

# Group Benefit Plan



**Great-West Life**  
*your Benefits Solutions People*



**Lambton Kent**  
**District School Board**  
*Student Achievement ✓ Community Success*

**Elementary Teachers - Division 1**  
**November 2011**

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 Online Services for Plan Members**

As a Great-West Life plan member, you can also register for GroupNet™ for Plan Members at [www.greatwestlife.com](http://www.greatwestlife.com).

This service enables you to access the following and much more, within a user friendly environment twenty-four hours a day, seven days a week:

- your benefit details and claims history
- personalized claim forms and cards
- online claim submission for certain healthcare claims and all dental claims
- extensive health and wellness content

### **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.

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This booklet describes the principal features of the group benefit plan sponsored by your employer, but **Group Policy Nos. 153336**

(Basic Life Insurance for Employees and Global Medical Assistance) and **133740** (Optional Life Insurance) and **Plan Document No. 51804** (Optional Semi-private Hospital, Prescription Drugs, Healthcare (excluding Global Medical Assistance), Dentalcare and Visioncare) issued by Great-West Life and **Policy No. GSR 16238** (Basic Accident Insurance) issued to your employer by RBC Life Insurance Company 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 underwritten by**



## PROTECTING YOUR PERSONAL INFORMATION

At Great-West Life, we recognize and respect the importance of privacy. Personal information about you is kept in a confidential file at the offices of Great-West Life or the offices of an organization authorized by Great-West Life. Great-West Life may use service providers located within or outside Canada. 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. 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
- 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, 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 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 Great-West 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 Great-West Life's Chief Compliance Officer or refer to [www.greatwestlife.com](http://www.greatwestlife.com).

### **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 Optional Semi-private Hospital, Prescription Drugs, Healthcare (except Global Medical Assistance), Dentalcare and Visioncare 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.

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**SCHEDULE OF BENEFITS**

**FOR**

**EMPLOYEES**

<b>Basic Life Insurance</b>	200% of annual earnings to a maximum of \$500,000, reducing by 50% at age 65
<b>Optional Life Insurance</b>	Available in \$10,000 units to a maximum of \$250,000, 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
<b>Basic Accident Insurance (Underwritten by RBC Life Insurance Company)</b>	See description

**DEPENDENTS**

<b>Optional Life Insurance</b>	
Spouse	\$20,000
Child	\$10,000
	If you are covered under this plan as both an employee and a spouse, you are limited to the \$250,000 maximum

## EMPLOYEES AND DEPENDENTS

### Hospital Daily Room and Board Amount

Semi-private

### Prescription Drugs

Deductible

Nil

Reimbursement Level

100%

Plan Maximums

Dispensing Fee Limit

The covered expense for the dispensing fee portion of a prescription drug charge is limited to \$9

Fertility Drugs Lifetime Maximum

\$18,000

### Healthcare

Deductible

Nil

Reimbursement Levels

Orthopedic Shoes Expenses

50%

All Other Expenses

100%

Hospital Daily Room and Board Amount

- for confinement inside Canada

Private

- for confinement outside Canada

Semi-private

maximum days per disability

31 days

Out-of-hospital Nursing

calendar year maximum

\$50,000

Mastectomy Brassieres

calendar year maximum

2 bras

Paramedical Covered Expenses

Physiotherapist	
calendar year maximum	\$500
Naturopaths	
calendar year maximum	\$500
Osteopaths	
calendar year maximum	\$500
x-rays calendar year maximum	\$15
Podiatrists	
calendar year maximum	\$500
surgical removal of toenails and excision of plantar warts each calendar year	\$100
Chiropractors	
calendar year maximum	\$500
per visit maximum	\$40
x-rays calendar year maximum	\$15

Extracare Covered Expenses

Out-of-hospital Psychologist	
calendar year maximum	\$500
Out-of-hospital Speech Therapist	
calendar year maximum	\$500
Out-of-hospital Massage Therapist	
calendar year maximum	\$500
per visit maximum	\$30
Nursing Home Care	
daily maximum	\$20
Orthopedic Shoes	
calendar year maximum	2 pairs
Hearing Aid Maximum (in any 5-year period)	\$2,000
Blood Glucose Monitors	Reasonable & Customary
Elastic Support Hose	
calendar year maximum	\$75
Global Medical Assistance Maximum Lodging Amount	\$1,500
Lifetime Maximum	Unlimited

