98731 AKISQ'NUK FIRST NATION MEMBER PLAN

CINUP
Employee Benefits for Indigenous Communities and Organizations

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BENEFIT SCHEDULE

EXTENDED HEALTH CARE - 01Apr2025

(Refer to Benefit Details section for more information)

Overall Plan Maximum: *All Extended Health & Dental Care Benefits* *Excludes Prescription Drugs*	$250 per Member, per Calendar Year for all Extended Health and Dental Care benefits combined, except Prescription Drugs.
Prescription Drug Maximum: *Separate from Overall Plan Maximum*	$500 per Member, per Calendar Year.
Percentage of Reimbursement:	100%
Deductible:	No Deductible
Paramedical Services:	Includes the following paramedical practitioners with no individual limitations: • Acupuncturist • Audiologist • Chiropractor • Dietician • Licensed Massage Therapist • Mental Health Practitioner* • Naturopath • Osteopath • Physiotherapist, Athletic Therapist, or Occupational Therapist • Podiatrist, Chiropodist, or Foot Care Nurse • Speech Therapist ***Mental Health Practitioner** means a licensed Clinical Psychologist, Social Worker, Registered Clinical Counsellor, Canadian Certified Counsellor, Psychotherapist or any other certified mental health practitioner belonging to an accredited association or organization that answers to a disciplinary committee (subject to approval)*
Hospital:	Semi-Private Hospital Room Included
Ambulance Services:	Ground and Air Ambulance Services Included
Orthopedic Shoes:	Custom-Made Orthopedic Shoes are included
Custom Orthotics:	Included *(Biomechanical Assessment Required)*
Vision Care:	Includes Eye Exams, Prescription Glasses, Contact Lenses, and Laser Eye Surgery with no individual or frequency limitations.

Hearing Aids:	Included
Wigs:	Included
Medical Equipment:	Included
Accidental Dental:	Included
Hostel Accommodation:	Included
Cardiac Therapy:	Included
Private-Duty Nursing:	Included

DENTAL CARE - 01Apr2025

(Refer to the Benefit Details section for more information)

Overall Plan Maximum: *All Extended Health & Dental Care Benefits* *Excludes Prescription Drugs*	$250 per Member, per Calendar Year for all Extended Health and Dental Care benefits combined, except Prescription Drugs.
Fee Guide:	Current Fee Guide for General Practitioners and Specialists in the province or territory where the Member resides
Deductible:	No Deductible
Basic Services: *Including Endodontics and Periodontics*	Covered at 100%, limited to the reasonable and customary amounts in the applicable Fee Guide, up to the combined Overall Plan Maximum for Extended Health and Dental Care benefits: * **No frequency limitations* • Recall Exams • Complete Exams • Fluoride treatments • Polishing, Scaling, and Root Planing • X-Rays: Bitewings, Periapical Films, Panoramic Radiographs, or Cephalometric Films • Pit and Fissure Sealants • Space Maintainers for Children • Fillings (non-bonded, composite, acrylic, and silicate) • Extractions • Oral Surgery • General Anaesthesia (if performed in conjunction with a covered expense) • Repair, Adjustment, Relining, and Rebasing of Dentures • Oral Hygiene Instruction

Major Services:	Covered at 100%, limited to the reasonable and customary amounts in the applicable Fee Guide, up to the combined Overall Plan Maximum for Extended Health and Dental Care benefits: * **No frequency limitations* • Crowns • Replacement of crowns • Fixed bridgework • Replacement of bridgework • Dentures, including adjustment and replacement
Orthodontic Services:	Covered at 100%, limited to the reasonable and customary amounts in the applicable Fee Guide, up to the combined Overall Plan Maximum for Extended Health and Dental Care benefits

LIFESTYLE SPENDING ACCOUNT (LSA) - 01Apr2025

Benefit:	Eligible expenses are covered up to a maximum of $500 per Calendar Year for Members only
Termination:	Coverage terminates when the Member is no longer eligible under the Community Membership Plan

GENERAL PROVISIONS

This booklet outlines the Health Benefits Program offered by Akisq'nuk First Nation. This booklet does not create or confer any rights to benefits; it is for descriptive purposes only. The exact terms of the plan are described in the more detailed provisions of the master policy. In the event of a discrepancy between the booklet and the master policy, the terms of the policy will be applicable. Your CINUP Benefits Card, in addition to your Member Booklet is subject to eligibility requirements and all other terms, conditions and limitations of the master policy.

