

***Coverage for
Canadian Railroad Employees
under
The Railroad Employees
National Health and Welfare Plan
and
The Railroad Employees
National Dental Plan***

This information booklet has been prepared to give you an informal summary of the main features of your group benefit program. This booklet describes the benefits in effect on January 1, 2003.

This booklet is not an insurance policy, and does not grant or confer any contractual rights. All rights under this program shall be governed by the provisions of the Master Policy, Administrative Services Agreement and Plan Document, and by applicable law.

The Basic Life Insurance, Accidental Death and Dismemberment and Emergency Travel Assistance benefits are insured by Maritime Life to age 65. Benefits provided after age 65 are self-funded and provided by Maritime on an Administrative Services basis.

The Supplementary Health Expense benefits are administered by Maritime Life on behalf of the Joint Plan Committee which consists of the National Carriers' Conference Committee and the Health and Welfare Committee of the Cooperating Railway Labor Organizations. The Dental Expense benefits are administered by Maritime Life on behalf of the National Carriers' Conference Committee.

This booklet is for your reference. Please read it carefully and keep it for future use.

This booklet describes life, accidental death & dismemberment (AD&D), supplementary health expense (medical), Emergency Travel Assistance (ETA), and dental expense benefits applicable to certain union employees on certain railroads. The chart below describes which benefits currently apply to the eligible employees of the railroads indicated.

	<i>LIFE AD&D</i>	<i>MEDICAL ETA</i>	<i>DENTAL</i>
<i>Burlington Northern Santa Fe</i>	<i>x</i>	<i>x</i>	<i>x</i>
<i>CN Grand Trunk</i>	<i>x</i>	<i>x</i>	
<i>Norfolk Southern</i>	<i>x</i>	<i>x</i>	<i>x</i>
<i>CSX Transportation</i>			<i>x</i>

Not all benefit levels described in this booklet apply to all participating employees. Where there are differences, they are specifically noted.

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ELIGIBILITY

The Plan Effective Date is January 1, 2003.

If you are a permanent, full-time employee of a participating railroad and are represented by a participating labor organization, you will become eligible for coverage on the first day of the month after you first rendered compensated service for all benefits except Dental Expenses. Coverage for Dental expenses will be effective on the first day of the month following 365 days of active employment.

Except for CSXT employees, your employing railroad will report your eligibility status to UnitedHealthcare which will, in turn, forward your eligibility information to Maritime. Dental eligibility information for eligible CSXT employees will be reported directly to Maritime by CSXT.

Retired employees are not eligible for coverage under these plans except for a life insurance benefit as noted in the Summary of Benefits section.

Please refer to the General Provisions section in this booklet for further information, including

WHEN YOUR COVERAGE STARTS

WHEN YOUR COVERAGE TERMINATES

HOW TO FILE A CLAIM

SUMMARY OF BENEFITS

LIFE INSURANCE

For Eligible Active Employees not represented by the Brotherhood of Maintenance of Way Employes [BMWE]

You are eligible for \$10,000 of insurance.

For Eligible Active Employees represented by the BMWWE

You are eligible for \$20,000 of insurance.

ACCIDENTAL DEATH AND DISMEMBERMENT

For Eligible Active Employees not represented by the BMWWE)

You are eligible for \$8,000 of insurance.

For Eligible Active Employees represented by the BMWWE

You are eligible for \$16,000 of insurance.

All **Active Employee Life and Accidental Death & Dismemberment** coverage ceases when you retire and/or as outlined in the General Provisions section.

LIFE INSURANCE

For Eligible Retired Employees

You are eligible for \$2,000 of insurance.

SUPPLEMENTARY HEALTH EXPENSE

- Deductibles ▶ \$100 per individual, \$300 per family per calendar year (drug expenses NOT subject to the deductible)
- Coinsurance ▶ 100% for outside Canada Referral charges, and 85% of all other eligible expenses in excess of the Deductible are paid by Maritime Life.
- Hospital ▶ semi-private
- Drug Plan ▶ prescription by law
- Lifetime Maximum ▶ unlimited

Coverage ceases when you reach age 75, or earlier retirement, and as outlined in the General Provisions section.

EMERGENCY TRAVEL ASSISTANCE

The Plan has arranged to provide you and your family with Emergency Travel Assistance coverage. World Access Canada Inc., a multi-service corporation which assists travelers, has contracted with Maritime Life to provide you with timely, efficient assistance when you travel.

Deductible ▶ Nil

Coinsurance ▶ 100% of eligible expenses in addition to eligible services are covered.

Lifetime

Maximum ▶ \$1,000,000

Coverage ceases when you reach age 65, or earlier retirement, and as outlined in the General Provisions section.

