may name the beneficiary of your choice or your estate. All nominations you make are revocable, unless you otherwise stipulate (except in the provinces of Quebec and Saskatchewan). For additional Beneficiary Designation forms, please contact the RBC Pension Services Helpline at 1-800-545-2555, Option 1. Copies of all designations should be retained in your personal files and/or with your Will/documents.

#### Claim Procedures

If you should die, the RBC Pension Services Helpline at 1-800-545-2555, Option 1 should be notified as soon as reasonably possible and will provide the necessary claim forms and outline the process to the beneficiary/executor.

#### Taxable Benefit

Any company paid life insurance premiums are deemed to be a federal taxable benefit. As a result you will receive a T4A/Releve slip each year for income tax purposes.

**Note 1** – there is no life insurance coverage available for spouse/child(ren) under the RBC DS Retiree Program.

**Note 2** – life insurance for retirees who retired prior to January 1, 1997 may differ from above.

## Extended Health Care

### Eligibility

To be eligible for the extended health and dental plan, you must be enrolled in Prescription Drug, Supplementary Medical and Dental Plans in Option 2, 3, 4 or 5, prior to your retirement. **In order for coverage to continue, the retired employee must remain a resident of Canada, otherwise coverage stops on the first of the month following this change.**

### Lifetime maximum (excludes hospital benefit)

Health Coverage (lifetime maximum per insured)	
Years of service	Lifetime maximum
10 – 15 years	\$10,000
16 – 25 years	\$10,000 with \$1,000 reinstatement
26+ years	\$25,000

### Deductible

There is 100% coverage of Eligible Expenses after a \$25 individual and family deductible applied once each calendar year to the eligible expenses incurred during that year. Eligible expenses incurred in the last 3 months of a calendar year, which were used to satisfy the deductible, either in full or in part, may be carried over into the following calendar year to assist in rectifying the deductible.

### Hospital Benefit

If you, or a covered dependent, are confined in a licensed hospital, you will be reimbursed for room and board charges in excess of ward accommodation up to the level of **semi-private accommodation**, plus the daily co-insurance charge (if applicable). If confined in a private room, payment will be based on the hospital's charge for semi-private room accommodation.

### Eligible Expenses

Eligible expenses must be *reasonable* and *customary* and recommended as medically necessary by a licensed physician (except for #3, #4, and #5 below). Payment will be based on reasonable and customary charges in the area in which the treatment is rendered and as defined by the applicable fee guides.

In order to avoid unnecessary out-of-pocket expenses consult with Sun Life Assurance Company, prior to incurring any expense.

The following is a list of the items currently eligible for payment. However, should your Provincial Health Plan alter to include any of these items, coverage under this Plan will automatically adjust in accordance with the approved legislation.

### **1. Drugs - Prescription**

- Drugs
- Sera and injectable
- Available only by **prescription** (must legally require a written prescription in order to be purchased) by a physician or dentist and dispensed by a pharmacist.

### **2. Drugs – Non-Prescription**

- Supplies of a non-prescription nature required as a result of a colostomy or ileostomy and/or for the treatment of cystic fibrosis, diabetes, parkinsons or heart disease.

### **3. Professional Services**

- Licensed, certified or registered paramedical practitioners (when operating within their recognized fields). Under some circumstances, benefits may not be payable until the provincial health plan has paid it's annual maximum. Check with Sun Life Assurance Company for further details.

<b>Practitioner</b>	<b>Total Annual Maximum Payable per Person</b>
<ul style="list-style-type: none"><li>• Psychologist</li><li>• Speech Therapist</li><li>• Podiatrist/Chiropodist*</li><li>• Osteopath*</li><li>• Naturopath*</li><li>• Massage Therapist</li><li>• Chiropractor*</li><li>• Occupational Therapist</li></ul>	<b>\$225.00 per practitioner</b>

### **4. Christian Science Practitioner**

- Approved services authorized as such on the register maintained and published by The First Church of Christ, Scientist, Boston, Massachusetts. Payment will be made up to a maximum of \$10 per visit and \$225 per calendar year.

### **5. Acupuncture treatments**

- Maximum annual benefit payable is \$225.

### **6. Psychoanalysis Treatment**

- Payable if performed by a physician at 50%.

### **7. Physiotherapist Services**

- Annual maximum of \$1,000 per person provided the services are prescribed by a physician.

## Services & Supplies

The following services and supplies are eligible expenses where permitted by law and to the extent that they are **not** covered under your Provincial medical plan. Provincial Health Plans are changing regularly so you are encouraged to check with your provincial plan if you have any questions.

