



**CATHOLIC DISTRICT SCHOOL BOARD  
OF EASTERN ONTARIO**

**Active Teachers**



Great-West Life is a leading Canadian life and health insurer. Great-West 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.

#### **Great-West Life Online**

Information and details on Great-West Life's corporate profile, our products and services, investor information, news releases and contact information can all be found at our website [www.greatwestlife.com](http://www.greatwestlife.com).

#### **Great-West Life's Toll-Free Number**

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

---

---

This booklet describes the principal features of the group benefit plan sponsored by your employer, but **Group Policy Nos. 160376 and 160331** and **Plan Document No. 51238** issued by Great-West Life are the governing documents. If there are variations between the information in the booklet and the provisions of the policies or plan document, the policies or plan document will prevail.

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

**The Plan is administered by**



1175-09-10

## Protecting Your Personal Information

At Great-West Life, we recognize and respect the importance of privacy. When you apply for coverage or benefits, we establish a confidential file of personal information. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

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

- determining your eligibility for coverage under the plan
- enrolling you for coverage
- assessing your claims and providing you with payment
- managing your claims
- verifying and auditing eligibility and claims
- underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- preparing regulatory reports, such as tax slips

Your employer has an agreement with Great-West Life in which your employer has financial responsibility for some or all of the benefits in the plan and we process claims on your employer's behalf. We may exchange personal information with your health care providers, your plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us when necessary to administer the plan.

All claims under this plan are submitted through you as plan member. We may exchange personal information about claims with you and a person acting on your behalf when necessary to confirm eligibility and to mutually manage the claims.

For more information about our privacy guidelines, please ask for Great-West Life's **Privacy Guidelines** brochure.

## **Liability for Benefits**

Your employer has entered into an agreement with The Great-West Life Assurance Company whereby your employer will have full liability for Healthcare (except Global Medical Assistance) and Dentalcare benefits outlined in this booklet. This means your employer has agreed to fund these benefits and they are, therefore, uninsured. All claims will, however, be processed by Great-West Life.

## TABLE OF CONTENTS

|   | <b>Page</b> |
|---|-------------|
| Benefit Summary   | 1           |
| Commencement and Termination of Coverage                              | 6           |
| Dependent Coverage  | 7           |
| Employee Basic Life Insurance   | 8           |
| Dependent Basic Life Insurance  | 9           |
| Optional Life Insurance   | 10          |
| Accidental Death, Dismemberment and<br>Specific Loss (AD&D) Insurance | 12          |
| Healthcare  | 18          |
| Preferred Vision Services (PVS)                                       | 31          |
| Dentalcare  | 32          |
| Coordination of Benefits  | 38          |





# Benefit Summary

This booklet outlines coverage pertaining to all Active Teachers under Group Policy Nos. 160376 and 160331 and Plan Document No. 51238. This summary must be read together with the benefits described in this booklet.

---

---

**Employee Basic Life Insurance**                      200% of annual earnings to a maximum of \$700,000, reducing to 100% of annual earnings at age 65

## **Dependent Basic Life Insurance**

Spouse    \$20,000  
Child    \$5,000

## **Optional Life Insurance**

Employee    Available in \$10,000 units to a maximum of \$250,000, subject to approval of evidence of insurability

Spouse     Available in \$5,000 units to a maximum of \$100,000, 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

**Employee Basic Accidental  
Death, Dismemberment and  
Specific Loss (Principal Sum)**

An amount equal to your  
Basic Life Insurance

**Healthcare**

**Covered expenses will not exceed customary charges**

Deductibles

|   |                         |
|---|-------------------------|
| In-Canada Prescription<br>Drug Expenses | \$1 per prescription    |
| All Other Expenses                      |                         |
| - individual                            | \$10 each calendar year |
| - family                                | \$20 each calendar year |

The individual and family deductibles do not apply to Chronic Care,  
Global Medical Assistance, Visioncare, In-Canada Prescription Drugs,  
In-Canada Hospital and Accidental Dental Injury expenses