DENTAL

Deductibles ▶ \$50 per individual, \$100 per family per calendar year (Orthodontics NOT subject to the deductible)

Coinsurance ▶ 100% for Routine Services
80% for Minor Services
50% for Major Services
50% for Orthodontics

Fee Guide ▶ Benefits are paid in accordance with the General Practitioners Fee Guide for the province of residence, on the date the charge is incurred. Specialists' Fees are not covered. Please see the Dental Expense section for a list of eligible expenses.

Maximum Benefit per Person:

Orthodontics ▶ \$1,000 Lifetime Maximum

Other expenses ▶ \$1,500 Annual Maximum

Coverage ceases when you reach age 75, or earlier retirement, and as outlined in the General Provisions section.

EMPLOYEE LIFE INSURANCE

In the event of your death while insured, the amount of your Life Insurance is payable to your beneficiary. The Beneficiary Form in this booklet should be completed and sent to the address on the form. You may change your beneficiary at any time by completing and submitting a new form, subject to any policy or legal limitations.

If no beneficiary has been designated at the time of your death, your benefit will be paid to your estate.

WAIVER OF PREMIUM FOR DISABILITY

If you become totally disabled for 6 consecutive months before age 65 your Life Insurance will be continued free of charge until you cease to be totally disabled or you reach age 65, whichever occurs first. To qualify, you must be unable to work for compensation or profit or to engage in any business or occupation, and you must submit proof of your continuing disability as may be required by Maritime Life.

Note: In order to qualify for the Waiver of Premium benefit you must notify the Maritime Life Assurance Company of your disability within one (1) year of your last active day at work, and must furnish proof of your disability satisfactory to Maritime Life within 18 months of that last active working day.

CONVERSION PRIVILEGE

Your Life Insurance continues for 31 days following either the termination of your employment, other than by reason of retirement, or your classification changing to one in which you are not insured. During this 31 day period you may convert the amount of your Group Life Insurance, and provided you are under 65 years of age, to any individual whole life or convertible one-year term or term to age 65 plan without submitting evidence of health. The premium rate will be determined from your age and class of risk at the time of conversion.

If your group policy terminates and you have been continuously insured under it for at least 5 years, you have the same conversion privilege as above but the maximum amount of insurance you may convert shall be:

**three times the Year's Maximum Pensionable Earnings as
established under the Canada Pension Plan
less**

any amount you become eligible for under another Group Policy within 31 days of the date of termination.

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT

When injury results in any of the following losses within 365 days after the date of the accident, the Insurer will pay:

SCHEDULE OF BENEFITS

<u>For Loss of</u>	<u>Percentage of The Principal Sum</u>
Life	100%
Entire Sight of One Eye	50%
Speech	66 2/3%
Hearing in One Ear	33 1/3%
All Toes of One Foot	25%
A Hand	50%
A Foot	50%

For Loss or Loss of Use of

One Arm	75%
One Leg	75%
One Hand	66 2/3%
One Foot	66 2/3%
Thumb and Index Finger or at Least Four Fingers of One Hand	33 1/3%

For Total Paralysis of

Both upper and Lower Limbs (Quadriplegia)	200%
Both Lower Limbs (Paraplegia)	200%
Upper and Lower Limbs of One Side of Body (Hemiplegia)	200%

"Principal Sum" means the amount of insurance indicated in the Summary of Benefits.

"Loss" as used above with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or knee joint; as used with reference to thumb and finger means the complete severance at or above the metacarpophalangeal joint; as used with reference to toe means the complete severance at or above the metatarsalphalangeal

joint; and as used with reference to eye means the irrecoverable loss of the entire sight thereof.

"Loss" as used above with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing.

"Loss" as used above with reference to quadriplegia, paraplegia and hemiplegia means the complete and irreversible paralysis of such limbs.

"Loss" as used above with reference to loss of use means the total and irrecoverable loss of use provided the loss is continuous for twelve consecutive months and such loss of use is determined to be permanent at the end of the period.

Indemnity provided under this section for all losses sustained by any one insured individual as the result of one accident shall not exceed the following:

- (a) The Principal Sum for all losses except quadriplegia, paraplegia and hemiplegia.
- (b) Two Times the Principal Sum, or the Principal Sum if Loss of Life occurs within 90 days after the date of the accident with respect to quadriplegia, paraplegia and hemiplegia.

EXCLUSIONS

This plan does not cover a period of hospitalization which is less than five days with respect to the "HOSPITAL INDEMNITY" benefit nor any loss, fatal or non-fatal, caused or contributed to by:

- 1) self-destruction or self-inflicted injury, whether the insured individual be sane or insane; or;
- 2) declared or undeclared war or any act thereof;
- 3) riding as a passenger or otherwise in any vehicle or device for aerial navigation other than as provided in the part entitled "AIRCRAFT COVERAGE";
- 4) committing, attempting, or provoking, an assault or criminal offence; or
- 5) an accident which occurs while the insured individual is operating a motor vehicle or any other form of motorized transportation and the blood contains more than 80 milligrams of alcohol in 100 millilitres of blood (.08%).

