

Sun Life >

CHOICES

We're here to help – with My Health Choice

Medical and dental plans that fit your life
today and in the future



Life's brighter under the sun

We understand that you might have a lot of things on your mind when changing jobs. Thankfully, keeping your medical and dental coverage doesn't have to be one of them.

Replace your coverage with no medical exam or questions – in one easy phone call

Are you a Canadian resident who's age 18 to 74 and covered by a provincial or territorial health plan? You can apply to replace your workplace plan or retiree group plan medical and dental coverage over the phone **within 60 days** of when it ends.

There's **no medical exam or questions** when you apply.

Our team of licensed financial services consultants (registered as financial security advisors in Quebec) can look at your coverage needs and recommend a solution that matches your budget.

Are you past the 60-day window? You still have options. Give us a call at 1-877-893-9893 and we'll find a solution that works for you.



Call us today to get started. 1-877-893-9893 8 a.m. to 8 p.m. ET | Monday to Friday

Choose the right plan for you

Whether you're looking for temporary coverage or a longer-term solution, we'll help you choose the plan that's right for you. To be eligible for the Standard with dental or Enhanced plans, you must have had dental coverage under your workplace plan or your retiree group plan.

Standard: A dependable solution that helps protect you and your family for basic medical expenses at an affordable cost.

Standard with dental: An expanded plan that provides coverage for you and your family for basic medical and dental expenses.

Enhanced: A complete solution if you and your family need extensive medical and dental coverage, with higher annual and lifetime coverage maximums.

Our plans let you manage your coverage through mySunLife.ca and the my **Sun Life mobile app**:

- Submit claims electronically.
- Get reimbursed faster when you sign up for direct deposit.
- View or print your drug and travel cards.

If you already have a sign-in ID and password from your workplace plan, you'll continue using them.

What's available in each plan

	Standard	Standard with dental	Enhanced
Eligible expense limits (excluding emergency travel and dental)			
Lifetime maximum	\$250,000	\$250,000	\$300,000
Drugs			
Prescription drugs	80% reimbursement, up to \$1,000 per year Coverage of reasonable and customary dispensing fees up to the coverage maximum.	80% reimbursement, up to \$1,000 per year Coverage of reasonable and customary dispensing fees up to the coverage maximum.	80% reimbursement, up to \$2,000 per year Coverage of reasonable and customary dispensing fees up to the coverage maximum.
Drug coverage	Drugs and drug supplies must be prescribed in writing by a dentist or physician and obtained from a pharmacist.		

My Health Choice insurance is underwritten and issued by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

	Standard	Standard with dental	Enhanced
Vision			
Eyewear (e.g. glasses, contact lenses)	\$150 every two years	\$150 every two years	\$200 every two years
Eye exams	Up to \$50 every two calendar years (every calendar year for dependents under age 18). Included in the vision maximum above.		
Paramedical			
Paramedical services	\$300 per practitioner, up to a maximum of \$500 for all services combined per year Includes: acupuncturist, chiropodist, chiropractor, naturopath, osteopath, podiatrist, psychologist (\$60 per visit, maximum 7 visits per calendar year), physiotherapist, registered massage therapist & speech language pathologist.	\$300 per practitioner, up to a maximum of \$500 for all services combined per year Includes: acupuncturist, chiropodist, chiropractor, naturopath, osteopath, podiatrist, psychologist (\$60 per visit, maximum 7 visits per calendar year), physiotherapist, registered massage therapist & speech language pathologist.	\$300 per practitioner, up to a maximum of \$650 for all services combined per year Includes: acupuncturist, chiropodist, chiropractor, naturopath, osteopath, podiatrist, psychologist (\$60 per visit, maximum 10 visits per calendar year), physiotherapist, registered massage therapist & speech language pathologist.
Hospital stays within Canada			
Hospital coverage	85% reimbursement		
Semi-private hospital	Up to \$175 per day, up to a maximum of \$5,000 per year.	Up to \$175 per day, up to a maximum of \$5,000 per year.	Up to \$200 per day, up to a maximum of \$5,000 per year.
Convalescent hospital	Up to \$20 per day, for a maximum of 180 days per incident.		
Medical service and equipment			
Ambulance (in Canada)	Unlimited ground ambulance.	Unlimited ground ambulance.	Unlimited ground ambulance. Air ambulance to a maximum of \$5,000 per incident.
Private duty nurse	\$5,000 per year (\$25,000 lifetime maximum)		
Accidental dental	\$5,000 lifetime maximum		
Hearing aids	\$350 every five years	\$350 every five years	\$500 every five years
Best Doctors®	A valuable service available to you, your spouse, dependent children, parents and parents-in-law at any point during the policy's lifetime. Best Doctors will provide an in-depth medical review of your case and/or information about resources within or outside of Canada, including availability, referral process and cost.		