1. Diagnostic procedures, radiology, blood transfusions and oxygen (including the equipment necessary for its administration).
2. Emergency transportation by means of a licensed ambulance, air ambulance, or by any other vehicle normally used for public transportation, to and from the nearest hospital in which the required treatment can be provided, subject to one round trip per calendar year. Licensed ground ambulance service to and from the points of departure and arrival is also considered eligible.
3. Transportation by a licensed ground ambulance to and from a local hospital.
4. Dental treatment for the repair of damage resulting directly from an accidental injury to natural teeth. The treatment must be rendered within 6 months following the accident, and your coverage, as well as the contract, must still be in force. Payment will be made based on the amount for the least expensive procedure, which will provide a professionally adequate result.
5. Purchase of trusses, braces, crutches and artificial limbs or eyes.
6. Mammary implants (required as a result of medical surgery)
7. Rental, or, at Sun Life's option, purchase of a wheelchair, hospital bed or respirator/ventilator.
8. Intra-uterine devices, diaphragms.
9. Professional services of a physician (where this coverage is permitted by law).

## Additional Services and Supplies

1. Services of a Registered Nurse (R.N.), while the patient is not confined to hospital, provided the services are certified as medically necessary and ordered by a physician, subject to a lifetime maximum of **\$10,000.00 per person**. If an R.N. is not available when needed, medically required nursing services of a Registered Nursing Assistant, a Licensed Practical Nurse or a Certified Nursing Assistant will be considered eligible to the extent that such persons are qualified to provide the required nursing services. However, any such nurse must not ordinarily reside in the patient's home. Services of a nurse who is a relative (e.g. spouse, child, brother, sister, or parent of yourself or your spouse) will not be considered.
2. Elastic support stocking, up to \$25 per calendar year.

3. Wigs required as a result of medical treatment up to a total payment of \$100 per person per calendar year.
4. Orthopedic shoes which are attached to and form part of a brace. If the shoes are not part of a brace, 2 pairs are eligible annually, up to:
  - 50% of the cost of the shoes or,
  - The cost of the adjustment, whichever is greater
5. Hospital room and board charges, up to a maximum of the difference between semi-private and private accommodation.
6. Hospital charges incurred as an out-patient for necessary medical or surgical treatment (excluding physicians' fees, and special nurses' fees).
7. Hearing aids, up to \$300 per person in any 2 consecutive calendar years.

### **Vision Care**

1. Frames, lenses and the fitting of prescription glasses, including prescription sunglasses and contact lenses, up to an overall maximum of **\$60 per person in any 2 consecutive calendar years**.
2. Contact lenses prescribed for severe corneal astigmatism, severe corneal scarring, keratoconus or aphakia, provided vision can be improved to at least the 20/40 level by contact lenses (but cannot be improved to that level by regular glasses). Payment will be made up to \$200 per person in any 2 consecutive calendar years.
3. Services for visual training or remedial exercises.
4. Ocular examinations (including refraction)- one per calendar year for dependent children, and one in any 2 consecutive calendar years for you and your spouse.

Vision Care expenses are eligible when recommended by a physician (including an ophthalmologist) or an optometrist.

### **Referral Treatment (Subject to the deductible, if applicable)**

- Hospital and physicians' charges shall also include medically necessary treatment, on the referral of a physician located in Canada, provided such treatment is not available in Canada, and provided the government plan of insurance pays a portion of the charges. A specialized or customized treatment shall not be considered an eligible expense where a general treatment is available in Canada.



## Dental Coverage

### **\*Dental Coverage: \$10,000 lifetime maximum per person**

On behalf of each covered individual in your family, the Dental Benefit will reimburse you for eligible dental expenses, based on the percentages indicated below up to a **lifetime maximum of \$10,000.00.**

Employee and dependant(s):

<b>Basic services</b>	50% to an unlimited maximum per calendar year
<b>Major Restorative services</b>	50% to a maximum of \$1,000 per person per calendar year

### **Treatment Plan**

In order for you and your dentist to learn in advance how much Sun Life Assurance Company will pay and how much you will have to pay, it is recommended that a Treatment Plan be filed with Sun Life Assurance Company when the total cost of the proposed dental work is expected to exceed \$500. This Treatment Plan identifies coverage and limitations for specific services. It also clarifies the percentages, specific limits and the Dental Fee Guide allowance, before dental treatment commences.

The Treatment Plan is not intended to limit you in your choice of dentist; to tell you or your dentist what treatment should be performed; or to tell the dentist what fee to charge, nor to guarantee reimbursement after coverage ceases.

