

# My group benefit plan



canada *life*™



**Members of CUPE Inside and Outside**

We are pleased to offer you our services. As we adhere to principles of inclusion, all genders are incorporated in the language used in our communications with you.

## **BENEFIT DETAILS**

Canada Life™ is a leading Canadian life and health insurer. Canada Life's financial security advisors work with our clients from coast to coast to help them secure their financial future. We provide a wide range of retirement savings and income plans; as well as life, disability and critical illness insurance for individuals and families. As a leading provider of employee benefits in Canada, we offer effective benefit solutions for large and small employee groups.

### **Canada Life Online**

Visit our website at [www.canadalife.com](http://www.canadalife.com) for:

- information and details on Canada Life's corporate profile and our products and services
- investor information
- news releases
- contact information
- online claims submission

### **My Canada Life at Work**

As a Canada Life plan member, you can register for My Canada Life at Work™ at [www.mycanadalifeatwork.com](http://www.mycanadalifeatwork.com). Make sure to have your plan and ID numbers available when registering.

With My Canada Life at Work you can:

- Submit claims quickly
- Review your coverage and balances
- Find healthcare providers like chiropractors and massage therapists near you
- Save your benefits cards to your payment service application or program
- Get notified when your claims have been processed

### **Canada Life's Toll-Free Number**

To contact a customer service representative at Canada Life for assistance with your medical and dental coverage, please call 1-800-957-9777.

## Customer complaints

We are committed to addressing your concerns promptly, fairly and professionally. Here is how you may submit your complaint.

- Toll-free:
  - Phone: 1-866-292-7825
  - Fax: 1-855-317-9241
- Email: [ombudsman@canadalife.com](mailto:ombudsman@canadalife.com)
- In writing:

The Canada Life Assurance Company  
Ombudsman's Office T262  
255 Dufferin Avenue  
London, ON N6A 4K1

For additional information on how you may submit a complaint, please visit [www.canadalife.com/complaints](http://www.canadalife.com/complaints).

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The information provided in the booklet is intended to summarize the provisions of Group Policy Nos. 172501 and 172504. If there are variations between the information in the booklet and the provisions of the policies, the policies will prevail to the extent permitted by law.

**This booklet contains important information and should be kept in a safe place known to you and your family.**

**The Plan is underwritten by**



**This booklet was prepared on: June 16, 2022**

## **Access to Documents**

You have the right, upon request, to obtain a copy of the policy, your application and any written statements or other records you have provided to Canada Life as evidence of insurability, subject to certain limitations.

## **Legal Actions**

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

## **Appeals**

You have the right to appeal a denial of all or part of the insurance or benefits described in the contract as long as you do so within one year of the initial denial of the insurance or a benefit. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

## **Benefit Limitation for Overpayment**

If benefits are paid that were not payable under the policy, you are responsible for repayment within 30 days after Canada Life sends you a notice of the overpayment, or within a longer period if agreed to in writing by Canada Life. If you fail to fulfil this responsibility, no further benefits are payable under the policy until the overpayment is recovered. This does not limit Canada Life's right to use other legal means to recover the overpayment.

## **Quebec Time Limit for the Payment of Benefits**

Where Quebec law applies, benefits will be paid in accordance with the terms of the plan within the following time period:

- for death benefits, 30 days following receipt of the required proof of claim.
- for disability income benefits for which there is no waiting period, 30 days following receipt of the required proof of claim.
- for disability income benefits for which there is a waiting period, 30 days from the expiry of the waiting period provided the required proof of claim has been received.
- for any other benefit, 60 days following receipt of the required proof of claim.

## **Employer Role**

The employer's role is limited to providing employees with information and not advice.

## Protecting Your Personal Information

At Canada Life, we recognize and respect the importance of privacy. Personal information about you is kept in a confidential file at the offices of Canada Life or the offices of an organization authorized by Canada Life. Canada Life may use service providers located within or outside Canada. We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

We use the personal information to administer the group benefits plan under which you are covered. This includes many tasks, such as:

- determining your eligibility for coverage under the plan
- enrolling you for coverage
- investigating and assessing your claims and providing you with payment
- managing your claims
- verifying and auditing eligibility and claims
- creating and maintaining records concerning our relationship
- underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- Canada Life's and its affiliates' internal data management and analytics
- preparing regulatory reports, such as tax slips

We may exchange personal information with your health care providers, your plan administrator, any insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us or the above when relevant and necessary to administer the plan.

As a plan member, you are responsible for the claims submitted. We may exchange personal information with you or a person acting on your behalf when relevant and necessary to confirm coverage and to manage the claims submitted.

You may request access or correction of the personal information in your file. A request for access or correction should be made in writing and may be sent to any of Canada Life's offices or to our head office.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to [www.canadalife.com](http://www.canadalife.com).

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# Benefit Summary

This summary must be read together with the benefits described in this booklet.

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## Employee Basic Life Insurance

200% of annual earnings to a maximum of \$500,000

## Optional Life Insurance

Available in \$10,000 units to a maximum of \$250,000, for you or your spouse, subject to approval of evidence of insurability

If you are covered under this plan as both an employee and a spouse, you are limited to the \$250,000 maximum

## Short Term Disability Income Benefits

### Waiting Period

Injury	No waiting period
Disease	3 calendar days

If you are hospitalized or have day surgery before the last day of the waiting period for disease, benefits will begin on the day you are hospitalized or the surgery is performed

### Maximum Benefit Period

26 weeks. If a statutory holiday or unused vacation falls within this period it will be added to the 26 weeks. If you reach age 65 while receiving Short Term Disability benefits your maximum benefit period will not exceed 15 weeks

### Amount

75% of your weekly earnings to a maximum benefit equal to the maximum weekly payment under the Employment Insurance Act or \$2,250, whichever is greater

## Long Term Disability Income Benefits

### Waiting Period

26 weeks. If a statutory holiday or unused vacation falls within this period it will be added to the 26 weeks