	Standard	Standard with dental	Enhanced
Medical services & equipment	<p>\$2,500 combined maximum for all expenses listed in each category:</p> <ul style="list-style-type: none"> • Splints, trusses, braces or crutches: \$300 • Breast prostheses: \$200 • Orthopedic shoes, orthopedic alterations & orthotics (prescription required): \$200 • Blood glucose monitor: \$250 every five years • Other: reasonable and customary for diagnostic services; casts, stockings, surgical brassieres, stump socks; radiotherapy or coagulotherapy; oxygen, plasma and blood transfusion; artificial limbs, eyes, and other prosthetics. <p>The following expenses in this category are subject to the same \$2,500 calendar year limit as outlined above, but have the following lifetime maximums:</p> <ul style="list-style-type: none"> • Wheelchairs: \$4,000 • Hospital beds: \$1,500 • Wigs (medically necessary): \$350 	<p>\$2,500 combined maximum for all expenses listed in each category:</p> <ul style="list-style-type: none"> • Splints, trusses, braces or crutches: \$300 • Breast prostheses: \$200 • Orthopedic shoes, orthopedic alterations & orthotics (prescription required): \$200 • Blood glucose monitor: \$250 every five years • Other: reasonable and customary for diagnostic services; casts, stockings, surgical brassieres, stump socks; radiotherapy or coagulotherapy; oxygen, plasma and blood transfusion; artificial limbs, eyes, and other prosthetics. <p>The following expenses in this category are subject to the same \$2,500 calendar year limit as outlined above, but have the following lifetime maximums:</p> <ul style="list-style-type: none"> • Wheelchairs: \$4,000 • Hospital beds: \$1,500 • Wigs (medically necessary): \$350 	<p>\$5,000 combined maximum for all expenses listed in each category:</p> <ul style="list-style-type: none"> • Splints, trusses, braces or crutches: \$500 • Breast prostheses: \$200 • Orthopedic shoes, orthopedic alterations & orthotics (prescription required): \$200 • Blood glucose monitor: \$300 every five years • Other: reasonable and customary for diagnostic services; casts, stockings, surgical brassieres, stump socks; radiotherapy or coagulotherapy; oxygen, plasma and blood transfusion; artificial limbs, eyes, and other prosthetics. <p>The following expenses in this category are subject to the same \$5,000 calendar year limit as outlined above, but have the following lifetime maximums:</p> <ul style="list-style-type: none"> • Wheelchairs: \$4,000 • Hospital beds: \$1,500 • Wigs (medically necessary): \$500

Emergency travel medical (excluding pre-existing conditions – call us for details)

Out of province/ country

Up to \$1 million (lifetime maximum) of emergency hospital expenses covered during the first 60-days of travel subject to a nine month pre-existing condition limitation.

Travel assistance, medical assistance, family service and support, and additional services (i.e. assistance in finding lost luggage) for situations arising from a medical emergency.

This coverage terminates when you reach age 80.

Note: Emergency travel medical does not cover any pre-existing condition. A pre-existing condition is a medical condition where symptoms have appeared or required medical attention, hospitalization or treatment (this includes changes in medication or dosage) during the nine-month period before you leave your province. Certain provisions may apply, please read your policy carefully before you travel.

	Standard	Standard with dental	Enhanced
Dental			
Dental coverage (a one year waiting period applies to restorative dental care)	Not covered	<p>80% reimbursement for diagnostic and preventative dental procedures: oral examinations, recall procedures, (every nine months) scaling and root planing, routine extractions and for children under age 12, space maintainers.</p> <p>50% reimbursement for restorative dental care: endodontics (root canal) and periodontics, crowns (and repairs), onlays restorations, dentures (and repairs/adjustments), bridgework, surgical services, major oral surgery and anaesthesia, drug injections, lab procedures.</p> <p>Maximum of \$700 per year for all eligible dental services.</p>	<p>80% reimbursement for diagnostic and preventative dental procedures: oral examinations, recall procedures, (every nine months) scaling and root planing, routine extractions and for children under age 12, space maintainers.</p> <p>50% reimbursement for restorative dental care: endodontics (root canal) and periodontics, crowns (and repairs), onlays restorations, dentures (and repairs/adjustments), bridgework, surgical services, major oral surgery and anaesthesia, drug injections, lab procedures.</p> <p>Maximum of \$750 for all eligible dental services in the first calendar year of coverage; combined maximum of \$1,000 per calendar year in subsequent years.</p>

This summary does not provide full or complete product information. Please contact Sun Life Financial for the full terms and conditions, exclusions and limitations of the above policies.