A Treatment Plan is a plan of dental treatment (including x-rays if required) showing the patient's dental needs, a written description of the proposed treatment necessary in the professional judgment of the dentist, and the cost of the proposed treatment.

### **Eligible Expenses**

Eligible expenses are those which are recommended as necessary by a physician or dentist, and are not in excess of the suggested fee for General Practitioners in the current Dental Fee Guide or the minimum fee specified in the current Denturist Fee Guide of your province of residence.

Dental treatments are considered eligible if performed by a dentist or denturist who practices within the scope of his/her license.

There are several dental procedures, which are covered by Provincial Health Plans up to a certain maximums. If the dentist or dental surgeon chooses to charge more than the amount payable by the Provincial Plan, legislation in some provinces does not permit the excess charges to be eligible under this Plan.

Situations may arise where alternate methods of treatment may be available. It is solely up to you and your dentist to decide which method will be used. As the basis for determining its liability, Sun Life Assurance Company reserves the right to use the least expensive method of treatment that will provide a professionally adequate result.

**NOTE: Basic cleanings are covered every 6 months. Provide your dentist with a copy of these pages for reference. It is your responsibility to determine coverage levels ahead of time. Failure to do so may result in non-payment by the insurance company.**

Only those treatments listed below are eligible.

### **Basic Services**

1. The following services will be eligible for payment once every **six months**:
  - Oral examinations
  - Bite-wing x-rays
  - Prophylaxis (light scaling and polishing of teeth) and topical application of an anti-cariogenic agent
  - Preventive recall packages
2. Full mouth series of x-rays, once every 24 months.
3. Provision of space maintainers for missing primary teeth, and provision of habit breaking appliances.
4. Consultation required by the attending dentist.
5. Simple alveolectomy (incision into tooth Socket) at time of tooth extraction.
6. Surgical extractions, including extractions of impacted teeth.
7. Surgical removal of tumours, cysts, neoplasms, plus the incision and drainage of an abscess.
8. Amalgam, silicate, acrylic and composite fillings.
9. Diagnostic x-ray and laboratory procedures required in relation to dental surgery.
10. General anaesthetic or conscious sedation required in relation to dental surgery.
11. Relining, rebasing or the repair of an existing denture or existing bridge.
12. Endodontic Treatment (i.e. the treatment of disease of the dental pulp including root canal therapy).

13. Periodontic Treatment (i.e. the treatment of the tissues and bones supporting the teeth including surgery, provisional slinting, and occlusal equilibration).

However, procedures for guided tissue regeneration are considered eligible only if performed in conjunction with the following periodontal surgical procedures: Flap approach or Osseous grafts-autografts or allografts, provided natural teeth are involved.

**NOTE:** Periodontal scaling is limited to 16 units per calendar year and occlusal equilibration is limited to 8 units per calendar year.

### **Major Restorative Services**

1. Onlays when the major portion of the clinical crown is decayed, heavily filled or the cusps are fractured and cannot be restored using Basic Services.
2. Inlays when 3 or more surfaces are involved and the tooth cannot be restored using basic restorative materials.

If only 1 or 2 tooth surfaces are involved, the inlay will be considered for reimbursement under Basic Services and payment will be determined based on the cost of a comparable amalgam or composite restoration.

3. Crowns, including gold and porcelain, when the major portion of the clinical crown is decayed, heavily filled or the cusps are fractured and cannot be restored using basic restorative materials. When crowns are rendered using basic restorative materials. When crowns are rendered on molar teeth, only the cost of metal material will be considered.
4. The creation of an initial bridge or initial denture.
5. The replacement of an existing bridge or denture, only under the following circumstances:
  - If necessitated by the extraction of additional natural teeth while insured under this Contract.
  - If the existing bridge or denture is at least 3 years old and cannot be made serviceable.
  - If the existing bridge or denture is temporary and is replaced with a permanent bridge or denture within 12 months of the installation of the temporary appliance.
6. Injection of antibiotic drugs when prescribed by a dentist.
7. Other necessary oral procedures not specifically listed under Basic Services.