MEMBER ELIGIBILITY

- Must be a registered member of Akisq'nuk First Nation, residing in Canada with MSP or equivalent coverage.

- Members are covered from birth to end of life.

TERMINATION OF INSURANCE

Insurance coverage will cease on the earliest of:

- the date the policy terminates;

- the date you are no longer a member of Akisq'nuk First Nation;

- Death

SUBROGATION CLAUSE

Upon providing payment for incurred expenses or loss of income, CINUP, on behalf of the Plan Sponsor, is subrogated to all rights of recovery of the Insured against any person or party and may bring action in the name of the Insured to enforce such rights.

COORDINATION OF BENEFITS

This plan is considered "payer of last resort", meaning if you have coverage under another group plan as an employee and/or dependent, claims must first be submitted to the other plan/s.

Under the "Coordination of Benefits" provision, you are entitled to claim benefits from all plans, as long as the total benefits received do not exceed the actual expenses incurred.

Claims should not be submitted to this plan when another company is the primary carrier. In cases where there is an unpaid balance on a claim paid by another company, this plan will process the remaining balance. Please remember to include a copy of the payment summary, or explanation of benefits issued by the other company with your claim so that the unpaid balance may be processed for reimbursement up to 100% of the value of the claim.

Note: No benefits are payable under this policy for charges that are payable under NIHB/FNHA. *(All claims submitted to CINUP must be accompanied by evidence that NIHB/FNHA has limited or declined the service.)*

For more information regarding coordination of benefits, please contact the CINUP Customer Care Centre at 1-800-665-1234.

DEFINITIONS

Wherever used in the policy:

Accidental Injury	means bodily injury caused directly and independently of all other causes by external, violent, and purely accidental means.
Entry Date	means the date on which the insurance of the Member becomes effective.
Hospital or Institution	means an accredited facility licensed to provide care and treatment for the condition causing your disability.
Individual	means a member insured under this policy.
Insured	means any person covered under a plan.
Law, Plan or Act	means the original enactments of the law, plan or act and all amendments.
Legislation, Plan or Act	means the original enactments of the legislation, plan or act and all amendments.
Payable Claim	means a claim for which we are liable under the terms of the policy.
Physician	- a person performing tasks that are within the limits of their medical license; and - a person who is licensed according to the laws and regulations of the governing jurisdiction to practice medicine and prescribe and administer drugs or to perform surgery; or - a person with a doctoral degree in Psychology (Ph.D or Psy.D.) whose primary practice is treating patients. We will not recognize you, or your spouse, children, parents or siblings as a physician for a claim that you send to us. It does not include an individual or their spouse, children, parents or siblings.
Plan	means a line of coverage under the policy.
Policy Specifications	is the document showing the eligible members, the amounts of insurance and other relevant information pertaining to the plan of insurance applied by the Policyholder.
Status	means a person who is entitled by law to be registered in accordance with Section 6 and Section 7 of the INDIAN ACT (as amended 1985).
We, Us, Our	means the insurance company(s) providing group benefit coverage.
You	means an individual who is eligible for the Group Benefit Coverage.

EXTENDED HEALTH CARE BENEFIT DETAILS

This plan will reimburse eligible expenses incurred in Canada for necessary medical care, services, or supplies administered / ordered by a Physician, as outlined in this booklet.

Eligible claims will be approved if they are received by CINUP within 12 months of the date of service. Upon termination of the benefit plan, claims incurred prior to the termination date will be approved only if they are received by CINUP *prior to* the plan's termination date.