### Amount

75% of your monthly earnings to a maximum benefit of \$12,000

## Healthcare

### Covered expenses will not exceed customary charges

#### Deductibles

In-Canada Prescription Drug Expenses	\$0.35 per prescription
All Other Expenses	Nil
Reimbursement Level	100%

#### Basic Expense Maximums

Private Hospital in Canada	\$10 per day to a maximum of 120 days per lifetime
Home Nursing Care	720 hours each calendar year
In-Canada Prescription Drugs	Included
Intrauterine Devices (IUD's)	1 each calendar year
Diaphragms	1 each calendar year
Fertility Drugs	Included
Smoking Cessation Products (including Natural Health Products)	\$400 every 36 months
Hearing Aids	\$750 every 5 years
Custom-made Orthopedic Shoes	Included
Modifications or Adjustments to Stock-item Shoes or Regular Footwear	Included
Custom-made Foot Orthotics	2 pairs each calendar year to a maximum of \$400 per pair
Myoelectric Arms	\$10,000 per prosthesis
External Breast Prosthesis	1 every 12 months
Surgical Brassieres	6 each calendar year
Mechanical or Hydraulic Patient Lifters	\$2,000 per lifter once every 5 years
Outdoor Wheelchair Ramps	1 in a lifetime to a maximum of \$2,000
Blood-glucose Monitoring Machines	1 every 4 years
Flash glucose Monitoring Machines	1 every 4 years
Continuous Glucose Monitoring Machines Including Sensors and Transmitters	1 every 4 years
Extremity Pumps for Lymphedema	Included
Custom-made Compression Hose	6 pairs each calendar year
Wigs	\$500 once per lifetime
Stump Socks	9 each calendar year
Stump Sheaths	6 each calendar year
Leg Orthosis (brace)	Included
Trusses	Included
Medicated Dressings	Included



Continuous Positive Airway Pressure Machines (CPAP)	Included
- replacement tubing and filters	Included
- replacement masks	2 each calendar year to a maximum of \$350 per mask
Intraocular Lenses, Implants, Contact Lenses or Cataract Eyeglasses following Cataract Surgery or if you lack Organic Lens	1 per eye per lifetime
Scooters and Scooter Accessories (not including replacement batteries)	Included
Incontinence Supplies	Included

Paramedical Expense Maximums

Employee Only Coverage:

Chiropractors	\$330 each calendar year
Dieticians	\$198 each calendar year
Naturopaths	\$198 each calendar year
Osteopaths	\$198 each calendar year
Podiatrists and Chiroprodists	\$198 each calendar year

Employee and Dependent Coverage:

Massage Therapists	
- Employees	\$290 each calendar year
- Dependents	\$100 each calendar year
Physiotherapists and Athletic Therapists	
- Employees	\$330 each calendar year, \$13.40 per visit thereafter
- Dependents	\$100 each calendar year
Psychologists, Social Workers and Psychotherapists	
- Employees	\$2,000 each calendar year
- Dependents	\$250 each calendar year
Speech Therapists	
- Employees	\$418 each calendar year
- Dependents	\$250 each calendar year

Visioncare Expense Maximums

Eye Examinations	\$90 every 24 months
Glasses and Contact Lenses	\$420 combined every 24 months

Lifetime Healthcare Maximum	Unlimited
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## Dentalcare

### Covered expenses will not exceed customary charges

Payment Basis	The Ontario Dental Association Fee Guide in effect on the date treatment is rendered. Payment for denturists' charges is based on denturist fee guides. Payment for charges by hygienists practising independently is based on hygienist fee guides. Specialists' charges are limited to general practitioner fees
Deductible	Nil
Reimbursement Level	100%
Plan Maximum	Unlimited

## COMMENCEMENT AND TERMINATION OF COVERAGE

You are eligible for:

- Employee Basic Life Insurance and Optional Life Insurance on the first day of the month coinciding with or next following the date on which you complete 6 months of continuous employment.
- Short Term Disability Income benefits and Long Term Disability Income benefits on the first day of the month coinciding with or next following the date on which you complete 3 months of continuous employment.
- Healthcare and Dentalcare benefits on the first day of the month coinciding with or next following the date on which your employment begins.

You are considered continuously employed only if you satisfy the actively at work requirement throughout the eligibility waiting period.

- You and your dependents will be covered as soon as you become eligible.

You may waive health and/or dental coverage if you are already covered for these benefits under your spouse's plan. If you lose spousal coverage you must apply for coverage under this plan. If you do not apply within 31 days of loss of such coverage, or you were previously declined for coverage by Canada Life, you and your dependents may be required to provide evidence of insurability acceptable to Canada Life to be covered for health benefits, and may be declined for or offered limited dental benefits.

- You must be actively at work when coverage takes effect, otherwise the coverage will not be effective until you return to work.

Increases in your benefits while you are covered by this plan will not become effective unless you are actively at work.

- Temporary (other than contract) and seasonal employees, and part-time employees who work less than 24 hours per week may not join the plan.

Your coverage terminates when your employment ends, you are no longer eligible, or the policy terminates, whichever is earliest.

- Your dependents' coverage terminates when your insurance terminates or your dependent no longer qualifies, whichever is earlier.
- Your coverage may be extended if it would have terminated because you are not actively at work due to disease or injury, temporary lay-off or leave of absence. See your employer for details.
- When your coverage terminates, you may be entitled to an extension of benefits under the plan. See your employer for details.

## **Survivor Benefits**

If you die while your coverage is still in force, the health and dental benefits your dependents receive will be the coverage you would have received as a retiree, on a premium-free basis.

**If you have less than 15 years of service**, the benefits will continue for a period of 2 months or until they no longer qualify, whichever happens first.

**If you have 15 or more years of service**, the benefits will continue for a period of 10 years, the end of the month in which your spouse reaches age 65 or until they no longer qualify, whichever happens first.

## **DEPENDENT COVERAGE**

Dependent means:

- Your legal spouse, or a person continuously living with you in a role like that of a marriage partner for at least 12 months, or until the earlier birth or adoption of a child of the relationship.
- Your unmarried natural, adopted, foster or step children under age 21, or under age 25 if they are full-time students.