Some things to consider

- You can request a sample My Health Choice policy by calling us at **1-877-893-9893**, Monday to Friday from 8 a.m. to 8 p.m. ET. We'll be happy to review the details and answer your questions.
- The coverage maximums listed here are for each insured person and per calendar year unless otherwise stated. For maximums with a multi-year period (e.g. every two years), the period begins on the day you incur the first expense under that maximum. This coverage doesn't cover expenses paid for by government-sponsored health plans.
- Your spouse can be either by marriage or someone you've been living with for at least one year and refer to as your spouse or partner in public. If you live in Quebec, the one year minimum period does not apply if a child is born out of the relationship.
- Allowed dependents include your children and your spouse's children (other than foster children) who aren't married and are under age 21. What if your child is a full-time student in a recognized school and is dependent on you for financial support? Then they're covered until the age of 25. What about children who are physically or mentally incapable of self-support? They're covered if they became so while they were entirely dependent on you for financial support under one of the two same age eligibility rules.

About premiums and renewals

- Plans renew every year. Premiums may change.
- If you look over your new policy and decide it doesn't meet your needs, you can cancel it with no obligation within 10 days and any premium paid will be refunded. You can cancel your policy at any time.
- Paying your premiums is easy and convenient, with pre-authorized payments from your credit card or bank account.

What you need to know – My Health Choice

Am I eligible for My Health Choice?

To be eligible, you must be age 18 to 74 and have been enrolled in a workplace plan or retiree group plan within the past 60 days. Your spouse may also apply if they were enrolled in your workplace plan or retiree group plan and are age 18 to 74. Coverage is also available for your dependent children if they were enrolled in your workplace plan or retiree group plan.

Your children and your spouse's children (other than foster children) are eligible dependents if they are not married or in any other formal union recognized by law, and are under age 21. If your child is a full-time student at an educational institution recognized under the Income Tax Act (Canada), they are an eligible dependent until the age of 25. They must also be entirely dependent on you for financial support.

Your child is also an eligible dependent if:

- they are physically or mentally unable to support themselves; or
- they became so while they depended on you for financial support under one of the two age requirements above.

When will my coverage begin?

Your coverage will begin the day after your workplace coverage ends.

What is the 10-day free look period?

You can cancel your policy at any time. If you would like a refund on your premiums you have to cancel within 10 days of receiving your policy.

MSP – for residents of British Columbia

All B.C. residents must be covered by MSP, which is a BC Health Insurance Government Plan. Charges are separate from the quoted My Health Choice premium.

Régie de l'assurance maladie du Québec (RAMQ) – for residents of Quebec

It's mandatory for residents of Quebec to enrol for prescription drug coverage. Unless you're eligible for drug coverage through a private plan or a professional association (for example, your spouse's group benefit plan), you must enrol with RAMQ. To be eligible for any individual health plan such as My Health Choice, you must be enrolled in RAMQ or another group plan that covers prescription drugs. That plan would pay drug expenses first. To claim any unpaid portion of your drug expenses at the pharmacy, you must send us the receipts by mail.

When can I cancel my policy?

You may cancel your policy at any time.

When will my coverage end?

Your coverage will end on the earliest of:

- 31 days after the premium due date, if you fail to make a payment;
- the 1st of the month that either falls on or follows the day that you cancel the policy;
- the date you are no longer a resident of Canada;
- the date you are no longer covered by a provincial or territorial government health care plan; or
- the date of your death.

Spouse and/or dependent child coverage will end on the earliest of:

- the date of your or your spouse's death;
- the date your coverage lapses;
- the date your eligible spouse and/or dependent child no longer satisfies the required definition;
- the date your spouse and/or dependent child is no longer a resident of Canada; or
- the date your spouse and/or dependent child is no longer covered by a provincial or territorial government health care plan.