No benefits are payable under this plan for the following expenses:

- Expenses that are eligible under the Non-Insured Health Benefits (NIHB) program or First Nations Health Authority (FNHA) in the province of BC
- All claims submitted to CINUP must be accompanied by evidence that NIHB / FNHA has limited or declined coverage
- Expenses eligible for Provincial Health coverage in your province of residence are excluded from the plan

The *Percentage of Reimbursement* shown in the Benefit Schedule represents the percentage of Eligible Charges that will be paid.

COVERED EXPENSES

Prescription Drugs	The plan covers the cost of drugs that by law are only available with a prescription, are excluded by NIHB / FNHA, and are prescribed by a physician or dentist. Drug coverage is based on the TELUS Health Plan 88G Base Formulary. Prescription Drug purchases can be direct billed by the pharmacy using the TELUS Health ASSURE card. **Covered Expenses:** • Charges for eligible Prescription Drugs including Serums, Injectables, and Insulin • Charges for eligible Smoking Cessation Drugs (excluding over the counter drugs) • Charges for eligible Fertility Drugs • Charges for Shingles Vaccines are covered, all other vaccines are not covered. **Not Covered:** • Drugs covered by NIHB / FNHA* • Oral and topical drugs for the treatment of erectile dysfunction • Anti-obesity Drugs • Medical Cannabis **Consideration will be given to Drugs that have been declined, on an exception basis, by NIHB / FNHA.*
Paramedical Services	The plan covers eligible services provided by the licensed, certified or registered paramedical practitioners operating within the scope of their license, as outlined in the Benefit Schedule.
Hospital Expenses	The plan covers the following: • Hospital charges for a semi-private room in a hospital if the hospital does not normally provide the semi-private room without charge to any patient. The payment of charges is based on the provincial per diem rate in the province where you are employed. Comparable payments towards the cost of semi-private room charges by hospitals elsewhere in Canada • Semi-private accommodation in a licensed Convalescent or Rehabilitation Centre for up to 180 days when medically requires for rehabilitation and not custodial care. Admission must be within 14 days of discharge from a Hospital to which the member was confined as an inpatient.
Ambulance Services	The plan covers Emergency and Non-Emergency Trips within Canada that meet the following three criteria as outlined below: 1. The patient is non-ambulatory, 2. Prior recommendation of an attending Physician is obtained, and 3. The patient cannot be transported by any other means

Orthopedic Shoes	With a prescription from a Physician, Chiropractor, Podiatrist, or Chiropodist, the plan covers the purchase, modification, or adjustment of Custom Orthopedic Shoes designed specifically for an individual to correct a foot defect. This includes open-toed shoes, in-flare or out-flare shoes, straight laced shoes, and custom shoes required for Denis Browne braces. Percentage of reimbursement and any applicable benefit maximums are outlined in the Benefit Schedule.
Custom Orthotics	The plan covers the purchase of custom Orthotics with the required Biomechanical Assessment from a Physician, Chiropractor, Podiatrist, or Chiropodist.
Vision Care	The plan covers the following: • Eye Exams when performed by an Optometrist or Ophthalmologist • Purchase (or repair) of Prescription Glasses, Sunglasses, or Contact Lenses, when prescribed by an Optometrist or Ophthalmologist • Laser Eye Surgery • Purchase of Artificial Crystalline Lenses, when implanted surgically as a replacement for natural crystalline for Members with cataracts
Hearing Aids	The plan covers the purchase or repair of Hearing Aids when prescribed by an Audiologist, Physician, or Otologist. Charges for regular maintenance, batteries, recharging devices, and other supplies are not covered.
Wigs	The plan covers the purchase of Wigs when required as a result of accidental injury or illness and prescribed by a Physician
Accidental Dental	The plan covers the services of a Dentist to repair or replace healthy teeth as a result of an accidental, external blow to the mouth while this benefit is in force, or when a comparable benefit was in force immediately prior to the effective date of this benefit, but not as a result of voluntarily or involuntarily inserting food or any other object into the mouth. **Services must be rendered within 90 days of the accident; otherwise, a qualifying treatment plan will be required before that deadline. No benefit is payable for services provided more than 2 years after the date of the accident.**
Hostel Accommodation	The plan covers the per diem charge for hostel accommodation when a Member is placed in a recognized medical hostel, associated with a hospital, for diagnostic testing or treatment. Hospital must be a minimum of 60km from the Member's home address.
Cardiac Therapy	The plan covers the services of a recognized cardiac rehabilitation program when prescribed by a Physician for a diagnosed cardiac disease.