Children under age 21 are not covered if they are employed on a full time basis, unless they are full-time students.

Children under age 25 are not covered if they are an employee under this or any other Group Benefit Program.

Children who are incapacitated for a continuous period are covered without age limit if the disorder begins before they turn 21, or while they are students under 25, and the disorder has been continuous since that time.

## **BENEFICIARY DESIGNATION**

You may make, alter, or revoke a designation of beneficiary as permitted by law. Any designation of beneficiary you made under your employer's previous policy prior to the effective date of this policy applies to this policy until you make a change to that designation. You should review your beneficiary designation from time to time to ensure that it reflects your current intentions. You may change the designation by completing a form available from your employer.

## **EMPLOYEE BASIC LIFE INSURANCE**

On your death, Canada Life will pay your life insurance benefits to your named beneficiary. If you have not named a beneficiary or there is no surviving beneficiary at the time of your death, payment will be made to your estate. Your employer will explain the claim requirements to your beneficiary.

- Your life insurance will not continue past the end of the day on the last day of the month in which you reach age 65 or when you retire, whichever is earlier.
- Your life insurance will terminate if you are age 65 or over and you are not actively at work. However, if you are not actively at work because of disease or injury, your life insurance may be continued on a premium paying basis for up to 6 months following the date you ceased to be actively at work.
- If any or all of your insurance terminates on or before your 65<sup>th</sup> birthday, you may be eligible to apply for an individual conversion policy without providing proof of your insurability. You must apply and pay the first premium no later than 31 days after your group insurance terminates. See your employer for details.

### **Living Assistance Benefit**

Canada Life may, at its discretion, pay a portion of your amount of insurance prior to your death. You may be eligible for a Living Assistance Benefit if:

- a Canada Life appointed Physician determines the prognosis of your illness is terminal and you are not expected to live longer than 12 months,
- you are competent to act,
- your request is made in writing, and
- the beneficiary you have designated as irrevocable authorizes the request for the payment of this benefit.

The amount payable is equal to 25% of your amount of insurance or \$50,000, whichever is less.

You will be required to sign a valid release form for the amount paid in advance of your death. At the time of your death, the amount of the benefits payable will be reduced by the amount of the Living Assistance Benefit plus accumulated interest to the date of your death. Interest will be calculated at Canada Life's current one-year rate.

## OPTIONAL LIFE INSURANCE

Optional life insurance allows you to choose additional coverage for yourself and your spouse. Check the **Benefit Summary** for the amount of optional life insurance available.

When you apply for optional life insurance, you must provide proof of insurability, and your application must be approved by Canada Life. Canada Life may void the optional insurance if any statement or answer in your application misrepresents or fails to disclose any fact material to the insurance.

On your death, Canada Life will pay your life insurance to your named beneficiary. If you have not named a beneficiary or there is no surviving beneficiary at the time of your death, payment will be made to your estate. Your employer will explain the claim requirements. If your spouse dies you will be paid the amount for which your spouse was insured.

- If you are under age 65 and have been disabled for 6 months or more, you may be entitled to have your optional life insurance continued for you and your spouse without premium payment until the date your optional life insurance would otherwise terminate. You are considered disabled if injury or disease prevents you from being gainfully employed in any job. Canada Life will determine your qualification for waiver of premium benefits. If you believe you may be eligible, contact your employer for claim forms. You must apply for waiver of premium benefits within 12 months of becoming eligible.
- If your or your spouse's optional life insurance terminates, you or your spouse may be eligible for an individual conversion policy without providing proof of insurability. You must apply and pay the first premium no later than 31 days after the group insurance terminates. In the case of insurance for your spouse, you or your spouse may apply. See your employer for details.
- Your optional life insurance will not continue past the end of the day on the last day of the month in which you reach age 65 or when you retire, whichever is earlier. Your spouse's coverage will not continue past the same time, or when he or she reaches age 65 or when you retire, whichever is earlier.

### Limitation

No benefit is paid for suicide within the first two years of initial or increased optional life coverage. In such a situation, Canada Life refunds the premiums that have been received.

## SHORT TERM DISABILITY (STD) INCOME BENEFITS

The plan provides you with regular income to replace income lost because of a disability due to disease or injury. Benefits begin after the waiting period is over and continue until you are no longer disabled or until the end of the benefit period, whichever comes first. Check the **Benefit Summary** for the benefit amount, waiting period and benefit period.

- STD benefits are payable after the waiting period if disease or injury prevents you from performing the essential duties of your regular occupation.
- If you have not seen a physician before the end of the waiting period, benefits will not be payable until after your first visit to the physician.
- Separate periods of disability arising from the same disease or injury are considered to be one period of disability unless they are separated by at least 30 days of continuous work at the same number of hours per week as you regularly worked before the disability started.
- Because your employer contributes to the cost of STD coverage, benefits are taxable.
- Your STD coverage will not continue past the end of the day on the last day of the month in which you reach age 65 or when you retire, whichever is earlier.

### Rehabilitation Incentive

Only 50% of earnings received from an approved rehabilitation plan or program are used to reduce your STD benefit unless those earnings, together with your income from this plan, would exceed your weekly earnings before you became disabled. If it does, your benefit is reduced by the excess amount.

### Vocational Rehabilitation Benefits

Vocational rehabilitation involves a work related activity or training strategy that is designed to help you return to gainful employment and a more productive lifestyle. A plan or program will be approved if it is appropriate for the expected duration of your disability and it facilitates your earliest possible return to work.

### Medical Coordination Benefits

Medical coordination is a process of early involvement to ensure that you are diagnosed quickly and receive appropriate treatment on a timely basis. The goal is to enable you to return to work as early as possible and to prevent the disability from becoming long term or permanent.



## Limitations

No benefits are paid for:

- Any period:
  - preceding the date you are first treated by a legally licensed doctor of medicine; or
  - in which you do not participate or cooperate in a reasonable and customary treatment program.

A reasonable and customary treatment program is systematic treatment:

- that is performed or prescribed by a legally licensed doctor of medicine or other health care provider or health care facility;
- that is of the nature and frequency usually required for the condition involved; and
- where attendance, participation and progress can be verified through medical records.