In the event of your death, the Beneficiary for this benefit will be determined in the same manner as outlined in the Life Insurance benefit section.

YOUR ACCIDENTAL DEATH AND DISMEMBERMENT PLAN ALSO INCLUDES THE FOLLOWING BENEFITS WHICH ARE BRIEFLY DESCRIBED.

Aggregate Limit

\$5,000,000 per accident for all insured individuals.

Waiver of Premium Benefit

If while insured for this coverage, you become disabled and qualify for the Waiver of Premium Benefit under your life insurance coverage, the Insurer will also waive the payment of the accidental death and dismemberment insurance premiums.

Your entitlement to Waiver of Premium Benefit ceases on the earlier of a) the date your Waiver of Premium for Life Insurance ceases, or b) the date the policy or this coverage terminates.

Aircraft Coverage

Coverage while riding as a passenger but not as a pilot or member of the crew.

Exposure and Disappearance

Loss due to unavoidable exposure to the elements. Loss of life resulting from bodily injury caused by an accident at the time of a disappearance, sinking or wrecking.

Repatriation Benefit

The Insurer will pay the reasonable and customary expenses incurred for the transportation of the body of the deceased insured individual to the first resting place (including but not limited to a funeral home or the place of interment) in proximity to the normal place of residence of the deceased, subject to a maximum of \$10,000.

Occupational Training Benefit (Applicable to employee coverage only)

In the event of your accidental death, the Insurer will pay the reasonable and customary expenses incurred within three years following the date of the employee's accident for a spouse who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he/she would not otherwise have sufficient qualifications, subject to a maximum of \$10,000.

Rehabilitation Benefit (Applicable to employee coverage only)

In the event you sustain an accidental injury which results in a loss payable and such injury requires that you undergo special training in order to be qualified to engage in a special occupation in which you would not have engaged except for such injury, the Insurer will pay the reasonable and customary expenses incurred for such training subject to a maximum of \$10,000 for any one accident.

Family Transportation Benefit

In the event you sustain an accidental injury and are confined in a hospital located more than 150 kilometers from your normal place of residence, the Insurer will pay the reasonable expenses incurred by all members of your immediate family for hotel accommodation in the vicinity of the hospital and transportation by the most direct route to the confined employee, subject to a maximum of \$1,000.

"Immediate family" means a person at least eighteen years of age who is the spouse, son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law of the insured individual.

Seat Belt Benefit

In the event you sustain an accidental injury payable under this benefit, the amount of Principal Sum will be increased by 10% if, at the time of the accident, you were:

- (1) wearing a properly fastened seat belt; and
- (2) driving or riding in a vehicle driven by a driver who was neither intoxicated nor under the influence of drugs, unless taken as prescribed by a physician, at the time of the accident. Intoxication and being under the influence of drugs is as defined by the local jurisdiction where the accident occurred.

Hospital Indemnity

A daily benefit (1/30th of 1% of your Principal Sum, maximum of \$2,500 per month) will be payable if you are confined in a hospital for at least 5 days and under the care of a physician for an accidental injury payable under this benefit, subject to a maximum of 365 days per accident.

Education Benefit (Applicable to employee coverage only)

In the event of your accidental death, the Insurer will pay the Education Benefit stated below for each of your dependent children who are enrolled as full-time students in an institution for higher learning within 365 days following date of death of the employee.

The Education Benefit is equal to the reasonable and customary expenses actually incurred, subject to the lesser of 5% of your Principal Sum or \$5,000, for each school year the dependent child described above continues his education on a full-time basis in an institution for higher learning, but not to exceed 4 school years, which must run consecutively, with respect to any one dependent child.

"Institution for higher learning" includes any university, college, CEGEP or trade school.

SUPPLEMENTARY HEALTH EXPENSE

(For You and Your Dependents)

In the event you incur in a calendar year any of the Eligible Expenses listed below, you will be paid a percentage (coinsurance) of such expenses in excess of the deductible for that year. The percentage (coinsurance) and deductible are specified in the Summary of Benefits.

CASH DEDUCTIBLE

The Deductible is that portion of the Eligible Expenses which you are required to pay in any year before you receive benefits. The deductible is specified in the Summary of Benefits.

LIFETIME MAXIMUM BENEFIT

The total lifetime benefit payable in respect of you or your dependents is limited to the Lifetime Maximum Benefit specified in the Summary of Benefits.

ELIGIBLE EXPENSES

Following is a list of eligible expenses.

Accidental Dental

Charges for necessary dental treatment required as the result of an accidental injury to natural teeth provided the accident occurred while covered under this coverage, subject to a maximum benefit of \$5,000 per accident. As determined by Maritime Life, only such charges directly related to such an accidental injury are considered a covered medical expense. The dental work must be completed within 12 months of the accident to be considered a covered medical expense.