Medical Equipment and Supplies	The plan covers the following medical equipment and supplies* when medically required and prescribed by a physician, as outlined below: **Not an exhaustive list* • Wheelchairs: Purchase or rental of a Conventional Wheelchair, Electric Wheelchair, or Scooter • Walkers or Crutches: Purchase or rental • Spinal Braces: Purchase only (repair not covered) • Braces, Trusses, and Plaster: Purchase only (repairs and replacements not covered) • Hospital Beds: Purchase or rental • Artificial Limbs: Purchase, repair, and replacement included • Artificial Eyes: Purchase, polishing and re-making included • Breast Prosthesis: Purchase when required because of total or radical mastectomy • Glucose Monitors: Purchase or rental of a Glucometer, Reflectance Meter, or Flash Glucose Monitor • Oxygen and Supplies: Purchase or rental • Apnea Monitors and Supplies: Purchase or rental • TENS Machines: Purchase or rental • Diabetic Supplies: Purchase only* • Intrauterine Device (IUD): Purchase only • Catheters, Colostomy, Ileostomy or Ureterostomy Supplies: Purchase only • Surgical Stockings: Purchase of medically necessary surgical stockings with a minimum compression factor of 20mmHG • Medical Alert Bracelets: Purchase only • Other Therapeutic Equipment: Purchase of qualifying, medically necessary equipment intended to treat an affliction **Some **diabetic supplies** may be billed directly using the drug card. For these transactions, the prescription drug coverage provisions will apply. Please confirm with a pharmacist which items are eligible for direct billing. Any other covered expenses will require a claim for reimbursement.*

RESTRICTIONS, EXCLUSIONS, AND LIMITATIONS

1. No reimbursement will be made under this Benefit for the following:
    a. Services or treatment that a government health plan prohibits from being paid in whole or in part, except to the extent that it permits reimbursement of the excess amount;
    b. Services, treatment or supplies that a person receives without charge or that are reimbursed under a provincial or federal law. If a person is not covered under the laws in question, the Insurer will not reimburse the expenses that would normally be covered under the hospital or health insurance legislation in force in the Insured Person's province of residence;
    c. Services, treatment or supplies which are experimental in nature;
    d. Expenses incurred for surgically implanted prostheses;
    e. Wheelchairs adapted or designed for sports activities;
    f. Electric beds;
    g. Monitoring devices such as stethoscopes, sphygmomanometers and similar equipment, and domestic appliances such as air purifiers, humidifiers, air conditioners, whirlpools and other similar equipment;
    h. Equipment such as "Obus form" type;
    i. Training, exercise programs, physical fitness programs using equipment or floor exercises, floating baths, mud baths, therapeutic baths, relaxation exercises, gym exercises, stretching and strengthening exercises, postural evaluations and ear candling;
    j. Diapers for incontinence;
    k. Dental services, except those provided for in this Benefit;
    l. Dental services and supplies for the purposes of full mouth reconstructions, for vertical dimension correction or for any other Temporomandibular Joint (TMJ) dysfunction;
    m. Travel for health reasons or for medical examinations required for insurance, consultation or assessment purposes;
    n. Services, treatment or supplies not included in the list of Eligible Expenses;
    o. Eligible Expenses which result directly or indirectly from the following:
        i. Cosmetic treatment, except those provided for in this Benefit;
        ii. Committing, or attempting to commit a criminal offence;
        iii. Any cause for which payment is provided under any Workers' Compensation Act or similar legislation or under any other government plan;
        iv. War, whether the war be declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion;
        v. Driving a motorized Vehicle while impaired by drugs, or with an alcohol level that exceeds the limit set under the Criminal Code of Canada; the Eligible Expenses incurred for detoxification treatment are not subject to this exclusion;
    p. Services, treatment or supplies for the treatment of alcoholism and drug addiction;
    q. Non-prescription sunglasses;
    r. Broken appointments, transportation costs, telephone or other indirect consultations;
    s. Any prescription drugs or medical expenses normally covered through a government program or provided in a hospital, when offered on an outpatient basis or at a private clinic;
    t. Services, treatment or supplies which are not medically necessary;
    u. Charges for group sessions;
    v. Imaging techniques/diagnostic laboratory tests;