### **Expenses not covered (Extended Health & Dental Care)**

No payment will be made for expenses incurred which are payable under any other benefit, or for claims resulting from:

- Self-inflicted injuries or illness while sane or insane.
- Any injury or illness for which the covered person is entitled to indemnity or compensation under any workers' compensation act.
- Charges levied by a physician or dentist for time spent traveling, broken appointments, transportation costs, room rental charges or for advice given by telephone or other means of telecommunication.
- Cosmetic surgery or treatment (when so classified by Sun Life Assurance Company) unless such surgery or treatment is for accidental injuries and commenced within 90 days of an accident.
- Injury resulting directly or indirectly from insurrection, war, service in the armed forces of any country or participation in a riot.
- Services, treatments or supplies, eligible under this Plan and payable under any government plan, whether or not the claimant is covered under such a plan. Sun Life Assurance Company will only consider that amount of an eligible expense which is over and above the amount that would be payable by the government plan.
- Examinations required for the use by a third party.
- Travel for health reasons.
- Dental treatment received from a dental or medical department maintained by an employer, an association, or a labour union.
- The replacement of an existing dental appliance, which has been lost, mislaid or stolen.
- Dental services and supplies rendered for full-mouth reconstruction, for a vertical dimension correction, or for a correction to temporomandibular joint dysfunction.
- Any charges for services, treatment or supplies for which there would be no charge except for the existence of coverage.
- Expenses incurred outside Canada.
- Drugs, sera, injectable and supplies, which are not approved by Health and Welfare-Canada (Food & Drugs) or are experimental or limited in use whether or not so approved.

- Experimental medical procedures or treatment methods not approved by the Provincial Medical Association or the appropriate medical specialty society.
- Orthodontic treatment.

**No Coverage is provided for charges or services resulting from:**

- Travel for health or for referral treatment outside Canada, whether or not such travel is recommended by a physician.
- Scheduled childbirth or deliberate termination of pregnancy.
- Confinement in a chronic care or psychiatric hospital, or a nursing home, home for the aged or health spa.

## Claim Procedures

### Extended Health Care

If expenses are incurred due to hospital confinement, a claim form should be completed by the hospital and yourself. When completed, this claim form should be submitted to Sun Life Assurance Company.

If Major Medical expenses other than hospital charges are incurred, obtain a claim form from RBC Pension Services Helpline at 1-800-545-2555, Option 2. Complete the form and return it, along with any original receipts, to Sun Life Assurance Company. Please keep a copy of all receipts submitted.

**In order to be eligible for payment, health claims must be submitted by the end of the calendar year following the year in which the expense was incurred.**

<p><b>Original receipts in support of claims will not be returned, but will be retained by Sun Life Assurance Company.</b></p>
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### Dental

If Dental expenses are incurred, obtain a claim form from the RBC Pension Services Helpline at 1-800-545-2555, Option 1. Have your dentist complete the form; complete your portion of the form, and return it to Sun Life Assurance Company. Written proof of claim must be given to Sun Life Assurance Company by the end of the calendar year following the year in which the expense was incurred. For your records, we suggest you retain a copy of the claim and any receipts submitted for approval.

If your dentist has electronic claim submission capabilities (depends on dentist), claims may be submitted directly to Sun Life for processing. Typically, the plan paid portion will go to the dentist and the remainder is paid by you.

Dental claim payments are made payable to you unless you have previously authorized payment to a person and/or corporation which has rendered services, treatment or supplies. If this is the case, claim payments for benefits which are assigned will be sent directly to the assignee.

For all Extended Health Care and Dental Benefits, when your coverage terminates for any reason, written proof of claim must be given to Sun Life Assurance Company **within 90 days** of the date of termination of coverage.

## **Co-Ordination of Benefits**

There are established guidelines regarding the Order of Benefit Determination and generally, there is a Co-ordination of Benefits provision included in the health and dental contracts, which allows you, your spouse and children to submit claims under both plans. If a plan does not have such a provision, this plan must pay first for all members of the family. However, total reimbursement may not exceed the actual expenses incurred.

When both plans include the provision, please submit expenses as follows:

- Submit claims to the plan that covers the person as an employee first.
- Next submit claims to the plan that covers the person as a retiree.
- For your children, expenses should first be submitted to the plan of the spouse whose birthday falls first in the year.
- Any amount not paid, may then be submitted to the spouse's plan.

When submitting claims under the second plan, include any information and payment details provided by the first plan.

## **Termination of Coverage**

Coverage for you and your dependents will cease on the earliest of the following events:

1. If you should die. However dependent coverage for Extended Health and Dental benefits will extend as outlined under Dependent Coverage Extension.
2. If you enter the armed forces on a full-time basis.
3. Termination of the contract or coverage on the Group, Division, or Class to which you belong.

## **Dependent Coverage Extension (Extended Health & Dental)**

If you die, your dependents' coverage will be extended for the life of your dependent(s), provided your dependents continue to satisfy the definition of dependent.