Ambulance

Charges for professional ambulance service, other than airline, to and from the nearest hospital qualified to provide the necessary treatment.

Emergency transportation by air to and from the nearest hospital qualified to provide the necessary treatment. Such emergency transportation is subject to a maximum benefit equal to the economy airfare for the individual, and, if medically required, a medical attendant

who is neither a resident in your home nor a relative of your family.

Convalescent Care Facility

Charges for licensed Convalescent Care Facility following a minimum of 3 consecutive days of inpatient hospital stay subject to a daily maximum benefit equal to the charge made for semi-private accommodation for not more than 180 days of confinement per disability. One you are released from the hospital, if you have to enter the hospital after a period of 90 days from the date you are discharged, it will be considered a new period of disability. Confinement must begin prior to your 65th birthday.

Durable Medical Equipment

Charges for rental (or, at Maritime Life's option, purchase) of durable medical or surgical equipment required for therapeutic purposes and as approved by Maritime Life.

Hearing Aids

Charges for purchase or repair of hearing aids (excluding batteries), subject to a maximum benefit of \$500 per person in any 3 consecutive years.

Lab Tests and X-rays

Charges for laboratory tests and x-rays not covered by any provincial government plan, subject to a maximum benefit of \$500 per calendar year per individual.

Medical Aids and Prostheses

Charges for rental (or, at Maritime Life's option, purchase) of braces and crutches and the purchase of prostheses.

Orthopaedic Shoes

Charges for orthopaedic shoes and orthotics which have been specially designed and molded for the individual and are required to correct a diagnosed physical impairment. Such charges are limited to a maximum benefit of \$300 per shoe and an overall maximum benefit of \$600 in any calendar year (Doctor's recommendation required).

Out of Province Referral Expenses (Inside Canada)

If you are referred by a physician to a hospital outside your province of residence but inside Canada for medically necessary treatment which is unavailable in your province of residence and for which there is no medically sufficient alternate treatment available in your province of residence, and which is eligible for reimbursement in whole or in part by a provincial medical plan, and the referral is approved by Maritime, the following expenses in excess of any government plan allowance are covered:

1. reasonable and customary charges for ward accommodation;
2. reasonable and customary charges for the services of a physician;
3. reasonable and customary charges for hospital services and supplies furnished during hospitalization; and
4. reasonable and customary charges for x-ray examinations and laboratory tests related to medical treatment rendered without hospitalization.

Expenses incurred are subject to a lifetime maximum benefit of \$50,000.

Outside Canada Referral Expenses

If you are referred by a physician to a hospital outside Canada for medically necessary treatment which is unavailable in Canada and for which there is no medically sufficient alternate treatment available in Canada, and which is eligible for reimbursement in whole or in part by a provincial medical plan, and the referral is approved by Maritime, the following expenses in excess of any government plan allowance are covered:

1. reasonable and customary charges for semi-private accommodation;
2. reasonable and customary charges for the services of a physician;
3. reasonable and customary charges for hospital services and supplies furnished during hospitalization; and
4. reasonable and customary charges for x-ray examinations and laboratory tests related to medical treatment rendered without hospitalization.

Expenses incurred are subject to a lifetime maximum benefit of \$50,000.

Paramedical

Charges for the services of a certified, registered, or licensed speech therapist, clinical psychologist, osteopath, chiropractor, physiotherapist, naturopath, or podiatrist up to a maximum benefit of \$500, in excess of the provincial plan, per specialty per calendar year per individual; charges for x-rays are covered up to a total maximum benefit of \$20 per calendar year for all specialties combined.

Preferred Accommodation in Canadian Hospitals

The difference between the charges made for ward and semi-private room and board in a licensed Canadian hospital.

Prescription Drug Expenses

Reasonable and customary charges incurred for medically necessary drugs and medicines which

- 1) are dispensed by a licensed pharmacist or physician legally authorized to dispense such drugs and medicines, and
- 2) are prescribed by a physician or other professional authorized by provincial legislation to prescribe medicines for the treatment of an illness or injury and are either
 - a) drugs requiring the prescription of a physician in accordance with the Food and Drugs Act, Canada, or
 - b) other specified drugs and medicines which have been identified by the Insurer as covered expenses and are by convention usually not dispensed without a physician's prescription, or
 - c) injectable preparations identified by the Insurer, insulin preparations and supplies, and allergy serums.

Note: Smoking cessation aids which require a physician's prescription are covered, subject to a lifetime maximum benefit of \$500 per individual. Fertility drugs, laboratory tests and x-rays including ultrasound are covered, subject to a lifetime maximum benefit of \$2,500 per individual. General supplies, as well as fees for the services of physicians, nurses, technicians, anaesthetists, and administrative staff are not covered.

No benefit shall be payable for any single purchase of drugs which would not reasonably be used within 90 days from the date of purchase.

