

# My group benefit plan



canada *life*™



**Class A employees - Owner operators**

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 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).

---

---

The information provided in the booklet is intended to summarize the provisions of Group Policy No. 180763 sponsored by COMITÉ PARITAIRE DES BOUEURS DE LA RÉGION DE MONTRÉAL. If there are variations between the information in the booklet and the provisions of the policy, the policy 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



and arranged by



[support@mesavantagesautravail.ca](mailto:support@mesavantagesautravail.ca)

**This booklet was prepared on: January 11, 2024**

## **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).

## TABLE OF CONTENTS

	<b>Page</b>
Benefit Summary	1
Commencement and Termination of Coverage	4
Dependent Coverage	4
Beneficiary Designation	5
Employee Life Insurance	5
Dependent Life Insurance	6
Short Term Disability (STD) Income Benefits	7
Healthcare	9
Virtual Health Services	20
Coordination of Benefits	21

# Benefit Summary

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

---

**Employee Life Insurance**                      \$25,000, reducing by 50% at age 65

## **Dependent Life Insurance**

Spouse	\$5,000
Child	\$2,500

## **Short Term Disability Income Benefits**

Waiting Period                                      7 days

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

Maximum Benefit Period                        52 weeks

Amount    55% of your weekly earnings to a maximum benefit of \$536

## **Healthcare**

**Covered expenses will not exceed reasonable and customary charges. This limitation does not apply to expenses for orthopedic equipment.**

### Deductibles

In-Canada Prescription Drug Expenses	\$5 per prescription
All Other Expenses	
- individual	\$50 each calendar year
- family	\$100 each calendar year

The individual and family deductibles do not apply to In-Canada Hospital (Excluding Convalescent Home, Rehabilitation Centre and Detoxification Centre), Out-of-Country Care, Global Medical Assistance and Dental Accident Treatment Expenses

## Reimbursement Levels

Out-of-Country Care Expenses	
- Emergency Care	100%
- Non-Emergency Care	80%
In-Canada Hospital (Excluding Convalescent Home, Rehabilitation Centre and Detoxification Centre), Global Medical Assistance and Dental Accident Treatment Expenses	100%
All Other Expenses	70%

### Out-of-Pocket Maximum

If the sum of the non-reimbursable amounts you are required to pay for in-Canada drug expenses incurred for you and your dependents in a calendar year reaches the maximum out-of-pocket level established by the *Régie de l'assurance-maladie du Québec*, the reimbursement level for these expenses will be made at 100% for the remainder of the calendar year.

For Québec employees, if the Out-of-Pocket maximum does not comply with the one established by law for the in-province expenses for drugs listed in the *Liste de médicaments* published by the *Régie de l'assurance-maladie du Québec*, it is considered to be automatically amended in order to match the minimum requirements of the law.

### Basic Expense Maximums

Hospital	Semi-private room
Convalescent Home or Rehabilitation Centre	semi-private room up to 180 days each calendar year
Detoxification Centre	\$80 per day to a lifetime maximum of \$2,500
Home Nursing Care	\$300 per day to a maximum of \$10,000 each calendar year
In-Canada Prescription Drugs	Included
Anesthetic Agents administered Out of Hospital	\$20 per intervention
Injectable Drugs	\$20 per visit
Vaccines and Toxoids	\$200 each calendar year
Hearing Aids	\$600 every 4 years
Insulin Infusion Pumps	\$7,500 every 5 years
Custom-fitted Orthopedic Shoes	1 pair to a maximum of \$400 each calendar year
Custom-made Foot Orthotics	\$495 each calendar year