### **Services Not Covered Under the Retiree Plan**

Please note that out-of-country travel and nursing home coverages are **not** available to retired employees.

### **A note about Provincial Health Plans (Alberta & BC residents only)**

If you are currently under our group plan for your **Provincial Health coverage (Alberta & B.C. only)**, effective your retirement date, you are responsible for remitting these premiums yourself. Please contact the Provincial Health Care office to make arrangements for payment. The toll-free number for **Alberta is 1-800-272-8864** and for **BC 1-877-955-5656**.



## **Glossary of Terms**

### **Eligibility for Retiree Benefits**

In order to be covered under the RBC Dominion Securities' Inc. Retiree Plan you must meet the following criteria:

- Must be 55 years old or older, and
- Must have completed 10 years of regular uninterrupted service with RBC Dominion Securities Inc or affiliated companies, and
- Must start retiree benefits immediately on departure, and
- Must remain a resident of Canada

### **Spouse:**

- Your spouse or partner (legal or common-law). Common-law is defined as having lived together in a conjugal relationship for a minimum of twelve months and be recognized as such in the community in which you reside.
- Dependents may not be added to the RBC DS Retiree Benefits plan after retirement has commenced.

### **Eligible Children**

Subject to applicable legislation, a dependent includes:

- Your unmarried children or your spouse's or partner's unmarried children, who are primarily dependent on you or your spouse or partner for financial support, provided they are under 21 years of age or 21 but under 25 and in full time attendance at a university or similar institution.
- Your unmarried children or your spouse's or partner's unmarried children, who are *physically or mentally handicapped* (who may be dependent on you or your spouse/partner for financial support), provided any such child has been continuously covered under this plan (such coverage having commenced prior to age 21).
- Dependents may not be added to the RBC DS Retiree Benefits plan after retirement has commenced.

### **Pre-Treatment Plan Provision**

If any course of dental treatment is estimated to cost \$500 or more, it is recommended that a Treatment Plan from the dentist be filed with Sun Life prior to the commencement of any treatment. The Treatment Plan will outline the recommended treatment and the estimated cost of the treatment. You will be informed how much of the treatment the plan will pay based on your coverage. Failure to submit such a plan may result in non-payment.

### **Lowest Cost Alternative**

If treatment could have been rendered at a lower cost by means of a reasonable substitute, only the expense that would have been incurred for treatment by the reasonable substitute shall be covered. Benefits will be payable for a lower cost procedure than the one actually performed. In this respect it is always good to have a pre-treatment plan completed by your dentist or oral surgeon.

### **Life Insurance-Conversion Options**

Upon your retirement you will have the opportunity to convert your Basic, Optional Life Insurance & Spousal Insurance to a private policy (if you and/or your spouse are under 65 years of age). Please note that you have a **31-day deadline** from your retirement date in order to contact RBC Insurance (Basic Life conversion only) and Sun Life (Optional life insurance) to exercise this option, otherwise it will be forfeited. All rates, terms and conditions will be between you and the insurer. For more information please call, RBC Insurance at 1-888-266-6899 and quote policy 606106 for Basic Life conversion, and Sun Life at 1-888-865-5648 and quote policy number 14000 for optional life conversion.

### **Deductible**

Means the amount of out-of pocket expenses for which you are responsible, prior to consideration of payment of medical benefits. The **\$25.00** individual and family deductible is applied once each calendar year to the eligible expenses incurred during that year.

## **Contact & Carrier Information**

**Effective July 1, 2004**

### **Basic Life Insurance**

RBC Insurance  
**Policy Number: 606107**

### **Extended Health**

Sun Life Assurance Company of Canada  
**Policy Number: 23533**

### **Dental**

Sun Life Assurance Company of Canada  
**Policy Number: 23533**

### **Contact Information:**

**Sun Life web-site:** [www.sunlife.ca/member](http://www.sunlife.ca/member)  
**Customer Care Centre:** **1-800-305-5905**

### **RBC Pension Services**

#### **Helpline**

#### **Telephone:**


**1-800-545-2555, Option 1**

#### **Email:**

**HRScpensions@rbc.com**

**Alberta Health:** **1-800-272-8864** **web-site:** [www.health.gov.ab.ca](http://www.health.gov.ab.ca)  
**BC Medical:** **1-877-955-5656** **web-site:** [www.gov.bc.ca/healthservices/](http://www.gov.bc.ca/healthservices/)

### **Wallet card (cut out):**

	
<b>Extended Health and Dental</b>	
<b>Sun Life Policy 23533</b>	
<b>Employee # _____</b>	