Private Duty Nursing

Charges for the services of a Registered Nurse (R.N.), licensed practical nurse, Certified Nursing Assistant (C.N.A.) or a member of the Victorian Order of Nurses (V.O.N.) which are rendered while the individual is not confined to a hospital subject to an overall maximum benefit of \$10,000 in any calendar year provided such nurse is not a resident in your home or a relative of your family. These charges will be considered eligible expenses only if recommended by a physician and only if medically necessary.

Vision Care

Charges for eye examinations performed by a qualified optometrist, subject to a maximum benefit is \$50.00 in any period of 24 consecutive months for adults, and every 12 consecutive months for dependent children under 18, where not covered under a provincial plan.

EXCLUSIONS

The foregoing list of eligible expenses shall not include any of the following:

1. charges which are considered a covered service of any provincial government plan;
2. charges for general health examinations, and examinations required for use of third party;
3. charges for a surgical procedure or treatment performed primarily for beautification, or charges for hospital confinement for such surgical procedure or treatment;
4. charges for medical treatment or surgical procedure by a physician other than as specifically provided under Outside Canada Referral Expenses or Out of Province Referral Expenses under this benefit;
5. charges for transport or travel, other than as specifically provided under this benefit;
6. charges not specified in the foregoing list of Eligible Expenses;
7. charges for services or supplies which are furnished without the recommendation and approval of a physician acting within the

scope of his license;

8. charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy;
9. charges which are from an occupational injury or disease covered by any Workers' Compensation law or similar legislation;
10. charges which would not normally have been incurred but for the presence of this coverage or for which you are not legally obligated to pay;
11. charges which Maritime Life is not permitted, by any law or regulation, to cover;
12. charges for dental work where a third party is responsible for payment for such charges;
13. charges for bodily injury resulting directly or indirectly from war or act of war (whether declared or undeclared), insurrection or riot, or hostilities of any kind;
14. charges for services or supplies resulting from any intentionally self-inflicted wound;
15. charges for drugs, sera, injectable drugs or supplies which are not approved by Health and Welfare - Canada or are experimental or limited in use whether or not so approved;
16. charges for experimental medical procedures or treatment not approved by the Canadian Medical Association or the appropriate medical specialty society;
17. charges made by a physician for travel, broken appointments, communication costs, filling in of forms, or physician's supplies.

EXTENDED SUPPLEMENTARY HEALTH COVERAGE FOR YOUR ELIGIBLE DEPENDENTS

Supplementary Health Expense coverage for your eligible dependents shall continue without premium payment following your death up to a maximum of 24 months from the date of death or to the date the Plan terminates, whichever is earlier.

EMERGENCY TRAVEL ASSISTANCE

EMPLOYEE AND DEPENDENT COVERAGE

Note: Only insured individuals under age 65 are eligible for coverage. Coverage is limited to a period of 60 days from the date the insured leaves the province of residence.

LIFETIME MAXIMUM BENEFIT

The total lifetime benefit payable in respect of an insured employee or dependent is \$1,000,000.

SERVICES

The following benefits are covered in the event of an emergency which occurs while you or your dependents are traveling for non-medical reasons outside your province of residence:

1. The following Assistance Services are covered:
 - a) Multilingual assistance by toll-free telephone, 24 hours a day, 365 days a year, for insured individuals and providers of medical services to obtain aid and assistance;
 - b) Referral to a legally qualified physician, dentist, legal advisor or an appropriate medical care facility;
 - c) Assistance in replacement (but not cost) of necessary travel documents or tickets in the event of theft or loss;
 - d) A centre for communication of messages between you and your family, friends or business associates. Messages are held for 15 days;
 - e) Medical consultation and monitoring of medical care and services if you or your dependents are hospitalized, and arrangement for contact with the patient, the attending physician and the patient's personal physician and family if necessary.
- 2) The following eligible expenses are covered:
 - a) Medical Services - Charges incurred for medical and surgical fees, semi-private hospital accommodations and prescribed

drugs;

- b) Emergency transportation - Emergency transportation to the nearest appropriate medical care facility and if medically necessary from the medical care facility to a hospital in Canada. Upon written recommendation of a physician, such charges shall include a medical attendant if necessary who is neither a resident in the employee's home nor a relative of the employee or the employee's spouse;
- c) Return of Deceased - Charges incurred for the return of a deceased employee or dependent to the place of former residence in Canada, subject to a maximum benefit of \$5,000 per individual;
- *d) Return of Dependent Children - Charges incurred for the return of dependent children to their residence in Canada in the event you or your spouse is hospitalized and the children are left unattended. The children must be under 16 years of age. Arrangements for an escort to accompany the children will be made if necessary;
- *e) Return Trip Delay - Transportation - Charges incurred for delay of the return trip of an insured individual due to the hospitalization of that individual or another insured individual with whom the individual is travelling, limited to the cost of one way economy class transportation;
- *f) Visit of Family Member - Charges incurred for transportation of an immediate family member to visit a hospitalized insured individual. Such individual must have been traveling alone and confined to a hospital for more than 7 days. The cost of transportation is limited to return economy fare for one family member. An immediate family member is defined as a spouse, parent, child, brother or sister or a person with whom the insured individual normally resides;

* Charges for d), e) and f) above, are subject to a combined maximum benefit of \$5,000 per emergency.