Reimbursement Level                      100%

Basic Expense Maximums

|                              |  |
|------------------------------|--|
| In-Canada Hospital           | Semi-private room                      |
| Chronic Care                 | \$25 per day                           |
| Medical Travel in Canada     | \$2,000 lifetime                       |
| In-Canada Prescription Drugs | Included                               |
| Hearing Aids                 | \$1,000 every 5 years                  |
| Insulin Infusion Pumps       | \$2,000 per pump once every<br>5 years |
| Insulin Jet Injectors        | \$1,000 lifetime                       |

|  |  |
|--|--|
| Custom-fitted Orthopedic Shoes<br>and Custom-made Foot Orthotics | \$300 every 12 months                    |
| Myoelectric Arms   | \$10,000 per prosthesis                  |
| External Breast Prosthesis                                       | 1 every 12 months                        |
| Surgical Brassieres  | 2 every 12 months                        |
| Mechanical or Hydraulic Patient<br>Lifters                       | \$2,000 per lifter once every 5<br>years |
| Outdoor Wheelchair Ramps   | \$2,000 lifetime                         |
| Blood-glucose Monitoring Machines                                | 1 every 4 years                          |
| Transcutaneous Nerve Stimulators                                 | \$700 lifetime                           |
| Extremity Pumps for Lymphedema                                   | \$1,500 lifetime                         |
| Custom-made Compression Hose                                     | 4 pairs each calendar year               |
| Wigs for Cancer Patients   | \$200 lifetime                           |

#### Paramedical Expense Maximums

|  |   |
|--|---|
| Podiatrists/Chiropodists,<br>Naturopaths, Osteopaths,<br>Occupational Therapists,<br>Speech Therapists, Audiologists<br>and Acupuncturists | \$500 combined each<br>calendar year                  |
| Chiropractors/Massage Therapists   | \$500 combined each<br>calendar year                  |
| Psychologists/Social Workers   | \$500 combined each<br>calendar year                  |
| Physiotherapists   | \$750 each calendar year<br>when referred by a doctor |

## Visioncare Expense Maximums

### Eye Examinations

- dependent children under age 18 1 every 12 months to a maximum of \$75 every 12 months
- all others 1 every 24 months to a maximum of \$75 every 24 months

### Glasses, Contact Lenses and Laser Eye Surgery\*

- dependent children under age 18 \$300 every 12 months
- all others \$300 every 24 months

\*Laser Eye Surgery is covered to a lifetime maximum of \$1,200 per eye. You can apply your \$300 benefit towards the cost of laser eye surgery at the intervals noted above until the laser eye surgery lifetime maximum of \$1,200 per eye is reached. See your employer for more information.

Lifetime Healthcare Maximum                      Unlimited

## Dentalcare

### Covered expenses will not exceed customary charges

|  |  |
|--|--|
| Payment Basis                                  | The dental fee guide in effect on the date treatment is rendered for the province in which treatment is rendered |
| Deductible                                     | Nil  |
| Reimbursement Levels                           |  |
| Basic Coverage                                 | 100%<br>Recall examinations and polishing of teeth each limited to once in any 9-month period                    |
| Major Coverage                                 | 50%  |
| Orthodontic Coverage                           | 50%  |
| Plan Maximums                                  |  |
| Basic Treatment                                | Unlimited  |
| Major Treatment                                | \$2,000 each calendar year   |
| Orthodontic Treatment<br>(Children and Adults) | \$3,000 lifetime   |

## COMMENCEMENT AND TERMINATION OF COVERAGE

You are eligible to participate in the plan

- for Healthcare (excluding Global Medical Assistance) and Dentalcare on the first day of the month coinciding with or next after your employment begins, and
- for Life Insurance, AD&D and Global Medical Assistance after 3 months of continuous employment.

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 Great-West Life, you and your dependents may be required to provide evidence of good health acceptable to Great-West 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, part-time and seasonal employees may not join the plan.

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

- Your dependents' coverage terminates when your coverage terminates or your dependent no longer qualifies, whichever is earlier.
- When your coverage terminates, you may be entitled to an extension of benefits under the plan. Your employer will provide you with details.

### **Survivor Benefits**

If you die while your coverage is still in force, the health and dental 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.
- Your unmarried children under age 21, or under age 25 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 25, and the disorder has been continuous since that time.