## Dentalcare

Dental Fee Guide	The Ontario Dental Association Fee Guide in effect on the date treatment is rendered
Deductible	Nil
Reimbursement Levels	
Routine Treatment	100%
Major Treatment	60%
Orthodontic Treatment	50%
Plan Maximums	
Routine Maximum	Unlimited
Major calendar year maximum	\$5,000
Major adjusted calendar year maximum	\$2,500
Orthodontic lifetime maximum	\$4,000

## Visioncare

Deductible	Nil
Reimbursement Level	100%
Eyeglass or Contact Lens Maximum 2-calendar-year period	\$400
Laser Eye Surgery lifetime maximum	\$2,000
Contact Lenses for Special Conditions lifetime maximum	\$200
Eye Examination Maximum 2-calendar-year period	\$75

## **CHANGES IN LIFE INSURANCE BENEFITS**

If your Life Insurance benefits change because of an amendment to the plan, or because of a change in your age, class, earnings, etc., the new benefits become effective on the date the change affecting your benefits occurred.

Except where federal or provincial legislation requires otherwise, when a change results in increased benefits you must be actively at work to be eligible for the new benefits. If you are not at work on the date the new benefits would otherwise become effective, the change will not become effective until you return to work.

## ELIGIBILITY

If you are a new employee, you will become eligible to join the group plan on the date your service commences. Temporary employees may not join the plan.

- Coverages which require a premium contribution on your part will require proof of insurability if they are not applied for within one month of the date you become eligible.
- If you wish to insure your dependents, you must apply for their coverage. Dependent coverages which require a premium contribution on your part will require proof of insurability if they are not applied for within one month of the date you become eligible to insure your dependents.
- If you elect Optional Life Insurance for yourself or your spouse, it will not become effective until Great-West Life approves proof of your or your spouse's insurability.

If you elect Optional Life Insurance for your child, proof of insurability is required only if it is not applied for within one month of the date he becomes eligible.

- If you do not apply for Optional Semi-private Hospital within one month after you become eligible, you will be required to submit proof of good health unless you are applying for coverage because of involuntary loss of similar coverage through your spouse's plan within one month of loss of coverage under your spouse's plan.
- If you are away from work on the date when your Life Insurance would normally start, it will not become effective until you return to work.

- If you do not apply for coverage within one month after you become eligible, your dentalcare benefits will be subject to certain initial coverage restrictions. Except where the expenses are incurred solely as a result of an accident occurring after the insurance took effect,
  - Routine Treatment expenses are limited to a maximum of \$100 during the first 12 months.
  - no benefits will be paid for Major Treatment expenses during the first 12 months.
  - no benefits will be paid for Orthodontic Treatment expenses during the first 24 months.

## DEFINITION OF DEPENDENT

Dependent means:

- Your spouse (legal or common-law)

A common-law spouse means a person who has been living with you for at least 12 months in a conjugal or same sex relationship.

- Your insurable children

Children are insurable if they are

- your or your insured spouse's unmarried natural, adopted, or step child, or
- an unmarried child you or your insured spouse have been appointed guardian for all purposes by a court of competent jurisdiction.

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

Children age 21 or over must either be:

- (1) full-time students under age 25, or
- (2) incapacitated for a continuous period beginning before age 21 **or** while a full-time student and before age 25.

Unmarried children of your spouse are considered dependents only if

- they are also your children, or
- your spouse is living with you and has custody of the children.

Children for whom you or your insured spouse have been appointed guardian are not insurable unless:

- (1) Great-West Life has received satisfactory proof of guardianship, and
- (2) if your insured spouse is the guardian, your spouse is living with you.

Children are considered full-time students if they have been in registered attendance at an elementary school, high school, university, or similar educational institution for 15 hours a week or more sometime in the last 6 months. Children are **not** considered full-time students if they are being paid to attend an educational institution.

Children are considered incapacitated if they are incapable of supporting themselves due to a physical or mental disorder.