Notwithstanding the above, based on the nature or severity of the condition, for a treatment program to be considered reasonable and customary, Canada Life may:

- require you to be under the care of a legally licensed doctor of medicine instead of or in addition to another health care provider or health care facility; and
- require the treatment program to be prescribed, performed or supervised by a legally licensed doctor of medicine certified as a specialist for the condition involved.

If the use of drugs or alcohol contributes to your disability, the treatment program must be overseen by a legally licensed doctor of medicine and the treatment program's primary goal must be abstinence, unless otherwise approved by Canada Life.

- Any period for which you are entitled to benefits under any Workers' Compensation Act or similar law.
- The scheduled duration of a lay-off or leave of absence.

This does not apply to any portion of a period of maternity leave during which you are disabled due to pregnancy.

- Any period of employment, except in an approved rehabilitation plan or program.
- Any period after you fail to participate or cooperate in an approved rehabilitation plan or program.
- Any period after you fail to participate or cooperate in a recommended medical coordination program.
- The normal recovery period for treatment performed for cosmetic purposes only. This limitation does not apply where such treatment was undertaken as a result of a disease or injury.
- Any period of confinement in a prison or similar institution.
- Disability arising from war, insurrection or voluntary participation in a riot.

## **How to Make a Claim**

- To submit claims online, go to [www.canadalife.com](http://www.canadalife.com).
- To submit paper claims, obtain an Employee Claim Submission Guide (form M5454) and follow the guide's instructions.

You can get this form from your employer, or online from the Canada Life corporate website. To access the form online, go to [www.canadalife.com](http://www.canadalife.com).

To permit prompt assessment of your claims, please ensure that your claim is submitted to Canada Life within 10 days after the onset of your disability. Canada Life will not be liable for claims submitted more than 3 months after the end of your waiting period or the date your employer's plan ends, whichever is earlier.

## LONG TERM DISABILITY (LTD) INCOME BENEFITS

The plan provides you with regular income to replace income lost because of a lengthy disability due to disease or injury. Benefits begin after the waiting period is over and continue until you are no longer disabled **as defined by the policy**, you reach age 65, the date you are eligible for an un-reduced pension from the Ontario Municipal Employees Retirement System (OMERS) or when you retire, whichever is earlier. Check the **Benefit Summary** for the benefit amount and waiting period.

- If disability is not continuous, the days you are disabled can be accumulated to satisfy the waiting period as long as no interruption is longer than 30 days and the disabilities arise from the same disease or injury.
- LTD benefits are payable for the first 24 months following the waiting period if disease or injury prevents you from performing the essential duties of your regular occupation, **and**, except for any employment under an approved rehabilitation plan, you are **not** employed in any occupation that is providing you with income equal to or greater than your amount of LTD insurance under this plan, as shown in the Benefit Summary.
- After 24 months, LTD benefits will continue only if your disability prevents you from being gainfully employed in any job. Gainful employment is work you are medically able to perform, for which you have at least the minimum qualifications, and which provides you with an income of at least 50% of your indexed monthly earnings before you became disabled.
- Loss of any license required for work will not be considered in assessing disability.
- After the waiting period, separate periods of disability arising from the same disease or injury are considered to be one period of disability unless they are separated by at least 6 months.
- Because your employer contributes to the cost of LTD coverage, benefits are taxable.
- Your LTD insurance will not continue past the end of the day on the last day of the month in which you reach age 65, less the waiting period, or when you retire, whichever is earlier.

### Other Income

Your LTD benefit is reduced by other income you are entitled to receive while you are disabled. Your benefit is first reduced by:

- disability or retirement benefits you are entitled to on your own behalf under the Canada Pension Plan or Quebec Pension Plan
- benefits under any Workers' Compensation Act or similar law
- 50% of earnings received from an approved rehabilitation plan

There is a further reduction of your LTD benefit if the total of the income listed below exceeds 85% of your monthly earnings before you became disabled. If it does, your benefit is reduced by the excess amount.

- your income under this plan
- loss of income benefits available through legislation, except for Employment Insurance benefits and automobile insurance benefits, which you or another member of your family is entitled to on the basis of your disability
- the wage loss portion of any criminal injury award
- disability benefits under a plan of insurance available through an association, except for benefits that were payable for each of the 12 months before a disability period
- loss of income benefits under an automobile insurance plan, to the extent permitted by law
- employer sponsored salary continuance or short-term wage loss replacement plan
- employment income, disability benefits, retirement benefits or pension plan benefits related to any employment and provided by any government or OMERS, except for income from an approved rehabilitation plan (termination pay and any similar termination of employment benefits, including any salary paid in lieu of notice, are included as employment income under this provision)

The balance of any earnings received from an approved rehabilitation plan is not used to further reduce your LTD benefit unless that balance, together with your income from this plan and the other income listed above, would exceed your indexed monthly earnings before you became disabled. If it does, your benefit is reduced by the excess amount.

Cost-of-living increases in the other income listed above, that take effect after the benefit period starts, except for income from an approved rehabilitation plan, are not included.

### **Vocational Rehabilitation**

Vocational rehabilitation involves a work-related activity or training strategy that is designed to help you return to your own job or other gainful employment, and is recommended or approved by Canada Life. In considering whether to recommend or approve a rehabilitation plan, Canada Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate the earliest possible return to work.

### **Workplace Modification Benefit**

A workplace modification benefit, up to a maximum of \$10,000, may be payable to your employer for alterations or modifications to your worksite which will allow you to remain at work or return to work, providing:

- the modifications will result in you returning to any occupation for your employer; and
- the modification expenses are approved by Canada Life in writing before expenses are incurred; and
- federal and provincial standards are met where applicable.

## **Medical Coordination**

Medical coordination is a program, recommended or approved by Canada Life, that is designed to facilitate medical stability and provide you with cost effective, quality care. In considering whether to recommend or approve a medical coordination program, Canada Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate medical stability.

## **Limitations**

No benefits are paid for:

- Any period after you fail to participate or cooperate in a prescribed plan of medical treatment appropriate for your condition.