## EMPLOYEE BASIC LIFE INSURANCE

You may name a beneficiary for your life insurance and change that beneficiary at any time by completing a form available from your employer. On your death, your employer will explain the claim requirements to your beneficiary. Great-West Life will pay your life insurance benefits to your beneficiary.

- Your life insurance terminates when you reach age 70 or when you retire, whichever is earlier.
- You are entitled to waiver of premium benefits after you have been continuously disabled during the waiting period specified under your employer's long term disability income plan. You will be considered disabled during the period you are entitled to receive long term disability benefits.
- 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 BASIC LIFE INSURANCE**

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

- Your dependent life insurance terminates when you retire or when you no longer have eligible dependents, whichever comes first.
- 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 your spouse's insurance terminates on or before his or her 65<sup>th</sup> birthday, he or she may be eligible for an individual conversion policy without providing proof of insurability. You or your spouse must apply and pay the first premium no later than 31 days after the group insurance terminates. See your employer for details.

## 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 your insurability, and your application must be approved by Great-West Life. If you or your spouse die within two years after applying for Optional Life Insurance, Great-West Life has the right to verify any medical information you or your spouse provided. If any inconsistencies are discovered, the claim will be denied and any premiums paid will be refunded.

You may name a beneficiary for your optional life insurance and change that beneficiary at any time by completing a form available from your employer. On your death, Great-West Life will pay your life insurance to your beneficiary. If your spouse dies you will be paid the amount for which he or she was insured. Your employer will explain the claim requirements.

- 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, and your spouse's, continued without premium payment until you reach age 65. You are considered disabled if injury or disease prevents you from being gainfully employed in any job. Great-West Life will determine your qualification for waiver of premium benefits. If you believe you may be eligible, contact your employer for a claim form.
- If your or your spouse's optional life insurance terminates, you or your spouse may be eligible to apply for an individual conversion policy without providing proof of insurability. You must apply and pay the first premium no later than 31 days after your group insurance terminates. See your employer for details.

- Your optional life insurance terminates when you reach age 65. Your spouse's coverage terminates at the same time, or when he or she reaches age 65 or is no longer your spouse, whichever comes first.

**Limitation**

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

**ACCIDENTAL DEATH, DISMEMBERMENT AND  
SPECIFIC LOSS (AD&D) INSURANCE**

If you suffer one of the losses listed below as the result of an accident which occurs while you are insured, Great-West Life will pay up to two times the Principal Sum. The loss must occur no later than 365 days after the accident. For loss of use, the loss must be continuous for 365 days. If you suffer multiple losses to the same limb as the result of the same accident, only the loss providing the highest amount payable will be paid.

The Principal Sum is the maximum amount that will be paid for all injuries resulting from the same accident. For paraplegia, hemiplegia, and quadriplegia, the maximum amount that will be paid for all injuries resulting from the same accident is two times the Principal Sum.

| <b>Loss</b>   | <b>Amount Payable</b> |
|---|-----------------------|
| Life  | Principal Sum         |
| Both hands or both feet                                     | Principal Sum         |
| Sight of both eyes  | Principal Sum         |
| One hand and one foot                                       | Principal Sum         |
| One hand and sight of one eye                               | Principal Sum         |
| One foot and sight of one eye                               | Principal Sum         |
| Speech and Hearing in both ears                             | Principal Sum         |
| One arm or one leg  | 3/4 Principal Sum     |
| One hand or one foot or sight of<br>one eye                 | 1/2 Principal Sum     |
| Speech  | 1/2 Principal Sum     |
| Hearing in both ears  | 1/2 Principal Sum     |
| Thumb and index finger or at<br>least 4 fingers of one hand | 1/4 Principal Sum     |
| All toes of one foot  | 1/8 Principal Sum     |

## Loss of Use

|  |                   |
|--|-------------------|
| Both arms and both legs<br>(quadriplegia)                        | 2 X Principal Sum |
| Both legs (paraplegia)   | 2 X Principal Sum |
| One arm and one leg on the same<br>side of the body (hemiplegia) | 2 X Principal Sum |
| One arm and one leg on different<br>sides of the body            | Principal Sum     |
| Both arms or both hands  | Principal Sum     |
| One hand and one leg   | Principal Sum     |
| One leg or one arm   | 3/4 Principal Sum |
| One hand   | 1/2 Principal Sum |

Your AD&D insurance terminates when you reach age 70 or when you retire, whichever is earlier.