## BASIC LIFE INSURANCE FOR EMPLOYEES

- In the event of your death, your beneficiary will be paid the amount of your group life insurance. (See the **Schedule of Benefits** at the front of this booklet for the amount.)
- Should you become totally disabled while insured and before reaching the age of 65, and such disability continues for an uninterrupted period which ends on the later of the date disability commenced or the date of expiration of sick leave credits, your life insurance will remain in force without further premium payment. Your employer will contact you regarding the appropriate claim forms to be submitted to Great-West Life. Your premiums will be waived upon satisfactory proof of your disability but only until you reach age 65. Satisfactory proof of disability must be submitted within 12 months of the commencement of the disability and when requested thereafter.

If you are not approved for waiver of premium your life insurance will be continued on a premium paying basis until the earlier of the following:

- (1) the date your insurance is terminated by your employer, or
  - (2) the date your insurance would normally terminate under the Termination of Insurance section.
  - (3) the date you start working for pay or profit other than with this Employer.
  - (4) the date premium payment ceases.
- If any or all of your insurance terminates **at or before age 71**, you may be able to apply to convert to an individual policy without medical evidence.

Application to convert to an individual policy must be made within 31 days after termination of insurance. During this period your life insurance under this plan will remain in force free of charge.

Ask your employer for an application form.

## OPTIONAL LIFE INSURANCE

- Optional Life Insurance allows you to choose additional coverage for yourself, your spouse and your children.
- All amounts of Optional Life Insurance are subject to proof of insurability satisfactory to Great-West Life.
- In event of your death, your beneficiary will be paid the amount of your optional life insurance. You are the beneficiary if your spouse or child dies.

**Note:** Benefits for death due to suicide within the first two years of initial or increased coverage will be limited to the amount of premium paid for that insurance.

- Should you become totally disabled while insured and before reaching the age of 65, and such disability continues without interruption for at least six months or until your sick leave credits expire, whichever is later, your life insurance will remain in force without further premium payment. Your employer will contact you regarding the appropriate claim forms to be submitted to Great-West Life. Your premiums will be waived upon satisfactory proof of your disability but only until you reach age 65. Satisfactory proof of disability must be submitted within 12 months of the commencement of the disability and when requested thereafter.

If you are not approved for waiver of premium optional life insurance will be continued on a premium paying basis until the earlier of the following:

- (1) the date your insurance is terminated by your employer, or
- (2) the date your insurance would normally terminate under this section or the Termination of Insurance section.

(3) the date you start working for pay or profit other than with this Employer.

(4) the date premium payment ceases.

- If your insurance terminates, you may be able to apply to convert to an individual policy without medical evidence.

Application for an individual policy must be in writing and submitted with payment of the first premium within 31 days after the insurance terminates.

Ask your employer for an application form.

## **BASIC ACCIDENT INSURANCE**

**(Underwritten by RBC Life Insurance Company)  
Policy No. GSR 16238**

### **The Plan**

You are insured against the perils described in the Loss Schedule. Your protection is world-wide, 24 hours a day, on or off the job. Benefits are payable regardless of any other benefits that you may receive from any insurance company other than the Company, or any other organization.

### **Definition**

“**The Company**” means RBC Life Insurance Company.

### **Who Is Eligible**

You are eligible if you are an active full-time or permanent part-time elementary teacher, or you are a retiree, of the Policyholder and you are under age 65.

## Principal Sum

Your amount of Principal Sum is:

Two times your annual earnings, rounded to the next higher \$1,000 (if not already a multiple thereof), to a maximum of \$500,000.

Retirees under age 65 are insured for the amount of coverage in effect on the date of retirement.

## Reduction/Termination

Reduces to 50% at age 65 and further reduces to a maximum of \$25,000 at age 80. All benefits terminate at retirement.

## When Is This Plan Effective

Your insurance is effective on the first of the month following your date of hire.

## Loss Schedule

If an accident causes a loss payable under this schedule within one year from the date of the accident, the Company pays the sum set opposite such loss, and not more than the aggregate of the Principal Sum is paid for injuries resulting from the same accident.