Depending on the severity of the condition, you may be required to be under the care of a specialist.

If substance abuse contributes to your disability, the treatment program must include participation in a recognized substance withdrawal program.

- Any period after you fail to cooperate in applying for other disability benefits, reapplying for such benefits, or appealing decisions regarding such benefits, where considered appropriate by Canada Life.
- Any period after you fail to participate or cooperate in an approved rehabilitation plan.
- Any period after you fail to participate or cooperate in a recommended medical coordination program.
- Any period after you fail to participate or cooperate in a required medical or vocational assessment.
- The scheduled duration of a leave of absence.

This does not apply to any portion of a period of maternity leave during which you are disabled due to pregnancy.

- Any period in which you are outside Canada. This exclusion does not apply during the first 30 days of an absence, or if Canada Life pre-authorized the absence prior to your departure.
- Any period of incarceration, confinement, or imprisonment by authority of law.
- Disability arising from war, insurrection, or voluntary participation in a riot.

## **How to Make a Claim**

Before the end of the short term disability benefit period, Canada Life will ask your employer to provide information to begin processing your LTD claim.

## HEALTHCARE

A deductible may be applied before you are reimbursed. All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits may be subject to plan maximums and frequency limits. Check the **Benefit Summary** for this information.

Except for paramedical expenses (other than podiatrists and chiropractors), extremity pumps for lymphedema and CPAP replacement tubing, CPAP replacement filters and incontinence supplies, the plan covers customary charges for the following services and supplies. All covered services and supplies must represent reasonable treatment. Treatment is considered reasonable if it is accepted by the Canadian medical profession, it is proven to be effective, and it is of a form, intensity, frequency and duration essential to diagnosis or management of the disease or injury.

Your healthcare coverage will not continue past the end of the day on the last day of the month in which you reach age 65 or retire, whichever is earlier, unless otherwise required by law.

### Covered Expenses

- Air or ground ambulance transportation to the nearest centre where adequate treatment is available
- Preferred accommodation in a Private Hospital in Canada as defined by the Private Hospitals Act in Ontario.
  - The plan covers home nursing services of a registered nurse, a registered practical nurse if the person is a resident of Ontario or a licensed practical nurse if the person is a resident of any other province, when services are provided in Canada.

Nursing care is care that requires the skills and training of a professional nurse, and is provided by a professional nurse who is not a member of the patient's family.

You should apply for a pre-care assessment before home nursing begins.

- Drugs and drug supplies described below when prescribed by a person entitled by law to prescribe them, dispensed by a person entitled by law to dispense them, and provided in Canada. Benefits for drugs and drug supplies provided outside Canada are payable only as provided under the out-of-country emergency care provision.
  - Drugs which require a written prescription according to the Food and Drugs Act, Canada or provincial legislation in effect where the drug is dispensed, including contraceptive drugs and products containing a contraceptive drug
  - Injectable drugs including vitamins, insulins and allergy extracts. Syringes for self-administered injections are also covered
  - Disposable needles for use with non-disposable insulin injection devices, lancets, test strips, and sensors for flash glucose monitoring machines
  - Extemporaneous preparations or compounds if one of the ingredients is a covered drug
  - Certain other drugs that do not require a prescription by law may be covered. If you have any questions, contact your plan administrator before incurring the expense.

The plan will also pay for preventative immunization vaccines and toxoids.

Unless the prescriber has prescribed a drug by its brand name and has specified in writing that the product is not to be interchanged, the plan will cover only the cost of the lowest priced equivalent generic drug.

For drugs eligible under a provincial drug plan, coverage is limited to the deductible amount and coinsurance you are required to pay under that plan.

- Rental or, at Canada Life's discretion, purchase of certain medical supplies, appliances and prosthetic devices prescribed by a physician
- Hearing aids, including batteries, tubing and ear molds provided at the time of purchase, when prescribed by a physician
- Custom-made shoes required because of a medical abnormality that based on medical evidence cannot be accommodated in stock-item shoes or modified stock-item shoes
- Modifications or adjustments to stock-item shoes or regular footwear
- Custom-made foot orthotics
- Diabetic supplies prescribed by a physician: Novolin-pens or similar insulin injection devices using a needle, blood-letting devices including platforms but not lancets. Lancets are covered under prescription drugs
- Blood-glucose monitoring machines prescribed by a physician
- Flash glucose monitoring machines prescribed by a physician
- Continuous glucose monitoring machines prescribed by a physician, including sensors and transmitters
- External insulin infusion pumps prescribed by a physician
- Diagnostic laboratory and imaging procedures performed in the person's province of residence are covered when that type of procedure is not listed as an insured procedure under their provincial government plan. For greater certainty, a procedure is not eligible for coverage if a person can choose to pay for it, in whole or in part, instead of having the procedure covered under their provincial government plan
- Treatment of injury to sound natural teeth, artificial teeth (other than implants or implant related or supported services) or jaw.

A sound tooth is any tooth that did not require restorative treatment immediately before the accident. A natural tooth is any tooth that has not been artificially replaced

### **Limitations**

No benefits are paid for:

- accidental damage to dentures
- dental treatment not received and approved for payment within 12 months of the accident
- injuries due to biting or chewing
- orthodontic diagnostic services or treatment

- Out-of-hospital treatment of muscle and bone disorders, including diagnostic x-rays, by a licensed chiropractor
- Out-of-hospital treatment of nutritional disorders by a registered dietician
- Out-of-hospital services of a licensed naturopath
- Out-of-hospital services of a licensed osteopath, including diagnostic x-rays
- Out-of-hospital treatment of foot disorders, including diagnostic x-rays, by a licensed podiatrist
- Out-of-hospital treatment of foot disorders by a licensed chiropodist
- Out-of-hospital services of a qualified massage therapist
- Out-of-hospital treatment of movement disorders by a licensed physiotherapist
- Out-of-hospital treatment of movement disorders by a licensed athletic therapist
- Out-of-hospital treatment by a registered psychologist
- Out-of-hospital treatment by a registered social worker
- Out-of-hospital treatment by a qualified psychotherapist
- Out-of-hospital treatment of speech impairments by a qualified speech therapist

#### **Visioncare**

- Eye examinations, including refractions, when they are performed by a licensed ophthalmologist or optometrist, and coverage is not available under your provincial government plan
- Glasses and contact lenses required to correct vision when provided by a licensed ophthalmologist, optometrist or optician



## **Out-Of-Country Emergency Care**

The plan covers physician's services incurred as a result of a medical emergency arising while you or your dependent is outside Canada for vacation, business or education purposes. To qualify for benefits, you must be covered by the government health plan in your home province.