## Surgical Reattachment

If you suffer the loss of a limb that is surgically reattached, Great-West Life will pay 50% of the amount that would have been payable if the loss had been permanent, regardless of the amount of use regained. The balance of the benefit will be payable if the reattachment fails and the reattached part is removed within one year after the reattachment was performed.

## Repatriation

If you die as the result of an accident that is at least 150 kilometres away from your home, Great-West Life will pay up to \$2,500 for the preparation and transportation of your body to the place of burial or cremation less any amounts paid under this plan's global medical assistance benefit.

## **Educational Benefit for Dependent Children**

If benefits are payable under this benefit provision for your death, Great-West Life will pay the tuition fees for enrolling your dependent children as full-time students at a post-secondary institution. To qualify for an educational benefit, a dependent child must have been enrolled as a full-time student at a post-secondary institution at the time of the accident causing your death, or he must have been enrolled as a full-time student at the secondary school level at the time of the accident causing your death and enrolls as a full-time student at a post-secondary institution within 365 days after the accident.

Great-West Life will pay up to 5% of the Principal Sum, or \$5,000, whichever is less, for each year of full-time post-secondary school enrolment. Great-West Life will pay the educational benefit each year for a maximum of 4 consecutive years upon receipt of proof of full-time enrolment.

No benefits will be paid for tuition expenses incurred before the accident, or room or board or other ordinary living, travelling, or clothing expenses.

## **Family Transportation Benefit**

If you are hospitalized more than 150 kilometres from your home as a result of an injury for which benefits are payable under this benefit provision, Great-West Life will pay the actual expense incurred less any amount paid for the same expenses under this plan's global medical assistance benefit, up to \$2,000, for transportation and lodging expenses for one family member to join you.

Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Telephone expenses and taxicab and car rental charges are included. Meal expenses are not covered.

Transportation expenses are limited to round trip economy class transportation. If a private vehicle is used, expenses are limited to \$.44 per kilometre travelled.

### **Occupational Training Benefit for Spouses**

If benefits are payable under this benefit provision for your death, Great-West Life will pay for expenses associated with your spouse's enrolment in an accredited occupational training program. The purpose of the training program must be to provide the spouse with at least the minimum qualifications required for employment in an occupation for which the spouse would not otherwise qualify.

Great-West Life will pay up to 10% of the Principal Sum, or \$10,000, whichever is less.

No benefits will be paid for expenses incurred more than 3 years after the accident causing your death, or room or board or other ordinary living, travelling, or clothing expenses.

### **Educational Benefit**

If benefits are payable under this benefit provision for an injury that requires you to change occupations, Great-West Life will pay the tuition fees for enrolling you as a student at a post-secondary institution for training in a new occupation. To qualify for an educational benefit, you must enrol at a post-secondary institution within 365 days after the accident. Great-West Life will pay up to \$10,000.

No benefits will be paid for tuition expenses incurred before the accident, expenses incurred more than 2 years after the accident causing the injury, or room or board or other ordinary living, travelling, or clothing expenses.

## **Wheelchair Benefit**

If benefits are payable under this benefit provision for an injury that requires the use of a wheelchair for you to be ambulatory, Great-West Life will pay for alterations to your principal residence to make it wheelchair accessible and habitable, and modifications to a motor vehicle you use to make it accessible to and driveable by you.

Benefits for home alterations are payable only if the person or persons making the changes are experienced in home alterations for wheelchairs, and recommended by an organization recognized for providing support and assistance to wheelchair users.

Benefits for vehicle modifications are payable only if the person or persons making the changes are experienced in vehicle modification for wheelchairs, and the modifications are approved by the provincial vehicle licensing authority.

Great-West Life will pay the actual expense incurred less any amount paid for the same expenses under this plan's healthcare benefit, up to \$10,000 for all home and vehicle modifications combined.

No benefits will be paid for expenses incurred more than 365 days after the accident, or for subsequent alterations to your home or vehicle after an initial claim for benefits has been made under this wheelchair benefit provision.