<b>For Loss of:</b>	<b>Percentage of Principal Sum</b>
Life	100%
<b>For Loss of or Loss of Use of:</b>	
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand or Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Leg or One Arm	75%
Either Hand or Foot	66 2/3%

Speech or Hearing in Both Ears	66 2/3%
Sight of One Eye	66 2/3%
Thumb and Index Finger of the Same Hand	33 1/3%
Four Fingers of the Same Hand	33 1/3%
Hearing in One Ear	33 1/3%
All Toes of One Foot	25%
Quadriplegia (for Total and Irreversible Paralysis of All four limbs)	200%
Paraplegia (for Total and Irreversible Paralysis of Both lower limbs)	200%
Hemiplegia (for Total and Irreversible Paralysis of One arm and one leg on the same side of the body)	200%

**"Loss" means, with regard to:**

Hands and Feet:	Actual severance through or above the wrist or ankle joint;
Eyes:	Entire and irrecoverable loss of sight;
Leg or Arm:	Actual severance through or above the knee or elbow joint;
Thumb and Fingers:	Actual severance through or above the metacarpophalangeal joints;
Speech and Hearing:	Entire and irrecoverable loss;
Toes:	Actual severance through or above the metatarsophalangeal joints;
Quadriplegia, Paraplegia, Hemiplegia:	Complete and irreversible paralysis of such limbs;
Loss of Use of:	Must be total, irrecoverable and be continuous for 12 months after which the benefit is payable, provided the nerve damage is determined to be permanent.

Indemnity provided under this section for all losses you sustain as a result of any one accident does not exceed the following:

- a) With the exception of Quadriplegia, Paraplegia and Hemiplegia, the Principal Sum.
- b) With respect to Quadriplegia, Paraplegia and Hemiplegia, two times the Principal Sum.

### **Exposure And Disappearance**

If loss results from unavoidable exposure to the elements and indemnity is otherwise payable hereunder, such loss is payable under the terms of the policy.

If your body is not found within one year after the date of the disappearance, sinking or wrecking of the vehicle in which you are an occupant at the time of the accident and under such circumstances as would otherwise be covered hereunder, it is presumed that you suffered loss of life resulting from bodily injury caused by an accident at the time of such disappearance, sinking or wrecking.

### **Waiver Of Premium**

If you become totally disabled from an accident or sickness and waiver of premium is approved under your applicable Group Life Insurance Plan, premiums under this plan are waived while total disability continues, until the earlier of your attainment of age 65, your eligibility terminates or the policy is terminated.

### **Repatriation**

If you lose your life as a result of a covered accident occurring at least 50 kilometres from your principal city of residence, the Company pays up to \$10,000 for the preparation and transportation of your body back to your principal city of residence.

## **Rehabilitation**

If you receive benefits for a loss described in the Loss Schedule and you require special training to allow you to work in an occupation that you would not have engaged in except for the injuries you sustained, the Company pays for that training, considering the expenses are reasonable and necessary (other than travelling, clothing and ordinary living expenses), up to \$10,000, occurring within two years from the date of the accident.

## **Conversion Privilege**

You may convert to an individual plan of insurance similar to this one, subject to the terms and conditions of the Company's individual program. The maximum principal sum available under the converted policy and between all policies issued with the Company is \$100,000, and the rates are those in effect at the time of conversion. This conversion must take place within 31 days of termination of coverage under the policy.

## **Education**

The Company pays for tuition fees in the event of your accidental death. To qualify, eligible dependent children must be enrolled as full-time students in a post-secondary "institution of education" at the time of your death or must enroll within one year following your death.

The amount paid for tuition fees and textbook expenses is equal to the lesser of **5%** of your Principal Sum or \$5,000, per year per child, for a maximum of four consecutive years. The Company must receive proof of enrollment and attendance for each year that a payment is to be made for each child. If there are dependent children not eligible for this benefit, your Principal Sum is increased by \$1,500.

For the purpose of this benefit, "dependent child" means your legally adopted child, step-child or any child dependent upon you in a "parent-child" relationship as defined under the Income Tax Act, for support and maintenance, who is unmarried under 21 years of age inclusive or unemployed and under age 25 years of age and is a full-time student. In addition, a child incapable of self-support by reason of mental or physical infirmity is covered beyond the maximum age.

"Institution of education" includes any University, CEGEP, Trade School or College, as defined where you live.