A medical emergency is a sudden, unexpected injury or an acute episode of disease.

Treatment by a physician is covered when related to the initial medical treatment.

## **Limitations**

If your medical condition permits you to return to Canada, benefits will be limited to the amount payable under this plan for continued treatment outside Canada or the amount payable under this plan for comparable treatment in Canada, plus return transportation, whichever is less.

No benefits are paid for:

- expenses related to pregnancy and delivery, including infant care after the 36<sup>th</sup> week of pregnancy
- expenses if your condition has not been stable for a period of 90 days prior to the date of departure from Canada. Stable means a medical condition for which you have not:
  - been under treatment or evaluation for new symptoms or conditions uncovered in a medical examination; or
  - experienced a worsening or increased frequency of existing symptoms or examination findings related to a medical condition, disease or illness, diagnosed or undiagnosed, if you have been seen by a medical professional in relation to the symptoms; or
  - been prescribed or recommended a change in treatment or medication related to the medical condition by a physician or other medical professional, not including regular changes in medication that are made as part of an ongoing treatment or reduction in medication due to an improvement in the medical condition; or
  - been admitted to or treated at a hospital for the medical condition; or
  - you did not have future non-routine tests, investigations or new treatment planned for a previously identified medical condition or future medical appointment planned with respect to an undiagnosed medical condition.

## **Other Services and Supplies**

Canada Life can, on such terms as it determines, cover services or supplies under this plan where the service or supply represents reasonable treatment.

## Limitations

Canada Life can decline a claim for services or supplies that were purchased from a provider that is not approved by Canada Life.

Canada Life can limit the covered expense for a service or supply to that of a lower cost alternative service or supply that represents reasonable treatment.

Except to the extent otherwise required by law, no benefits are paid for:

- Expenses private insurers are not permitted to cover by law
- Services or supplies for which a charge is made only because you have insurance coverage
- The portion of the expense for services or supplies that is payable by the government health plan in your home province, whether or not you are actually covered under the government health plan
- Any portion of services or supplies which you are entitled to receive, or for which you are entitled to a benefit or reimbursement, by law or under a plan that is legislated, funded, or administered in whole or in part by a government (“government plan”), without regard to whether coverage would have otherwise been available under this plan

In this limitation, government plan does not include a group plan for government employees

- Services or supplies that do not represent reasonable treatment
- Services or supplies associated with:
  - treatment performed only for cosmetic purposes
  - recreation or sports rather than with other daily living activities
  - the diagnosis or treatment of infertility, other than drugs
  - contraception, other than contraceptive drugs, diaphragms, intrauterine devices (IUDs) and products containing a contraceptive drug
- Services or supplies associated with a covered service or supply, unless specifically listed as a covered service or supply or determined by Canada Life to be a covered service or supply
- Extra medical supplies that are spares or alternates
- Services or supplies received outside Canada except as listed under Out-of-Country Emergency Care
- Services or supplies received out-of-province in Canada unless you are covered by the government health plan in your home province and Canada Life would have paid benefits for the same services or supplies if they had been received in your home province
- Expenses arising from war, insurrection, or voluntary participation in a riot
- Chronic care
- Visioncare services and supplies required by an employer as a condition of employment

- Services or supplies that Canada Life has determined are not proportionate to the disease or injury or, where applicable, the stage or progression of the disease or injury. In determining whether a service or supply is proportionate, Canada Life may take any factor into consideration including, but not limited to, the following:
  - clinical practice guidelines;
  - assessments of the clinical effectiveness of the service or supply, including by professional advisory bodies or government agencies;
  - information provided by a manufacturer or provider of the service or supply; and
  - assessments of the cost effectiveness of the service or supply, including by professional advisory bodies or government agencies.

In addition and except to the extent otherwise required by law, under the prescription drug coverage, no benefits are paid for:

- Drugs or drug supplies that appear on an exclusion list maintained by Canada Life. Canada Life may exclude coverage for all expenses for a drug or drug supply, or only those expenses that relate to the treatment of specific diseases or injuries or the stages or progressions of specific diseases or injuries. Canada Life may add or remove a drug or drug supply from an exclusion list at any time.

For greater certainty, a drug or drug supply may be added to an exclusion list for any reason including, but not limited to, the following:

- Canada Life determining that further information from professional advisory bodies, government agencies or the manufacturer of the drug or drug supply is necessary to assess the drug or drug supply; or
  - Canada Life determining that the drug or drug supply is not proportionate to the disease or injury or, where applicable, the stage or progression of the disease or injury.
- Atomizers, appliances, prosthetic devices, colostomy supplies, first aid supplies, diagnostic supplies or testing equipment
  - Non-disposable insulin delivery devices or spring loaded devices used to hold blood letting devices
  - Delivery or extension devices for inhaled medications
  - Oral vitamins, minerals, dietary supplements, homeopathic preparations, infant formulas or injectable total parenteral nutrition solutions
  - Diaphragms, condoms, contraceptive jellies, foams, sponges, suppositories, contraceptive implants or appliances
  - Any drug that does not have a drug identification number as defined by the Food and Drugs Act, Canada
  - Any single purchase of drugs which would not reasonably be used within 34 days. In the case of certain maintenance drugs, a 100-day supply will be covered
  - Drugs administered during treatment in an emergency room of a hospital, or as an in-patient in a hospital
  - Non-injectable allergy extracts
  - Drugs that are considered cosmetic, such as topical minoxidil or sunscreens, whether or not prescribed for a medical reason
  - Drugs used to treat erectile dysfunction

## **Prior Authorization**

In order to determine whether coverage is provided for certain services or supplies, Canada Life maintains a limited list of services and supplies that require prior authorization.