## **Limitations**

No benefits are paid for injury or death resulting from:

- Intentionally self-inflicted injury or suicide
- Viral or bacterial infections, except pyogenic infections occurring through the injury for which loss is being claimed
- Any form of illness or physical or mental infirmity
- Medical or surgical treatment, except surgical reattachment



- War, insurrection or voluntary participation in a riot
- Service in the armed forces of any country
- Air travel serving as a crew member, or in aircraft owned, leased or rented by your employer, or air travel where the aircraft is not licensed or the pilot is not certified to operate the aircraft

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

- To claim benefits for yourself, ask your employer for a claim form. Complete it and return it to your employer.
- If you die accidentally, your employer will explain the claim requirements to your beneficiary.
- Claims should be submitted as soon as possible, but no later than 15 months after the loss.

## 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.

Except to the extent otherwise required by law, your healthcare coverage terminates when you reach age 70 or when you retire, whichever is earlier.

### Covered Expenses

- Ambulance transportation to the nearest centre where adequate treatment is available
- Semi-private room and board in a hospital in Canada

For out-of-province accommodation, any difference between the hospital's standard ward rate and the government authorized allowance in your home province is 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 your home province.

- Convalescent care for a condition that will significantly improve as a result of the care and follows a 3-day confinement for acute care
- The government authorized co-payment for accommodation in a nursing home. Residences established primarily for senior citizens or which provide personal rather than medical care are not covered.

- Chronic care, provided in a hospital, nursing home or for home nursing care in Canada, for a condition where improvement or deterioration is unlikely within the next 12 months
- Drugs and drug supplies described below when prescribed by a physician or other person entitled by law to prescribe them, and provided in Canada. Benefits for drug expenses 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 oral contraceptives
  - 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 and test strips
  - 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.

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 the plan'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 cochlear implants, 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
- External insulin infusion pumps prescribed by a physician
- Needleless insulin jet injectors prescribed by a physician
- Blood-glucose monitoring machines prescribed by a physician
- Diagnostic x-rays and lab tests, when coverage is not available under your provincial government plan
- Treatment of injury to sound natural teeth. Treatment of accidental injury must start within 90 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

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 treatment of foot disorders, including diagnostic x-rays, by a licensed podiatrist
- Out-of-hospital services of a qualified chiroprapist
- 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 occupational therapist
- Out-of-hospital treatment of speech impairments by a qualified speech therapist
- Out-of-hospital services of a qualified audiologist
- 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 services of a qualified massage therapist
- Out-of-hospital treatment by a registered psychologist or qualified social worker
- Out-of-hospital treatment of movement disorders by a licensed physiotherapist when referred by a doctor

## **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
- Laser eye surgery required to correct vision when performed by a licensed ophthalmologist

For information on available discounts on eyewear and vision care services, refer to the Preferred Vision Services section of this booklet following the Healthcare benefit.

## **Medical Travel In Canada**

The plan will pay for the following expenses if you are referred away from home by your physician for treatment by another physician within your own province or elsewhere in Canada and the round trip distance is 1,000 kilometres or more.

- Travelling expenses for the person requiring the treatment and one companion if recommended by the attending physician. Benefits are limited to either round trip economy class travel or automobile fuel expenses. Taxicab, car rental charges and automobile repair charges are not covered.
- Lodging expenses for the person requiring the treatment and one companion. Benefits are limited to moderate quality accommodation for the area in which the expense is incurred. Telephone and meal expenses are not covered.

Transportation and lodging expenses associated with in-Canada medical travel are limited to a lifetime maximum of \$2,000.

## **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 Great-West 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 Great-West 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 (Out-of-Country coverage remains as long as you are covered under your provincial plan)

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. 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. Meal expenses are not covered.



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

The plan covers medical expenses 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.

- The following services and supplies are covered when related to the initial medical treatment:
  - 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
  - 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

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 (Out-of-Country coverage remains as long as you are covered under your provincial plan).