RESTRICTIONS, EXCLUSIONS, AND LIMITATIONS SPECIFIC TO PRESCRIPTION DRUGS

1. No reimbursement will be made under this Benefit for the following:
    a. Drugs that do not meet the plan's prior authorization criteria on the date the expenses were incurred;
    b. Contraceptives (prophylactics and contraceptive jellies and foams) except those provided for under this benefit;
    c. The following products, whether or not prescribed:
        i. Shampoos and other scalp care products, including hair growth products;
        ii. Beauty-care products;
        iii. Cosmetics;
        iv. Natural products and homeopathic preparations;
        v. Sun-tan emulsions (sunscreens);
        vi. Soaps;
        vii. Over-the-counter laxatives;
        viii. Over-the-counter antacids;
        ix. Skin softeners;
        x. Disinfectants and ordinary dressings;
        xi. Mineral water;
        xii. Any infant milk formulas;
        xiii. Proteins and food supplements (i.e. products used to supplement or complement a diet);
    d. Sclerosing injections used in the treatment of varicosities, telangiectasia or dilation;
    e. Expenses incurred for services, products or drugs that are used to treat specific conditions other than those for which they are approved;
    f. Expenses incurred for services, products or drugs that are taken in a higher dose, greater quantity or at a frequency that exceeds the prescription.
2. Limitations on Prescription Drugs:
    a. Reimbursement of drugs for which a less expensive equivalent drug is available on the market;
    b. Any one prescription for drugs or medicines must not be in excess of a 34 day supply and a 100 day supply in the case of maintenance drugs.

DENTAL CARE BENEFIT DETAILS

This plan will reimburse eligible expenses for Dental Care based on the current Fee Guide for General Practitioners and Specialists in the province or territory where the Member resides as outlined in this booklet. While they are not required to do so, the majority of dentists charge according to the rates set out in the Fee Guide. If the dentist charges more than the Fee Guide, you are responsible for the excess charge.

Before incurring any dental expenses in excess of $500, we recommend a pre-determination or estimate be submitted for adjudication. Pre-determinations are valid for 90 days.

Eligible claims will be approved if they are received by CINUP within 12 months of the date of service. Upon termination of the benefit plan, claims incurred prior to the termination date will be approved only if they are received by CINUP *prior to* the plan's termination date.

BASIC SERVICES

Examinations	The plan covers the following, based on the Fee Guide shown in the Schedule of Benefits: • Complete Examinations • Recall Examinations • Emergency Examinations
Radiographs (X-Rays)	The plan covers the following, based on the Fee Guide shown in the Schedule of Benefits: • Periapical Films, Panoramic Radiographs, and Cephalometric Films • Bitewings • Other x-rays for the purpose of diagnosis or to examine progress of a particular course of treatment
Preventative Services	The plan covers the following, based on the Fee Guide shown in the Schedule of Benefits: • Scaling • Polishing • Fluoride • Pit and Fissure Sealants • Finishing Restorations • Interproximal Disking • Space Maintainers not designed for sporting activities • Tooth Contouring / Reshaping (prophylactic odontotomy / enameloplasty) • Bite Adjustment (occlusal equilibration)