For services and supplies, including a listing of the prior authorization drugs, go to [www.canadalife.com](http://www.canadalife.com).

Prior authorization is intended to help ensure that a service or supply represents a reasonable treatment.

If the use of a lower cost alternative service or supply represents reasonable treatment, Canada Life may require you or your dependent to provide medical evidence why the lower cost alternative service or supply cannot be used before coverage may be provided for the service or supply.

## **Health Case Management**

Canada Life may contact you to participate in health case management. Health case management is a program recommended or approved by Canada Life that may include but is not limited to:

- consultation with you or your dependent and the attending physician to gain understanding of the treatment plan recommended by the attending physician;
- comparison with the attending physician, of the recommended treatment plan with alternatives, if any, that represent reasonable treatment;
- identification to the attending physician of opportunities for education and support; and
- monitoring your or your dependent's adherence to the treatment plan recommended by the attending physician.

In determining whether to implement health case management, Canada Life may assess such factors as the service or supply, the medical condition, and the existence of generally accepted medical guidelines for objectively measuring medical effectiveness of the treatment plan recommended by the attending physician.

## **Health Case Management Limitation**

Canada Life can, on such terms as it determines, limit the payment of benefits for a service or supply where:

- Canada Life has implemented health case management and you or your dependent do not participate or cooperate; or
- you or your dependent have not adhered to the treatment plan recommended by the attending physician with respect to the use of the service or supply.

## **Designated Provider Limitation**

For a service or supply to which prior authorization applies or where Canada Life has recommended or approved health case management, Canada Life can require that a service or supply be purchased from or administered by a provider designated by Canada Life, and:

- limit the covered expense for a service or supply that was not purchased from or administered by a provider designated by Canada Life to the cost of the service or supply had it been purchased from or administered by the provider designated by Canada Life; or
- decline a claim for a service or supply that was not purchased from or administered by a provider designated by Canada Life.

## Patient Assistance Program

A patient assistance program may provide financial, educational or other assistance to you or your dependents with respect to certain services or supplies.

If you or your dependents are eligible for a patient assistance program, Canada Life can require you or your dependent to apply to and participate in such a program. Where financial assistance is available from a patient assistance program in which Canada Life requires participation, Canada Life can reduce the amount of a covered expense for a service or supply by the amount of financial assistance you or your dependent is entitled to receive for that service or supply.

## How to Make a Claim

- **Out-of-country claims** should be submitted to Canada Life as soon as possible after the expense is incurred. It is very important that you send your claims to the Canada Life Out-of-Country Claims Department immediately as your Provincial or Territorial Medical Plan has very strict time limitations.

Access My Canada Life at Work to obtain a personalized claim form or obtain form M5432 (Statement of Claim Out-of-Country Expenses form) from your employer. You must also obtain the Government Assignment form, and residents of British Columbia, Quebec and Newfoundland & Labrador must also obtain the Special Government Claim form. The Canada Life Out-of-Country Claims Department will forward the appropriate government forms to your attention when required.

You should complete all applicable forms, making sure all required information is included. Attach all original receipts and forward the claim to the Canada Life Out-of-Country Claims Department. Be sure to keep a copy for your own records. The plan will pay all eligible claims including your Provincial or Territorial Medical Plan portion. Your Provincial or Territorial Medical Plan will then reimburse the plan for the government's share of the expenses.

Out-of-country claims must be submitted within a certain time period that varies by province or territory. For the claims submission period applicable in your province or territory or for any other questions or for assistance in completing any of the forms, please contact Canada Life's Out-of-Country Claims Department at 1-800-957-9777.

- **You may submit all Healthcare claims online.** To use this online service you will need to be registered for My Canada Life at Work and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

Online claims must be submitted to Canada Life as soon as possible, but no later than 12 months after you incur the expense.

You must retain your receipt for 12 months from the date you submit your claim to Canada Life as a record of the transaction, and you must submit it to Canada Life on request.

- **We also accept paper claims for all Healthcare expenses.** Access My Canada Life at Work to obtain a personalized claim form or obtain form M635D from your employer. Complete this form making sure it shows all required information.

Attach your receipts to the claim form and return it to the Canada Life Benefit Payment Office as soon as possible, but no later than the end of the calendar year following the year in which you incur the expense.

- **For drug claims,** your employer will provide you with a prescription drug identification card. Present your card to the pharmacist with your prescription.

Before your prescription is filled, an Assure Claims check will be done. Assure Claims is a series of seven checks that are electronically done on your drug claim history for increased safety and compliance monitoring. This has been designed to improve the health and quality of life for you and your dependents. Checks done include drug interaction, therapeutic duplication and duration of therapy, allowing the pharmacist to react prior to the drug being dispensed. Depending on the outcome of the checks, the pharmacist may refuse to dispense the prescribed drug.

## DENTALCARE

A deductible may be applied before you are reimbursed. All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits may be subject to plan maximums and frequency limits. Check the **Benefit Summary** for this information.

The plan covers customary charges to the extent they do not exceed the dental fee guide level for a general practitioner shown in the **Benefit Summary**, except that:

- dentist fee guides are applicable when services are provided by a dentist.
- dental hygienist fee guides are applicable when services are provided by a dental hygienist practising independently.

All covered services and supplies must represent reasonable treatment. Treatment is considered reasonable if it is recognized by the Canadian Dental Association, it is proven to be effective, and it is of a form, frequency, and duration essential to the management of the person's dental health. To be considered reasonable, treatment must also be performed by a dentist or under a dentist's supervision, performed by a dental hygienist entitled by law to practise independently, or performed by a dentist.

Your dentalcare coverage will not continue past the end of the day on the last day of the month in which you reach age 65 or retire, whichever is earlier.

### Treatment Plan

- Before incurring any large dental expenses expected to cost more than \$500, ask your dental service provider to complete a treatment plan and submit it to Canada Life. Canada Life will calculate the benefits payable for the proposed treatment, so you will know in advance the approximate portion of the cost you will have to pay.