Myoelectric Arms	\$10,000 per prosthesis
External Breast Prosthesis	2 every 12 months
Surgical Brassieres	2 every 12 months
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	\$300 every 3 years
Continuous Glucose Monitoring Machines Including Sensors and Transmitters	\$4,000 each calendar year
Transcutaneous Nerve Stimulators	\$1,000 every 5 years
Extremity Pumps for Lymphedema	1 in a lifetime to a maximum of \$1,500
Custom-made Compression Hose	3 pairs each calendar year
Wigs for Cancer Patients	\$300 lifetime
Diagnostic laboratory and imaging procedures	
-Ultrasounds	\$300 each calendar year
-All Other Covered Services	\$2,000 combined each calendar year
Intrauterine Devices	\$100 each calendar year
Cosmetic Surgery following an Accident	\$5,000 per accident
Accidental Dental Injury Treatment	\$5,000 per accident in a period of 180 days

#### Paramedical Expense Maximums

Acupuncturists, Physical Rehabilitation Therapists, Kinesitherapists, Massage Therapists, Naturopaths, Speech Therapists and Physiotherapists	\$300 combined each calendar year
Chiropractors, Osteopaths and Podiatrists	\$300 combined each calendar year
Psychologists and Social Workers	\$300 combined each calendar year
X-rays related to the services of a Chiropractor, an Osteopath or a Podiatrist	\$100 each calendar year per practitioner

#### Out-of-Country Care Expense Maximums

Emergency Care	Included
Non-Emergency Care	\$50,000 lifetime
Lifetime Healthcare Maximum	Unlimited

## COMMENCEMENT AND TERMINATION OF COVERAGE

You are eligible to participate in the plan after 500 worked hours while continuously employed by the same employer. 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 coverage if you are already covered for this benefit 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.

- 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, part-time and seasonal employees 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 benefits for your dependents will be continued for a period of 2 years or until they no longer qualify, whichever happens first.

## DEPENDENT COVERAGE

Dependent means:

- Your spouse, legal or common-law.

A common-law spouse is a person who has been living with you in a conjugal relationship for at least 12 months or, if you are a Quebec resident, until the earlier birth or adoption of a child of the relationship.

- Your unmarried children under age 21, or under age 26 if they are full-time students.

Children under age 21 are not covered if they are working more than 30 hours a week, unless they are full-time students.

Children who are incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn 21, or while they are students under 26, 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 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 before the date you reach age 75.
- If you are under age 75, you may be entitled to have your life insurance continued as from the 1<sup>st</sup> day of the month following the date you have become disabled, without premium payment. A benefit period will not continue for more than 52 weeks or past your 75th birthday, whichever is earlier.

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 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.

## DEPENDENT LIFE INSURANCE

If one of your dependents dies, Canada Life will pay you the dependent life insurance benefit. Your employer will explain the claim requirements.

- Your dependent life insurance will not continue past the end of the day before the date you reach age 75.
- If you are disabled and the premiums for your employee life insurance are waived, your dependent life insurance will also continue without premium payment until your own coverage terminates or your dependents no longer qualify.
- If you live in Quebec and your spouse's or child's insurance terminates on or before your 65<sup>th</sup> birthday, your spouse or child may be eligible for an individual conversion policy without providing proof of insurability.

If you live elsewhere in Canada and your spouse's insurance terminates on or before their 65<sup>th</sup> birthday, your spouse may be eligible for an individual conversion policy without providing proof of insurability.

You or your spouse must apply for spouse or child insurance and pay the first premium no later than 31 days after the group insurance terminates. See your employer for details.

## 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 doing your own job. You are **not** considered disabled if you can perform a combination of duties that regularly took at least 60% of your time to complete.
- 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 2 weeks of continuous full-time work.
- 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 before the date you reach age 75.

### Other Income

Your STD benefit is reduced by other income you are entitled to receive while you are disabled. Other income includes:

- disability benefits you are entitled to on your own behalf under the Canada or Quebec Pension Plan, except for increases that take effect after the benefit period starts
- retirement benefits you are entitled to on your own behalf under the Quebec Pension Plan because you are receiving Quebec Pension Plan disability benefits
- benefits under the Quebec Parental Insurance Plan
- benefits under any Workers' Compensation Act or similar law
- to the extent permitted by law, loss of income benefits payable under a provincial or territorial automobile insurance plan that does not take income benefits payable under the Employment Insurance Act (Canada) into account when determining its benefits

Earnings received from an approved rehabilitation plan are not used to reduce your STD benefit unless those earnings, together with your income from this plan and the other income listed above, would exceed your weekly earnings before you became disabled. If it does, your benefit is reduced by the excess amount.