Restorative Services	The plan covers the following, based on the Fee Guide shown in the Schedule of Benefits: • Amalgam (silver) fillings • Composite fillings • Retentive pins for amalgam and composite restorations • Preformed stainless steel and polycarbonate crowns for Members under the age of 18 • Caries, Trauma, and Pain Control
Endodontic & Periodontal Services	The plan covers the following, based on the Fee Guide shown in the Schedule of Benefits: • Endodontic Services: Treatments for disease of the pulp tissue, including root canal therapy, apexification, apicoectomy, retro fillings, root amputation, hemisection, and vital pulpotomy • Periodontal Services: Treatments for bone and gum disease, including curettage performed by a Dentist, gingivoplasty, gingivectomy, flap approach, grafts, root planing, and appliances for the treatment of bruxism
Oral Surgery	The plan covers the following, based on the Fee Guide shown in the Schedule of Benefits: • Extractions (uncomplicated and complex) • Extraction of residual roots • Surgical exposure of impacted teeth • Alveoloplasty • Gingivectomy • Gingivoplasty • Stomatoplasty • Suturing and post-operative treatment
Maintenance of Dentures	The plan covers the following, based on the Fee Guide shown in the Schedule of Benefits: • Repair of partial or complete dentures • Relining of partial or complete dentures • Rebasing of partial or complete dentures • Adjustment of partial or complete dentures • Structure addition (to existing removable dentures)
Consultations	The plan covers the following, based on the Fee Guide shown in the Schedule of Benefits: • Consultations with the patient

Laboratory Tests	The plan covers the following, based on the Fee Guide shown in the Schedule of Benefits: • Bacteriologic cultures/smears to determine pathological agents • Biopsies • Pulp vitality tests
Other Services	The plan covers the following, based on the Fee Guide shown in the Schedule of Benefits: • Appliances to control harmful oral habits • General anesthesia (when administered in conjunction with an eligible expense)

MAJOR SERVICES

Inlays, Onlays, and Pins	The plan covers the following, based on the Fee Guide shown in the Schedule of Benefits: • Inlay restorations* • Onlay restorations* • Pins, posts, and cores ***Replacements are covered when the existing restoration is over 5 years old*

Crowns	The plan covers the following, based on the Fee Guide shown in the Schedule of Benefits:
	• Crowns
	  o For a tooth that is fractured and cannot be restored with amalgam or composite fillings
	  o Molar teeth are covered for metal crowns only
	  o Temporary crowns are considered part of the final restoration
	  o Replacement is covered only when the existing crown is over 5 years old
	• Porcelain repair
	• Recementation
	• Removal of a crown

Prosthodontics	Expenses incurred for a permanent initial prosthodontic appliance, such as partial or full removable denture or fixed bridge, are covered if such appliance was necessary because of the extraction of at least one natural tooth.
	
	The plan covers the following, based on the Fee Guide shown in the Schedule of Benefits:
	• Fixed Bridgework
	  o Abutments and pontics
	  o Recementation
	  o Repair
	  o Removal
	• Removable Dentures
	  o Complete denture
	  o Immediate complete denture
	  o Complete or partial overdenture
	  o Transitional denture
	  o Partial denture including cast in chrome (but not in gold)
	  o Partial denture remake
	  o Remount with occlusal equilibration
	  o Therapeutic tissue conditioning
	• Replacement of existing bridgework or dentures:
	  o if the replacement was necessary because of the extraction of one or more natural teeth, or
	  o if the existing denture or bridge is at least 5 years old; or
	  o if the existing denture or bridge is temporary and is being replaced with a permanent denture or bridge within 12 months of the installation of the temporary appliance. With respect to a permanent appliance that replaces a temporary one, the amount eligible for reimbursement will be reduced by the amount previously reimbursed by the Insurer for the temporary appliance
	
	A temporary appliance which is at least 12 months old will be considered to be a permanent denture or bridge for the purposes of this provision.