### Basic Coverage

The following expenses will be covered:

- Diagnostic services including:
  - one complete oral examination every 36 months
  - limited oral examinations once every 6 months, except that only one limited oral examination is covered in any 12-month period that a complete oral examination is also performed
  - limited periodontal examinations once every 6 months
  - diagnostic casts (mounted and unmounted)
  - consultation with patient, 2 time units every 12 months

A time unit is considered to be a 15-minute interval or any portion of a 15 minute interval

- complete series of x-rays every 36 months
- intra-oral x-rays, except bitewing x-rays, to a maximum of 15 films every 36 months and a panoramic x-ray every 36 months
- intra-oral bitewing x-rays once every 6 months
- tomography x-rays
- cephalometric x-rays

- Preventive services including:
  - polishing and topical application of fluoride each once every 6 months
  - scaling
  - oral hygiene instruction once every 6 months
  - pit and fissure sealants on bicuspid and permanent molars
  - space maintainers
  - maintenance of space maintainers
  - finishing restorations
  - interproximal diskings
  - recontouring of teeth
  - myofunctional therapy
- Minor restorative services including:
  - caries, trauma, and pain control
  - amalgam and tooth-coloured fillings. Replacement fillings are covered only if the existing filling is at least 12 months old, there is significant breakdown of the existing filling or recurrent decay, the existing filling is amalgam and there is medical evidence indicating that the patient is allergic to amalgam or the existing filling was not covered under this plan
  - retentive pins and prefabricated posts for fillings
  - prefabricated crowns for primary teeth
- Endodontic services including:
  - root canal therapy for permanent and primary teeth will be limited to one course of treatment per tooth. Repeat treatment is covered only if the original treatment fails after the first 12 months
  - chemical bleaching of endodontically treated teeth
- Periodontal services including:
  - root planing
  - occlusal adjustment and equilibration, limited to a combined maximum of 8 time units every 12 months
 

A time unit is considered to be a 15-minute interval or any portion of a 15-minute interval
  - periodontal appliances, including adjustments, relines and repairs
  - desensitization
  - periodontal re-evaluations



- Denture maintenance, including:
  - denture relines for dentures at least 3 months old, once every 36 months
  - denture rebases for dentures at least 3 months old, once every 36 months
  - resilient liner in relined or rebased dentures after the 3-month post-insertion care period has elapsed, once every 36 months
  - denture repairs and additions and resetting of denture teeth after the 3-month post-insertion care period has elapsed
  - denture adjustments after the 3-month post-insertion care period has elapsed, once every 12 months
- Oral surgery including:
  - extractions, including extractions of impacted and residual roots
  - dislocation management of temporomandibular joint disorders
- Adjunctive services including:
  - conscious sedation
  - unscheduled office appointments
  - institutional calls
  - consultation with another member of the profession, 2 time units every 12 months

## **Limitations**

No benefits are paid for:

- Duplicate x-rays, custom fluoride appliances, audio-visual oral hygiene instruction, nutritional counselling, space maintainers that have been placed for orthodontic purposes and appliances for the control of harmful habits, including related observations, adjustments, repairs, alterations and removal
- The following endodontic services - isolation of teeth, enlargement of pulp chambers and endosseous intra coronal implants
- The following periodontal services - topical application of antimicrobial agents, subgingival periodontal irrigation and charges for post surgical treatment
- The following oral surgery services - implantology, surgical movement of teeth, services performed to remodel or recontour oral tissues (other than minor alveoloplasty, gingivoplasty and stomatoplasty) and alveoloplasty or gingivoplasty performed in conjunction with extractions
- Services or supplies covered under Healthcare. If the amount payable would be greater under this Dentalcare benefit, then benefits will be paid under Dentalcare and not Healthcare
- Orthodontic treatment
- Expenses private plans are not permitted to cover by law

- Services and supplies you are entitled to without charge by law or for which a charge is made only because you have insurance coverage
- Services or supplies that do not represent reasonable treatment
- Treatment performed for cosmetic purposes only
- Replacement of removable appliances which have been lost, mislaid or stolen
- Congenital defects or developmental malformations in people 19 years of age or over
- Temporomandibular joint disorders, vertical dimension correction or myofacial pain
- Expenses arising from war, insurrection, or voluntary participation in a riot

### **How to Make a Claim**

- **Claims for expenses incurred in Canada** may be submitted online. Access My Canada Life at Work to obtain a personalized claim form or obtain form M445D from your employer and have your dental service provider complete the form. The completed claim form will contain the information necessary to enter the claim online. To use the online service you will need to be registered for My Canada Life at Work and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

Online claims must be submitted to Canada Life as soon as possible, but no later than 12 months after the dental treatment.

You must retain your receipt for 12 months from the date you submit your claim to Canada Life as a record of the transaction, and you must submit it to Canada Life on request.

- **For all other Dentalcare claims**, access My Canada Life at Work to obtain a personalized claim form or obtain form M445D from your employer. Have your dental service provider complete the form and return it to the Canada Life Benefit Payment Office as soon as possible, but no later than the end of the calendar year following the year in which you incur the expense.

## COORDINATION OF BENEFITS

- Benefits for you or a dependent will be directly reduced by any amount payable under a government plan. If you or a dependent are entitled to benefits for the same expenses under another group plan or as both an employee and dependent under this plan or as a dependent of both parents under this plan, benefits will be co-ordinated so that the total benefits from all plans will not exceed expenses.
- You and your spouse should first submit your own claims through your own group plan. Claims for dependent children should be submitted to the plan of the parent who has the earlier birth date in the calendar year (the year of birth is not considered). If you are separated or divorced, the plan which will pay benefits for your children will be determined in the following order:
  1. the plan of the parent with custody of the child;
  2. the plan of the spouse of the parent with custody of the child;
  3. the plan of the parent without custody of the child;
  4. the plan of the spouse of the parent without custody of the child

You may submit a claim to the plan of the other spouse for any amount which is not paid by the first plan.



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