If other income has not been awarded or received, Canada Life will have the right to estimate it according to the terms of any plans or legislation involved.

### Vocational Rehabilitation Benefits

Vocational rehabilitation involves part-time work with your employer that is intended to help you return to your job or other gainful employment with your employer on a full-time basis. A plan 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.

## **General 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.

- 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.
- 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.
- 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.

## 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.

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.

### Covered Expenses

- Ambulance transportation to the nearest centre where adequate treatment is available
- Hospital, convalescent home, in a rehabilitation centre or nursing home confinement or home nursing care if it represents acute, convalescent, or palliative care. The plan also covers hospital or detoxification centre confinement if it represents detoxification treatment.

Acute care is active intervention required to diagnose or manage a condition that would otherwise deteriorate.

Convalescent care is active treatment or rehabilitation for a condition that will significantly improve as a result of the care and follows a 3-day confinement for acute care.

Palliative care is treatment for the relief of pain in the final stages of a terminal condition.

Detoxification treatment is active treatment of alcohol or drug addictions provided through a recognized detoxification program.

- Preferred accommodation in a hospital or accommodation in a convalescent home, in a rehabilitation centre, in a detoxification centre or in a nursing home is covered when provided in Canada.

For hospital accommodation, the plan covers the difference between the hospital's semi-private and standard ward rates. For out-of-province hospital accommodation, any difference between the hospital's standard ward rate and the government authorized allowance in the person's home province is also covered.

The plan also covers the hospital facility fee related to dental surgery and any out-of-province hospital out-patient charges not covered by the government health plan in the person's home province.

For accommodation in a nursing home, the plan covers the government authorized co-payment.

For accommodation in a convalescent home, in a rehabilitation centre or in a detoxification centre, coverage is limited as shown in the **Benefit Summary**.

### **Limitation**

Residences established primarily for senior citizens or which provide personal rather than medical care are not covered.

- 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 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.

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
- Custom-made foot orthotics and custom-fitted orthopedic shoes, including modifications to orthopedic footwear, when prescribed by a physician
- Hearing aids, including batteries, tubing and ear molds provided at the time of purchase, when prescribed by a physician



- 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. Treatment must start within 60 days after the accident unless delayed by a medical condition

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 completed more than 12 months after the accident
- orthodontic diagnostic services or treatment
- Out-of-hospital services of a qualified acupuncturist
- Out-of-hospital treatment of muscle and bone disorders, including diagnostic x-rays, by a licensed chiropractor
- Out-of-hospital treatment by a kinesiologist
- Out-of-hospital services of a qualified massage therapist
- Out-of-hospital services of a licensed naturopath
- Out-of-hospital services of a licensed osteopath, including diagnostic x-rays
- Out-of-hospital services of a qualified physical rehabilitation therapist
- Out-of-hospital treatment of movement disorders by a licensed physiotherapist
- Out-of-hospital treatment of foot disorders, including diagnostic x-rays, by a licensed podiatrist
- Out-of-hospital treatment by a registered psychologist
- Out-of-hospital treatment by a qualified social worker
- Out-of-hospital treatment of speech impairments by a qualified speech therapist

## **Global Medical Assistance Program**

This program provides medical assistance through a worldwide communications network which operates 24 hours a day. The network locates medical services and obtains Canada Life's approval of covered services, when required as a result of a medical emergency arising while you or your dependent is travelling for vacation, business or education. Coverage for travel within Canada is limited to emergencies arising more than 500 kilometres from home. You must be covered by the government health plan in your home province to be eligible for global medical assistance benefits. The following services are covered, subject to Canada Life's prior approval:

- On-site hospital payment when required for admission, to a maximum of \$1,000
- If suitable local care is not available, medical evacuation to the nearest suitable hospital while travelling in Canada. If travel is outside Canada, transportation will be provided to a hospital in Canada or to the nearest hospital outside Canada equipped to provide treatment

When services are covered under this provision, they are not covered under other provisions described in this booklet

- Transportation and lodging for one family member joining a patient hospitalized for more than 7 days while travelling alone. Benefits will be paid for moderate quality lodgings up to \$1,500 and for a round trip economy class ticket
- If you or a dependent is hospitalized while travelling with a companion, extra costs for moderate quality lodgings for the companion when the return trip is delayed due to your or your dependent's medical condition, to a maximum of \$1,500
- The cost of comparable return transportation home for you or a dependent and one travelling companion if prearranged, prepaid return transportation is missed because you or your dependent is hospitalized. Coverage is provided only when the return fare is not refundable. A rental vehicle is not considered prearranged, prepaid return transportation
- In case of death, preparation and transportation of the deceased home
- Return transportation home for minor children travelling with you or a dependent who are left unaccompanied because of your or your dependent's hospitalization or death. Return or round trip transportation for an escort for the children is also covered when considered necessary
- Costs of returning your or your dependent's vehicle home or to the nearest rental agency when illness or injury prevents you or your dependent from driving, to a maximum of \$1,000.

### **Limitation**

Benefits will not be paid for vehicle return if transportation reimbursement benefits are paid for the cost of comparable return transportation home

Benefits payable for moderate quality accommodation include telephone expenses as well as taxicab and car rental charges.

### **Limitation**

Meal expenses are not covered.

## Out-Of-Country Care

- **Emergency care** outside Canada is covered if it is required as a result of a medical emergency arising while you or your dependent is temporarily 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 either a sudden, unexpected injury, or a sudden, unexpected illness or acute episode of disease that could not have been reasonably anticipated based on the patient's prior medical condition.

Emergency care is covered medical treatment that is provided as a result of and immediately following a medical emergency.

If the patient's condition permits a return to Canada, benefits are limited to the lesser of:

- the amount payable under this plan for continued treatment outside Canada, and
- the amount payable under this plan for comparable treatment in Canada plus the cost of return transportation.

### Limitations

No benefits are paid for:

- any further medical care related to a medical emergency after the initial acute phase of treatment. This includes non-emergency continued management of the condition originally treated as an emergency
  - any subsequent and related episodes during the same absence from Canada
  - expenses related to pregnancy and delivery, including infant care:
    - after the 34th week of pregnancy, or
    - at any time during the pregnancy if the patient's medical history indicates a higher than normal risk of an early delivery or complications.
- **Non-emergency care** outside Canada is covered for you and your dependents if:
    - it is required as a result of a referral from your usual Canadian physician
    - it is not available in any Canadian province and must be obtained elsewhere for reasons other than waiting lists or scheduling difficulties
    - you are covered by the government health plan in your home province for a portion of the cost, and
    - a pre-authorization of benefits is approved by Canada Life before you leave Canada for treatment.

## **Limitations**

No benefits will be paid for:

- investigational or experimental treatment
- transportation or accommodation charges.

The plan covers the following services and supplies when related to out-of-country care:

- treatment by a physician
- diagnostic x-ray and laboratory services
- hospital accommodation in a standard or semi-private ward or intensive care unit, if the confinement begins while you or your dependent is covered
- medical supplies provided during a covered hospital confinement
- paramedical services provided during a covered hospital confinement
- hospital out-patient services and supplies
- medical supplies provided out-of-hospital if they would have been covered in Canada
- drugs
- out-of-hospital services of a professional nurse
- for emergency care only:
  - ambulance services by a licensed ambulance company to the nearest centre where essential treatment is available
  - dental accident treatment if it would have been covered in Canada.