## Limitations

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

- Expenses private benefit plans are not permitted to cover by law
- Services or supplies for which a charge is made only because you have 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 oral contraceptives
- Services or supplies not listed as covered expenses
- Extra medical supplies that are spares or alternates

- Services or supplies received outside Canada except as listed under Out-of-Country Emergency 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 benefits would have been paid under this plan 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
- Podiatric treatments for which a portion of the cost is payable under the Ontario Health Insurance Plan (OHIP). Benefits for these services are payable only after the maximum annual OHIP benefit has been paid
- Visioncare services and supplies required by an employer as a condition of employment

In addition under the prescription drug coverage, no benefits are paid for:

- 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 dispensed by a dentist or clinic or by a non-accredited hospital pharmacy
- Drugs administered during treatment in an emergency room of a hospital, or as an in-patient in a hospital
- Preventative immunization vaccines and toxoids
- Non-injectable allergy extracts
- Drugs that are considered cosmetic, such as topical minoxidil or sunscreens, whether or not prescribed for a medical reason
- Smoking cessation products
- Drugs used to treat erectile dysfunction

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

- Out-of-country claims (other than those for Global Medical Assistance expenses) should be submitted to Great-West Life as soon as possible after the expense is incurred. It is very important that you send your claims to the Great-West Life Out-of-Country Claims Department immediately as your Provincial Medical Plan has very strict time limitations.

Obtain form M5432 (Statement of Claim Out-of-Country Expenses form) from your employer. Unless you are a resident of the Territories 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 Great-West Life Out-of-Country Claims Department will forward the appropriate government forms to your attention when required.

If you are a resident of the Territories, you must submit your out-of-country claims to your territorial government for processing before submitting the claim to Great-West Life. When you receive your Explanation of Benefits back from the territory, please send the following to the Great-West Life Out-of-Country Claims Department (be sure to keep copies for your own records):

- a copy of the payment from your territory
- a completed Statement of Claim Out-of-Country Expenses form (form M5432)
- all required information
- copies of all original receipts

Residents of the provinces should complete all applicable forms, making sure all required information is included. Attach all original receipts and forward the claim to the Great-West 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 Medical Plan portion. Your Provincial 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. 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 Great-West Life's Out-of-Country Claims Department at 1-800-957-9777.

- For all other Healthcare claims, 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 Great-West Life Benefit Payment Office as soon as possible, but no later than 15 months after 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.

When your coverage ends, return your direct pay drug identification card to your employer.

## PREFERRED VISION SERVICES (PVS)

**Preferred Vision Services (PVS) is a service provided by Great-West Life to its customers through PVS which is a preferred provider network company.**

PVS entitles you to a discount on a wide selection of quality eyewear and lens extras (scratch guarding, tints, etc.) when you purchase these items from a PVS network optician or optometrist. A discount on laser eye surgery can be obtained through an organization that is part of the PVS network.

PVS also entitles you to a discount on hearing aids (batteries, tubing, ear molds, etc.) when you purchase these items from a PVS network provider.

You are eligible to receive the PVS discount through the network whether or not you are enrolled for the healthcare coverage described in this booklet. You can use the PVS network as often as you wish for yourself and your dependents.

Using PVS:

- Call the **PVS Information Hotline** at **1-800-668-6444** or visit the **PVS Web site** at **www.pvs.ca** for information about PVS locations and the program
- Arrange for a fitting, an eye examination, a hearing assessment or a hearing test, if needed
- Present your group benefit plan identification card, to identify your preferred status as a PVS member through Great-West Life, at the time the eyewear or the hearing aid is purchased, or at the initial consultation for laser eye surgery
- Pay the reduced PVS price. If you have vision care coverage or hearing aids coverage for the product or service, obtain a receipt and submit it with a claim form to your insurance carrier in the usual manner.

## DENTALCARE

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 shown in the **Benefit Summary**. Denturist fee guides are applicable when services are provided by a denturist. 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 denturist.

Your dentalcare coverage terminates when you reach age 70 or when you retire, whichever is earlier.

### Treatment Plan

- Before incurring any large dental expenses over \$300, or beginning any orthodontic treatment, ask your dental service provider to complete a treatment plan and submit it to the plan. The benefits payable for the proposed treatment will be calculated, so you will know in advance the approximate portion of the cost you will have to pay.