- g) Return of Vehicle - Charges incurred in connection with the return of an insured's vehicle in the event the insured is unable to return it due to illness, injury or death, subject to a maximum benefit of \$500 per trip. The vehicle will be returned to the insured's residence or nearest appropriate rental agency. Such charges

shall not include commercial transport vehicles;

- h) Return Trip Delay - Accommodation - Charges incurred for commercial accommodation and meals for insured individuals while staying with a hospitalized insured family member when their return trip is delayed due to an illness or accident. Such charges are subject to a maximum benefit of \$700 per family;
- i) Convalescent Benefit - Charges incurred for accommodation for insured individuals requiring convalescence following hospitalization, subject to a maximum benefit of \$75 per day for not more than 5 days for each insured individual.

EXCLUSIONS

The foregoing list of services shall not include any of the following:

- ▶ charges listed as Exclusions under the Supplementary Health Expense section of this booklet;
- ▶ charges which are not incurred as a result of an emergency while traveling;
- ▶ charges in connection with childbirth and medical complications resulting from childbirth when the delivery takes place after the beginning of the 32nd week of pregnancy.

LIABILITY

Neither the Plan nor Maritime is responsible for the availability, quantity, quality or results of any medical treatment received by you, or for your failure to receive medical treatment for any reason.

DENTAL EXPENSE BENEFIT

(For You and Your Dependents)

As the wording of this dental coverage is technically oriented we suggest you take this booklet with you when you visit your dentist.

In the event you incur in a calendar year any of the eligible expenses listed below, you will be paid a percentage of such expenses as specified in the Summary of Benefits in excess of the deductible.

CASH DEDUCTIBLE

The deductible for a calendar year is that portion of the Eligible Expenses which you are required to pay in any year before you receive benefits. The deductible is specified in the Summary of Benefits.

MAXIMUM BENEFIT

The total benefits payable are subject to the maximums specified in the Summary of Benefits.

EXTENSION OF BENEFITS

No benefits for Eligible Expenses will be paid for claims incurred after the termination of the Master Policy or after your benefit under this coverage ceases.

DENTAL CLAIM FORM REQUIRED

No payment will be made unless a Dental Claim Form, satisfactory to Maritime Life, is submitted to a claim office of Maritime Life.

Alternatively, electronic claims can also be submitted by participating dentists via Electronic Data Input (EDI).

ALTERNATE BENEFITS

Where there exists more than one customarily employed and professionally adequate method of treating injury or disease to the teeth, Maritime Life reserves the right to determine eligible expenses on the basis of an alternate benefit.

SUBMISSION OF TREATMENT PLAN

As a service to you, The Maritime Life Assurance Company will advise you in advance of the amount of its liability when a proposed course of treatment includes major restorative dentistry or orthodontics. To use this service, simply have your dentist complete a treatment plan on the form included in this booklet, including pretreatment x-rays if the proposed treatment involves crowns or bridgework.

ELIGIBLE EXPENSES

Charges for the following supplies and services are considered Eligible Expenses if they do not exceed the Fee Guide described in the Summary of Benefits. Further details may be found in the Master Policy.

MINOR SERVICES

Routine Services: (covered at 100%)

- ▶ one standard oral exam, including cleaning/bitewing x-rays, every 6 consecutive months;
- ▶ one complete oral exam/diagnosis (including complete x-rays services or equivalent) every 2 years;
- ▶ consultations;
- ▶ topical fluoride;
- ▶ pit & fissure sealants for children under 14;
- ▶ one unit of polishing every 6 months;
- ▶ 8 units of scaling every 12 months;
- ▶ passive space maintainers (which do not move the teeth) for dependent children only;
(Unit of time = 15 minutes)

Basic Services: (covered at 80%)

- ▶ occlusal equilibration, up to 8 units per calendar year;
- ▶ pre-fabricated full-coverage restorations for primary teeth;
- ▶ study casts once per calendar year;
- ▶ fillings (amalgam, silicate or synthetic)
- ▶ extractions;
- ▶ oral surgery, including excision of impacted wisdom teeth;
- ▶ anaesthesia and its administration, and antibiotic drug injections;
- ▶ endodontic treatment (including root canals);
- ▶ repair, relining or rebasing of dentures;
- ▶ repair of existing implants (up to once every 5 years);
- ▶ periodontal treatment;
- ▶ surgical services

MAJOR SERVICES: (covered at 50%)