## **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.

## General 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
  - contraception, other than contraceptive drugs, 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 Care and Global Medical Assistance
- 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

This limitation does not apply to Global Medical Assistance

- Expenses arising from war, insurrection, or voluntary participation in a riot
- Chronic care

- 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
  - Smoking cessation products
  - Fertility drugs
  - 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
  - Sclerosing agents injections for the treatment of varicose veins

- 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

**Note:** If you are age 65 or older and reside in Quebec, you cease to be covered under this plan for basic prescription drug coverage and are covered under the basic plan provided by the *Régie de l'assurance-maladie du Québec*, unless you elect to be covered under this plan as set out below.

A one-time election may be made to be covered under this plan. You must make this election and communicate it to your employer by the end of the 60-day period immediately following:

- the date you reach age 65; or
- the date you become a resident of Quebec, within the meaning of the Health Insurance Act, Quebec, if you are age 65 or over.

While your election to be covered under this plan is in effect, you will be deemed not to be entitled to the basic plan provided by the *Régie de l'assurance-maladie du Québec*.

“Basic prescription drug coverage” means the portion of drug expenses that is reimbursed by the *Régie de l'assurance-maladie du Québec*.

### **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.

## **Health Case Management Expense Benefit**

Expenses associated with health case management may be paid for by Canada Life at its discretion. Expenses claimed under this provision must be pre-authorized by Canada Life.

## **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 Emergency Care and Global Medical Assistance Claims**

Access [www.canadalife.com](http://www.canadalife.com) to obtain an Out-of-Country/Travel Assistance claim form and the provincial authorization form for your home province or territory.

Complete all applicable forms, including all required information. Forward the claim forms, along with copies of your receipts, as directed on the claim form.

Be sure to keep original receipts for your own records.

This plan will pay all eligible claims including your provincial or territorial medical plan portion. Your provincial or territorial medical plan will then reimburse this plan for the government's share of the expenses.

If your provincial or territorial medical plan refuses payment, you may be asked to reimburse this plan for any amount it already paid on behalf of the provincial or territorial medical plan.

Submit all claims as soon as possible to meet provincial submission timelines.

- **All Other Healthcare Claims**

**Online claims:** To submit online claims, register at [www.mycanadalifeatwork.com](http://www.mycanadalifeatwork.com). To use this 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.

Submit online claims 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.

**Paper claims:** To submit paper claims, access [www.mycanadalifeatwork.com](http://www.mycanadalifeatwork.com) 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 15 months after you incur the expense.

- **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.

## VIRTUAL HEALTH SERVICES

Virtual health services are available to you and your dependents (each a “person” for the purposes of these services) by downloading the service provider’s application specified by Canada Life from time to time. These services include the following:

- Unless prohibited by applicable laws, access to an unlimited number of consultations via telephone calls, text messaging and videoconferencing with medical professionals
- Prescriptions and prescription renewals, when medically needed
- Where diagnostic or laboratory tests are medically needed:
  - completion of necessary requisitions
  - results of the diagnostic or laboratory tests provided and accessible through the provider’s application
  - information on the results of diagnostic/laboratory tests via the service provider’s application
- Details of a person’s care plan provided to the person on request of that person
- Access to self-guided internet-based cognitive behavioral therapy (iCBT)
- Access to specialists such as psychologists, dieticians and work and life coaches for an additional fee

The above services will be available 24 hours a day, 7 days a week.

### How to Access these Services

- **Visit the Website**

English: <https://consultplus.dialogue.co/>  
French: <https://consultplus.dialogue.co/?lng=fr>

- **Download the App**

Download the Consult+ app to any mobile device.

- **Visit the Help & Support Pages**

English: [www.canadalife.com/resources/consult-faq.html](http://www.canadalife.com/resources/consult-faq.html)  
French: [www.canadalife.com/fr/resources/consult-faq.html](http://www.canadalife.com/fr/resources/consult-faq.html)

## 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.



Canada Life and design and My Canada Life at Work are trademarks of  
The Canada Life Assurance Company.

Any modification of this document without the express written consent of  
Canada Life is strictly prohibited.