ORTHODONTIC SERVICES

Eligible Expenses	The plan covers the following, based on the Fee Guide shown in the Schedule of Benefits: • Services of an Orthodontist for diagnostic purposes • Preventative Orthodontic treatment • Comprehensive Orthodontic treatment
Payment of Orthodontic Claims	Payment of eligible Orthodontic claims will be made on one of the following bases: 1. If the charge for the entire course of treatment is estimated and paid in prearranged installments over an estimated period of treatment or the entire course of treatment is paid in a single lump sum, expenses will be reimbursed each time a receipt is submitted, specifying the date and the nature of treatment received, or 2. If in lieu of an installment plan or lump sum payment, a charge is made for each treatment as it is performed, payments will be reimbursed as each charge is incurred and a receipt is submitted, specifying the date and the nature of treatment received

RESTRICTIONS, EXCLUSIONS, AND LIMITATIONS

Reimbursement will not be made for any portion of the charge in excess of the suggested fee in the appropriate Fee Guide, as specified in the Benefit Schedule. When there are two or more courses of treatment available to adequately correct a dental condition, this plan will provide reimbursement for the treatment that incurs the lowest cost consistent with good dental care.

Reimbursement of lab fees will be limited to the reasonable and customary charge for such services in the area where the services are provided. However, in no event will the total reimbursement of lab fees exceed 60% of the suggested fee in the appropriate Fee Guide, as specified in the Benefit Schedule, for the particular dental treatment requiring the lab services.

If it is determined that a less expensive course of treatment will yield a professionally adequate result, benefits will be reduced to the cost of the less expensive treatment.

No reimbursement will be made under this Benefit for the following:

1. Any dental treatment which is for cosmetic purposes when the form and function of the teeth are satisfactory and no pathological condition exists;
2. Charges for nutritional counselling;
3. Any dental services or supplies, including X-rays, provided for full mouth reconstruction, for vertical dimension correction, for the correction of Temporomandibular Joint (TMJ) dysfunction or for permanent splinting of teeth;
4. Charges levied by a Dentist for broken appointments, completion of claim forms or advice by telephone;
5. Expenses incurred for bacteriologic cultures/smears followed by a Chlorzoin treatment;
6. Expenses incurred for implants;
7. Expenses incurred for diagnostic casts;
8. Expenses incurred for anaesthesia administered by acupuncture;

9. Any dental treatment that is not yet approved by the Canadian Dental Association or that is for experimental purposes;
10. Dental services, treatment or supplies that the individual received without charge or that a government health plan prohibits from being paid;
11. Any dental treatment rendered outside Canada;
12. Dental services and supplies not included in the list of Eligible Expenses;
13. Eligible Expenses that result directly or indirectly from the following:
    a. Committing, or attempting to commit a criminal offence;
    b. Any cause for which payment is provided under any Workers' Compensation Act or similar legislation or under any other government plan;
    c. War, whether war be declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion;
14. Charges for services that are not reasonable and customary;
15. Any services and supplies rendered for the treatment or correction of any congenital or developmental malformation;
16. Facility fees;
17. Bleaching of teeth;
18. Hypnosis and dental psychotherapy;
19. Any procedure in connection with forensic dental

Exclusions Related to Prostheses and Crowns

No reimbursement will be made under this Benefit for the following:

1. Expenses incurred for the replacement of dentures and appliances that are lost, mislaid or stolen;
2. Prosthetics with precision attachments or stress breakers;
3. Precision attachments and telescoping crown units for fixed bridgework;
4. Preformed stainless steel or polycarbonate crowns, except in the case of primary teeth;
5. Transfer coping for crowns

Exclusions Related to Orthodontic Services

No reimbursement will be made under this Benefit for the following:

1. Myofunctional therapy;
2. Replacement or repair of an orthodontic appliance;
3. Patient motivation (psychological evaluation and progress, per visit);
4. Procedure requiring the insertion of an adjustable orthodontic appliance before the effective date of coverage

PROOF OF CLAIM

Written proof of a dental claim must be submitted to CINUP. Receipts, along with an Explanation of Benefits statement from any plan that has already paid a portion of the expense, are required to process the claim.

No benefits are payable for charges that are covered by NIHB / FNHA. All claims submitted to CINUP must be accompanied by evidence that NIHB / FNHA has limited or declined the service.