## **Covered Expenses**

The following expenses will be covered:

### **Routine Treatment**

- Complete oral examination, full-mouth series of x-rays and panoramic x-rays each limited to once in any period of 36 consecutive months
- Recall examinations and polishing of teeth each limited to once in any 9-month period
- Bite-wing x-rays and oral hygiene instructions each limited to once in any 6-month period
- Scaling of teeth
- Amalgam, silicate, acrylic and composite restorations, including pin reinforcement
- Dental surgery: extractions and surgical removal of teeth and residual roots; fibrotomy; surgical exposure; transplantation; alveoplasty; gingivoplasty; osteoplasty; frenectomy; surgical excision of cysts and tumours; incision and drainage of abscesses; treatment of fractures - simple open reduction and closed reduction; antrum lavage; closure of oro-antral fistula, except following nasal antrostomy; recovery of dental root or foreign body from antrum; post-surgical care; therapeutic drug injections provided by a dentist
- Diagnostic x-ray and laboratory procedures, excluding diagnostic casts
- Anaesthesia required in relation to dental surgery

- Endodontic services: pulp capping; vital pulpotomy; root canal therapy and apexification; periapical services including root amputation; gingival curettage; alveolectomy; hemisection; chemical bleaching; intentional removal, apical filling and reimplantation; emergency procedures
- Periodontal services: application of displacement dressing; management of acute infections and other oral lesions; tooth desensitization; gingival curettage; gingivectomy; osseous surgery; osseous grafts; soft tissue grafts; vestibuloplasty; post-surgical treatment; provisional splinting; root planing; special periodontal appliances excluding appliances for treatment of temporal mandibular joint dysfunction
- Space maintainers
- Consultations required by the attending dentist, including treatment planning
- Denture repairs, relines, rebases and adjustments
- Pit and fissure adhesive sealants
- Emergency and specific oral area examinations
- Topical application of fluoride solutions limited to once in any 9-month period
- Supervised fluoride brush-in, self-administered
- Removal of carious lesions (caries control)
- Occlusal adjustment and equilibration (limited to 8 units of time in any 12-month period)

- Professional visits limited to house calls, institutional calls and office visits after regularly scheduled hours
- Interproximal discing of teeth
- Tracing of x-rays

### **Major Treatment**

- crowns (including stainless steel crowns), inlays and onlays, including retentive pins in crowns, inlays and abutments, posts and cores
- Prosthodontic appliances: non-equilibrated partial or complete dentures, fixed bridgework
- replacement of existing bridgework if
  - (a) the bridgework is required because of the extraction of one or more natural teeth after the last appliance was installed and the existing bridgework cannot be made serviceable.

If the existing appliance can be made serviceable, only the expense of the portion of the replacement appliance that replaces the extracted teeth is considered a covered expense.

- (b) the bridgework is at least 5 years old and cannot be made serviceable
  - (c) the bridgework is made necessary as the result of an accidental bodily injury while insured
- Denture relines, rebases and adjustments
  - repairs to existing bridgework, crowns, inlays and onlays

- Treatment involving the use of gold when such treatment cannot be rendered at a lower cost by means of a reasonable substitute consistent with generally accepted dental practice
- Diagnostic casts, excluding orthodontic casts

#### **Orthodontic Treatment**

- Space maintainers, space regainers, habit-inhibiting and cross-bite corrective appliances, including observation, adjustment and repair
- Orthodontic diagnostic casts
- The correction of malposed teeth for yourself, your spouse or your dependent children who are at least 6 years of age at the time treatment commences
- Myofunctional therapy

#### **Exclusions**

No benefits are paid for:

- Services and supplies not listed as covered expenses
- Services and supplies received for dietary planning
- Cosmetic treatment (except polishing of teeth), experimental treatment, congenital or developmental malformation

- Charges made by a dentist for broken appointments
- covered expenses for treatment of accidental injury to natural teeth completed more than 12 months after the accident
- Treatment involving the use of gold

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

Obtain form M445D (51238) BIL-9/99 from your employer. Have your dental service provider complete the form and return it to the Great-West Life Benefit Payment Office as soon as possible, but no later than 15 months after the dental treatment.

## 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.