The emergency travel insurance coverage ends at age 80.

Waiting period for restorative dental

An insured person becomes eligible for restorative dental coverage one year after the start date of the policy.

Will my premiums change over time?

Yes. The plan renews every year and your premium could change. As well your premium will change as you move into a new age group (every 5 years or so). This means that you'll receive a renewal notice each year, 30 days before your renewal date. The premium in the notice is based on:

- the level of coverage you've chosen;
- your age and/or the age of each person covered by your policy;
- the level of coverage offered by your province's health care plan; and
- the current cost of health care.

How will I be billed?

We charge premiums monthly, which means that we won't charge you for partial months. If there's an amount owing once we process your application, we'll charge your first bill to you as soon as possible. After that, we'll charge you for all following premiums on the 1st of each month.

Consequences for consumer non-disclosure or misstatements

It's important to give us accurate information when you apply. Otherwise, we could cancel your policy or deny any claims.

If I apply as a couple or family, can each person choose a different plan?

Everyone must choose the same plan when you apply for couple or family coverage.

How much does My Health Choice cost?

We can help you choose the My Health Choice plan that fits your budget. We base your monthly premiums on:

- your age each year on the date your policy started; and
- the province or territory you live in.

We can give you a quote over the phone and help you choose the right plan for you. Just give us a call at **1-877-893-9893** for more details.

How can I pay my premiums?

Paying for your policy is easy and convenient. You can pay by credit card or by setting up a pre-authorized payment from your bank account.

How do I use my drug card?

When you're buying prescription medicine from the pharmacy, show your Pay Direct Drug card to your pharmacist. The part that's covered by your plan will be paid automatically, so that you only have to pay the remainder. Please note that residents of Quebec don't get a drug card.

If you're a Quebec resident, you must enrol for prescription drug coverage with RAMQ when you leave your workplace plan, unless you're eligible for group coverage elsewhere. What if you're a Quebec resident? Then you must enrol for prescription drug coverage with RAMQ when you leave your workplace plan, unless you're eligible for group coverage elsewhere. My Health Choice doesn't take the place of a group health insurance plan providing prescription drug coverage and is second payer to comply with RAMQ.

Visit ramq.gouv.qc.ca > **Citizens** > **Prescription drug insurance** or call **1-800-561-9749**.

How do I submit a claim?

The fastest way to submit a claim is through the **my Sun Life mobile app**. Sign in, swipe left to the **Benefits** tab, select **Submit a claim** and follow the instructions.

You can also submit a claim online through mySunLife.ca. Sign in and select **Submit a claim** from the **Benefits** section of the **Home** page.

Lastly, you can use a paper claim form found at SunLife.ca > **Customer Support** > **Find a form** > **Generic group claims forms**.

- We must receive your claim within 3 months of the date your policy ended.
- We will not pay for any claims received by us more than 3 months after the date your policy ended, regardless of when the eligible expense was incurred.
- We must receive your claim within 12 months of the date that the eligible expense incurred.
- Upon approval of the claim, payment will be sent within 1 business day.

Is there anything that My Health Choice doesn't cover?

My Health Choice doesn't reimburse for:

- expenses that were caused, directly or indirectly, by or association with:
 - civil disorder or war, whether declared or not; or
 - service in the naval, military or air force of any country, combination of countries or international organization at war, whether war was declared or not;
- expenses that we can't legally pay;
- services or items that we consider cosmetic;
- services or items that we consider experimental;
- delivery, transportation and administration charges;
- services and products that are:
 - self-prescribed; or
 - provided or prescribed by a person who ordinarily lives in the insured person's home, or who's related to the insured person by blood or marriage;
- services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program unless explicitly listed as covered under this benefit;
- services or supplies that are not approved by Health Canada or other government regulatory body for the public;
- services or supplies that the Canadian medical profession doesn't generally recognize as effective, appropriate and required in the treatment of an illness in accordance with Canadian medical standards;
- services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada);
- elective (non-emergency) medical treatment or surgery that's received or performed out of province or territory where they live; or
- any other exclusions or limitations that are specifically listed in the My Health Choice policy.

We can help



- We're here to help if you have questions or need advice. Call one of our financial services consultants at **1-877-893-9893** to make a purchase, Monday to Friday from 8 a.m. to 8 p.m. ET. If you prefer in-person guidance and support, we can refer you to a Sun Life advisor in your area.

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