LIFESTYLE SPENDING ACCOUNT (LSA) DETAILS

A Lifestyle Spending Account is designed to cover expenses related to the Plan Member's lifestyle and personal well-being. Eligible expenses are predetermined by the Policyholder.

COVERED EXPENSES

Fitness/Sports/Recreation	Including, but not limited to: • Fitness equipment - large • Fitness equipment - small • Fitness club memberships • Fitness classes/lessons • Personal trainer • Sport activity registration fees • Fitness trackers and smart watches (not brand specific) • Sports equipment • Footwear • Fitness apparel • Park passes • Registration fees
Health	Including, but not limited to: • Smoking cessation products • Weight management programs (excluding food) • Nutritional programs/counseling • Cholesterol/hypertension training • Supplements (including vitamins & herbal products) • Maternity services (pre-natal services, mid-wife services) • Health assessments • Alternative healing therapy • COVID 19 Tests
Personal Development	Including, but not limited to: • Professional memberships or dues • Language training • Tuition fees for an accredited educational institution • Text books

Family Care/Work-life Balance	Including, but not limited to: • Adoption fees • Approved after school programs • Elder care - homecare/nursing care • Rehabilitation centres • Daycare • Housekeeping/Housecleaning services • Lawn care • Snow removal
Sustainable Living	Including, but not limited to: • Solar panels • LED light bulbs • Insulation • Composter • Transit passes • Bicycle • Rain barrel
Pet Care	Including, but not limited to: • Obedience training • Veterinary expenses • Pet licenses • Pet daycare/boarding fees • Pet food
Financial Services	Including, but not limited to: • Tax preparation • Will preparation • Estate planning • Financial counseling • Insurance Premiums (personal life, disability, critical illness) • RRSP contribution
Transportation	Including, but not limited to: • Car purchase/rental • Scooter • Airfare • Ferry • Gas • Toll fees • Taxi

Household Expenses	Including, but not limited to: • Mortgage payments • Utilities/bill payments • Groceries • Condo fees
Electronics/Office Equipment	Including, but not limited to: • Chairs • Desks • Computer • Printer • Mobile device • Webcam
Cultural/Traditional Care	Including, but not limited to: • Ceremonial tobacco • Spiritual advisor • Elder counselling • Prayer mat • Traditional items/equipment

BENEFIT MAXIMUMS

Eligible expenses are covered up to the maximum shown on the Certificate of Insurance or on **my-benefits.ca**. To register for ***my-benefits*** go to **www.my-benefits.ca**, click “sign up”, and then follow the instructions to allow you to manage your benefits online.

Lifestyle Spending Account balances must be used within the calendar year with no carry-over of unused balances or carry-over of expenses. Expenses must occur within the calendar year in which the claim has been made. Claims during any calendar year must be submitted by January 31st of the following calendar year.

There is no grace period for Lifestyle Spending Account claims if your coverage is terminated.

CLAIMS

Claim eligibility is determined on an incurred basis (date the services were performed or the item was purchased). Receipts must clearly show a date of service or a date of purchase.

Claims can be made online through **my-benefits.ca**.

You can also download the ***my-benefits*** app from either Google Play or the Apple App Store and sign in with your ***my-benefits*** *Username* and *Password.*

LIMITATIONS AND EXCLUSIONS

No reimbursement will be made under the following, unless indicated otherwise in the Schedule of Benefits:

- Services, treatment or supplies which the person received without charge, or is eligible to receive without charge (or paid for with a gift certificate);
- Services, treatment or supplies provided to the Plan Member by the Policyholder;
- Services, treatment or supplies not included in the list of Eligible Expenses.

PROOF OF CLAIM

Proof of a claim must be submitted to CINUP within the calendar year in which the expense was incurred.

Receipts must include service date or date of purchase along with a breakdown of the charges.

All claims forms must be **signed by the Plan Member.**

TERMINATION

Benefits will cease when the Member is no longer eligible under the Community Membership Plan


CINUP