### **Spousal Retraining**

If you receive benefits for a loss described in the Loss Schedule, the Company pays for the expenses actually incurred by your spouse within three years from the date of the accident, for an approved and mutually agreed upon formal occupational training program, specifically qualifying him to gain active employment in an occupation for which he would otherwise not have had sufficient qualifications. The maximum payable hereunder is \$10,000.

"Spouse" means a person who is living with you and who is legally married to you; or if you are not married, is a person whom you have publicly represented as your spouse and with whom you have resided continuously for at least 12 months in a conjugal-like relationship, civil union, adult interdependent relationship, or any other formal union defined and recognized by law and who is:

- At least 18 years of age;
- Competent to contract; and
- Not related by blood closer than would legally bar marriage.

If more than one person meets this definition, the Insurance Company will only pay one benefit, which will be paid in equal shares to the persons meeting the definition.

### **Continuation Of Coverage**

Your coverage continues by the payment of premiums, for a maximum period of 12 months, while you are on an approved leave of absence, temporary layoff, strike, maternity leave or compassionate care leave. Coverage ends on the earlier of the date you return to active full-time employment, the policy is terminated or at the end of the 12 month period.

## **Family Transportation**

If while on a trip, you sustain an injury and as a result, are confined as an in-patient in a Hospital, are under the Regular Care and Attendance of a physician or surgeon and require the personal attendance of a Member of the Immediate Family as recommended by the attending physician or surgeon, the Company pays for the expense incurred by the family member for transportation to your bedside by the most direct route by a licensed common carrier, but not to exceed an amount of \$10,000 as the result of any one accident.

**"Hospital"** means an institution licensed as a hospital, which is open at all times for the care and treatment of injured persons, with organized facilities for diagnosis, major surgery and with twenty-four (24) hour nursing service. Hospital will not include a facility or part of a facility primarily used for the aged, the treatment of drug addiction or alcoholism, rehabilitative care, custodial or educational care, or a rest home, nursing home or convalescent hospital.

**"Member of the Immediate Family"** means your spouse or common-law spouse, parents, grandparents, children over age 18, brother or sister.

**"Regular Care and Attendance"** means observation and treatment to the extent necessary under existing standards of medical practice for the condition causing the confinement.

## **In-Hospital Indemnity**

If an accident requires that you be hospitalized for more than seven consecutive days, the Company pays a monthly benefit of 1% of your applicable Principal Sum or for periods of less than one month the Company pays 1/30th of the above monthly benefit per day. Benefits are retroactive to the first day of Hospital confinement.

The benefit does not exceed a monthly amount of \$2,500 and a total of 12 months for any covered accident. Successive periods of hospital confinement for loss from the same covered accident, separated by a period of less than three months, are considered as one period of hospital confinement.

"Hospital" means an institution licensed as a hospital (if licensing is required in the province), open at all times for the care and treatment of injured persons, with organized facilities for diagnosis, major surgery and with 24 hour nursing services. Hospital does not include a facility or part of a facility primarily used for the aged, the treatment of drug addiction or alcoholism, rehabilitative care, custodial or educational care, or a rest home, nursing home or convalescent hospital.

### **Seat Belt**

Your benefits under the Loss Schedule are increased by 10% if your injury results while you were a passenger or driver of a private passenger type automobile and your "seat belt" was properly fastened. Verification of actual use of the seat belt must be part of the official report of accident or certified by the investigating officer.

The driver of the "vehicle" must hold a current and valid driver's license of a rating authorizing him to operate such vehicle and neither be intoxicated nor under the influence of drugs, unless such drugs are taken as prescribed by a physician, at the time of the accident. "Intoxicated" and "under the influence of drugs" are as defined by the local jurisdiction where the accident occurs.

"Seat Belt" means those belts that form a restraint system and includes infant and child restraint systems when properly used with a seat belt.

"Vehicle" means a passenger car, station wagon, van, jeep-type automobile or truck.

### **Comatose (Applicable to Employees only)**

If you suffer a covered accidental bodily injury which, independently of all other causes, results in your being in a coma, the Company pays a comatose benefit. The benefit amount is equal to the difference between the Principal Sum amount and any other benefits received as a result of such accident.