- ▶ first installation, including adjustments, of partial or full removable dentures to replace one or more natural teeth extracted while the person was covered;
- ▶ implants
- ▶ replacement of an existing denture, if at least 5 years old and unserviceable (person must be covered for at least 12 months); Plan does not cover replacement of lost/stolen dentures; duplication or personalization of dentures;
- ▶ inlays, onlays, crowns (where tooth cannot be restored by a filling) and gold fillings;
- ▶ replacement of existing gold fillings, inlays, onlays and crowns only if existing restoration is unserviceable (if tooth can be restored by regular filling, coverage will be limited to usual cost of such regular filling);
- ▶ initial fixed bridgework, including crowns to form abutments, to replace natural tooth extractions, loss or fracture while the person is covered;
- ▶ replacement of existing fixed bridgework, if at least 5 years old and unserviceable (person must be covered for at least 12 months)

ORTHODONTICS: (covered at 50%)

- ▶ Diagnosis or correction of teeth irregularities and malocclusion of jaws for dependent children under 19 only

EXCLUSIONS AND LIMITATIONS

Payments will not be made for any dental procedure in respect of any injury or dental disease for which the employee or dependent was advised to receive treatment or for which treatment first began before the employee or dependent became covered for that dental procedure. Payments will not be made for any dental procedure in respect of teeth extracted, missing, or fractured before the employee or dependent became covered for that procedure except for appliance replacement as specifically stated under Eligible Expenses.

No benefit will be payable for the initial installation (or addition) of prosthetic devices unless such installation (or addition) is required primarily due to teeth that were missing, extracted or fractured after becoming covered under this plan for prosthetic devices.

No benefit is payable for the following:

1. Services or supplies that are primarily for cosmetic dentistry;
2. Services or supplies which are not furnished by a legally qualified dentist or denturist acting within the scope of his license;
3. Any charge for an injury resulting from war, riot, insurrection or participation in a criminal act;
4. Any miscellaneous charges such as counseling or instruction, travel, broken appointments, communication costs or filling in of forms;
5. Any charge resulting from any intentionally self-inflicted injury;
6. Any services covered in whole or in part by any government plan, services for which no charge is made, or services which the insurer is not permitted by law to cover;
7. Any charge for services which would not normally have been incurred, but for the presence of this coverage, or for which you are not required to pay;
8. Any hospital charges for board and room and related services and supplies;
9. Any dental examinations required by a third party;
10. Diagnostic procedures in connection with any benefit categories excluded as eligible expenses.

EXTENDED DENTAL COVERAGE

Dental coverage for your eligible dependents shall continue without premium payment following your death up to a maximum of 24 months from the date of death or to the date the Plan terminates, whichever is earlier.

GENERAL PROVISIONS

WHEN YOUR COVERAGE STARTS

If you are a permanent, full-time employee of a participating railroad and

are represented by a participating labor organization, you will become eligible for coverage on the first day of the month after you first rendered compensated service for all benefits except Dental Expenses. Coverage for Dental expenses will be effective on the first day of the month following 365 days of active employment.

WHEN YOUR COVERAGE TERMINATES

The benefits provided under this Plan terminate on:

- ▶ the date the railroad by which you were employed ceases participation in the Plan due to failure to make the required contributions or for any other reason; or
- ▶ the date the railroad by which you were employed ceases participation in the Plan with respect to the class in which you were included while active; or
- ▶ the date you terminate your employment; or
- ▶ the date the Master Policy and/or Administrative Services Agreement is terminated; or
- ▶ the date you commence active duty in any armed forces; or
- ▶ the date you retire; or
- ▶ for medical and dental benefits, the date you die.

Note: In the event you are absent from work due to sickness, injury, layoff or leave of absence, your coverage may continue for a period as outlined in the Master Policy and Plan Document, but only if the required premiums are paid.

WHEN YOUR DEPENDENTS' COVERAGE TERMINATES

All coverage ends for your Eligible Dependents on the earlier of:

- ▶ the date an individual dependent ceases to be an Eligible Dependent; or
- ▶ the date your coverage terminates for any of the reasons listed in the prior section, except that, in the event of your death, coverage terminates 24 months from that date as long as the Plan is still in effect.

COORDINATION OF BENEFITS

Payment of Supplementary Health, Emergency Travel Assistance and Dental benefits shall be coordinated so that benefits from all plans do not exceed 100% of the eligible claim. For this purpose, Maritime Life has a right to receive and release information on benefits and if necessary, collect any overpayments made by it.

ELIGIBLE DEPENDENTS

- ▶ Unmarried children who are under age 19, or under age 25 if attending an accredited school, college, or university as a full time student. Dependent children must be dependent on you for support and not employed at a regular full-time job.
- ▶ Functionally impaired children who are totally dependent upon you for support. For the purposes of this plan, functionally impaired shall mean an unmarried person who was covered as a dependent prior to becoming functionally impaired who is wholly dependent upon you for support and maintenance within the terms of the Income Tax Act.
- ▶ A child of your spouse provided,
 - i) he/she is also your biological child; or
 - ii) your spouse is living with you and has custody of the child.
- ▶ Your spouse as the result of a valid civil or religious ceremony, or a person whose relationship with you has existed for a minimum period of 12 consecutive months immediately prior to the date on which a claim arose. Divorced or separated spouses (with or without a court order or separation agreement) are not eligible for coverage.