The benefit is paid to you at the end of the waiting period, at the rate of 1% each month: (a) for 100 months, (b) until you die, or (c) until you are no longer deemed to be in a coma or comatose state, whichever occurs first. Any other benefits remaining at the time of your death will be paid to your designated beneficiary.

**"Coma or comatose"** means during the waiting period, being in a profound stupor or state of complete and total unconsciousness.

**"Waiting period"** means the 31 day period from the date the covered person becomes comatose and for which no benefits are payable.

### **Day Care (Applicable to Employees only)**

A dependent child is eligible for this benefit until he reaches age 12 and is enrolled in a licensed day care facility within 90 continuous days from the date of the accident.

If you sustain accidental loss of life, the Company pays a Day Care benefit equal to the lesser of **5%** of your Principal Sum or **\$5,000**, per year per child. The Day Care benefit is paid for a maximum of four consecutive years. If, at the time of your death, there are dependent children not eligible for this benefit, your Principal Sum is increased by **\$1,500**.

For the purpose of this benefit, "dependent child" means legally adopted child, step-child or any child who is dependent upon you in a parent-child relationship (as defined under the Income Tax Act) for support and maintenance, and where such child is between the ages of 1 day and 12 years inclusive.

## **Home Alteration And Vehicle Modification**

If you receive benefits for a loss described in the Loss Schedule and are subsequently required (due to the cause for which payment under the Loss Schedule is made) to use a wheelchair to be ambulatory, the Company pays, upon presentation of proof of payment, the one-time cost of (a) alterations to your residence to make it wheelchair accessible and habitable and (b) modifications necessary to your motor vehicle to make the vehicle accessible or driveable for you.

Benefits herein are not paid unless: (a) home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization providing support and assistance to wheelchair users and (b) vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the provincial vehicle licensing authorities.

The maximum payable under this benefit is \$10,000.

## **To Whom Are Benefits Paid?**

Your accidental death benefit is paid to the beneficiary designated at the time of payment, or to your estate if no such designation is made. Any other benefits are paid to you (those described in the Loss Schedule are paid as a percentage of the Principal Sum).

## **Exclusions**

The insurance does not cover losses caused in any way from suicide or any suicide attempt; self-inflicted injuries; nuclear war or war between a country of North America and/or the states of the former Soviet Union, China, France or the United Kingdom; full-time active service in the armed forces of any country; travelling as a pilot or crew member of any aircraft or travel in the Policyholder's owned or leased, operated aircraft; being under the influence of a controlled substance as defined by federal or provincial law, unless administered on the advice of a Physician; operating a motor vehicle either under the influence of any intoxicant or if your blood alcohol concentration is in excess of 80 milligrams of alcohol per 100 millilitres of blood.

## **Claim Procedures**

To make a claim under this plan, written notice of the accident must be given to the Company within 30 days of the date of the accident and written proof must be submitted within 90 days of the date of the accident. The Company provides the necessary claim forms as well as instructions covering other requirements that may aid in a prompt handling of the claim.

If the Company does not receive the required notice and proof of loss, the claim may not be considered after the 90 day period has expired, unless there is good reason for the delay. In no event is a claim considered after one year from the date of the accident if the Company was not notified and the necessary forms not completed and submitted to the Company.

## **Disclaimer**

This booklet should be kept with your Employee Handbook. It is a summary of the principal features of the plan and is presented as a matter of general information only. The contents are not to be accepted or construed as a substitute for the provisions of the Master Policy GSR 16238 underwritten by RBC Life Insurance Company.

## OPTIONAL SEMI-PRIVATE HOSPITAL

Should you incur hospital expenses for room and board and other necessary services and supplies above those paid by your provincial government hospital plan, this plan will pay the reasonable and customary charges incurred, provided the confinement is medically necessary and is not for custodial care.

- For regular hospital room and board, the plan pays up to the usual daily charge of the hospital concerned for semi-private care.
- The plan will also pay for charges for confinement in an Intensive Care Unit.
- If you or one of your dependents is confined in a convalescent hospital, the plan pays up to the usual daily charge of the hospital concerned for semi-private convalescent care, as long as the confinement
  - (1) is recommended by your doctor, and
  - (2) follows a 3-day confinement in a hospital as a registered bed-patient and is for the same condition.