CHANGE IN AMOUNTS OF COVERAGE

A change in the amount of your coverage shall become effective on the date of change, if you are actively at work for that full scheduled working day, otherwise on the first day thereafter on which you are.

CHANGE IN GOVERNMENT SPONSORED PROGRAMS

The medical, dental and hospital benefits under this group plan are provided in conjunction with government sponsored provincial programs. In the event coverage under any provincial program is modified, suspended or discontinued, the group benefit plan will not automatically assume responsibility for any services or products previously covered under the provincial programs.

MEDICAL INFORMATION BUREAU (MIB)

The MIB is a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its

members.

Maritime Life or its reinsurers may periodically report information to the MIB. If you apply to receive life or health insurance coverage from another MIB member company or submit a claim for benefits to such a company, the MIB upon request will supply the other insurer with the information on file.

Maritime Life or its reinsurers may also release information in its file to other life and health insurance companies to whom you may apply for insurance or submit a claim for benefits. All Information obtained will be treated as confidential.

Upon your request, the MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the MIB and seek a correction. Their address is: Medical Information Bureau, 330 University Ave, Suite 501, Toronto, Ontario, M5G 1R7. Tel: (416) 597-0590.

DEFINITIONS

Full-time

Employee ▶ an active employee who works at least seven days in a calendar month.

Retired

Employee ▶ one who retired from a currently participating employer and who was represented by a currently participating labor organization and who was covered by an active railroad plan on the day before retirement.

Leave of

Absence ▶ shall mean a period of time away from work mutually agreed to by you and your employer. In the case of maternity leave of absence, the leave shall begin and finish on dates agreed to by you and your employer or as required by Provincial or Federal law.

Note: this plan pays benefits during the postnatal recovery period of maternity leave.

HOW TO FILE A CLAIM

In order to quickly process a claim, the following information is required:

- ▶ your full name and address
- ▶ the name of your Employer
- ▶ your Certificate (Identification) Number.
- ▶ your Provincial Medical Insurance Plan Number (for Emergency Travel Assistance claims only).
- ▶ your Group Policy Number:
 - ▶ Life Insurance, AD&D, Emergency Travel Assistance - 961883
 - ▶ Health and Dental - 903883

Health and Dental Claims

Claim forms and required documentation for Health and Dental services incurred January 1, 2003 and thereafter should be mailed to:

The Maritime Life Assurance Company at the address shown on the claim form for your area.

Health and dental claim forms are included in this booklet. It is recommended that you make copies of these forms to have for future use.

If you require assistance with previously submitted health or dental claims, contact Maritime Life at 1-800-667-5165.

Life and AD&D Claims

While Maritime Life will be paying life and accidental death and dismemberment claims after January 1, 2003, MetLife will still be acting as recordkeeper. **Therefore, if you (or your beneficiary) need information about this benefit or a claim form, you should contact MetLife toll-free at (800) 310-7770.**

In order to process a claim, Maritime will need a completed claim form (one is included in this booklet), a certified Death Certificate or medical information (as appropriate) and an original Beneficiary Form (if applicable).

You or your beneficiary will forward the claim to MetLife with the necessary death or medical information. MetLife will verify eligibility and submit the claim with the required documentation to Maritime for you or your beneficiary.

Life and AD&D claims should be sent to:
Metropolitan Life Insurance Company

P.O. Box 6122
Utica, New York 13504

For Emergency Travel Assistance Claims

Dial the number on the back of your identification card and you will be connected with the World Access Operation Centre. Be sure to carry your identification card with you when you travel. The card contains the information you are required to give to World Access in the event you need assistance.

If your claim is for payment of \$200 or less, you will be asked to make the payment and keep the receipts. Your provincial health plan and the Insurer will reimburse you for the eligible expenses upon your return.

TIME LIMITATIONS

Written proof of loss with respect to all coverages under this plan stating the occurrence, character and extent of loss must be submitted to Maritime within the earliest of:

- ▶ 15 months of the date incurred;
- ▶ 90 days of the date an individual's coverage ends; or 90 days of the termination of a benefit or this policy.

A claim for a waiver of premium benefit must be submitted within 12 months of the date disabled.

**COVERAGE FOR
CANADIAN
RAILROAD EMPLOYEES**

UNDER

**THE RAILROAD EMPLOYEES NATIONAL
HEALTH AND WELFARE PLAN**

AND

**THE RAILROAD EMPLOYEES
NATIONAL DENTAL PLAN**

EFFECTIVE JANUARY 1, 2003