**Please Note:** In addition to the limitations outlined in the **General Limitation** section at the back of this booklet, no benefits will be payable for a hospital confinement which started before your coverage became effective.

### **Continuation of Optional Semi-private Hospital**

If you or your dependents are totally disabled when your Optional Semi-private Hospital terminates, and you have expenses for that illness which would have been paid had your coverage continued, your benefit payments will continue until the earliest of the following:

- the date the disability ceases,
- the date the plan terminates,
- the end of the calendar year next following the calendar year in which you or your dependent's coverage terminates.

## **PRESCRIPTION DRUGS**

Prescription Drugs provides protection against the cost of medically necessary prescription drugs for which there is no reimbursement from the provincial health plans. Prescription Drugs covers only those expenses which are considered reasonable and customary for the drug provided in the area where the expenses are incurred.

### **Reimbursement Level**

- The plan pays 100% of covered drug expenses.

### **Plan Maximums**

- The covered expense for the dispensing fee portion of a prescription drug charge is limited to \$9.
- Benefits are limited to \$18,000 for all fertility drug covered expenses during the entire time a family member is covered.

### **Covered Expenses**

- Drugs and medicines prescribed by a doctor and dispensed by a licensed pharmacist (including oral contraceptives). Prescription drug covered expenses will also include drugs and supplies of a non-prescription nature required as a result of colostomy, and /or for the treatment of cystic fibrosis, diabetes, parkinsonism and heart disease.

### **Limitations**

In addition to the limitations outlined in the **General Limitations** section at the back of this booklet except to the extent otherwise required by law, no benefits are paid for:

- Food and food products including diet and infant foods, contraceptive devices

- Any single purchase of drugs or medicines which would not be used within a 90-day period
- Any drug or item which does not have a drug identification number as required by Section 005 of Division 1 of the Food and Drugs Act, Canada
- Drugs that are registered under Division 10 of the Regulations to the Food and Drugs Act, Canada
- Smoking cessation products
- Drugs used to treat erectile dysfunction

**Please Note:** Prescription drug coverage is limited to the deductible amount and co-insurance you are required to pay under your Provincial Pharmacare Plan.

## HEALTHCARE

Healthcare benefits provide protection against the cost of those medically necessary services and supplies for which there is only partial or no reimbursement from the provincial health plans. Healthcare benefits cover only those expenses which are considered reasonable and customary for the service provided in the area where the expenses are incurred.

### Reimbursement Level

- The plan pays 100% of all covered expenses.

### Covered Expenses

The following services and supplies are covered by your Healthcare benefits **where permitted by law and to the extent they are not covered under your Provincial Medicare Plan:**

#### Hospital Charges

- Regular hospital room and board up to the usual daily charge of the hospital concerned for Private room in a hospital inside Canada
- Charges for confinement in an Intensive Care Unit
- Convalescent hospital care up to the usual daily charge of the hospital concerned for a private room but only if the confinement
  - (1) is recommended by your doctor, and
  - (2) follows a 3-day confinement in a hospital as a registered bed-patient and is for the same condition
- Other medically necessary hospital services and supplies

## Medical Charges

- Doctors' services for treatment provided outside your province of residence
- Radio-active materials
- Oxygen
- Blood transfusions
- Ambulance transportation to the nearest centre where adequate treatment is available (including licensed air ambulance)
- Injectable drugs when administered by a doctor for which no non-injectable alternative is available
- Out-of-hospital treatment of accidental injury to natural teeth completed within 6 months after the accident
- Rental or, at the plan's discretion, purchase of the following supplies, appliances and prosthetic devices prescribed by a doctor:
  - standard wheelchairs (excluding electric wheelchairs except for quadriplegics)
  - standard hospital beds (excluding electric hospital beds), bed rails and trapeze bars
  - trusses and crutches
  - Jobst sleeves for lymphoedema following mastectomy, Jobst burn garments and Jobst support hose
  - braces (excluding lumbar supports)
  - iron lung

- artificial eyes, including repairs
- artificial limbs (including repairs and replacement but excluding myoelectrical limbs)
- mastectomy brassieres, limited to 2 bras in a calendar year
- Out-of-hospital services of a registered nurse, licensed practical nurse or registered nursing assistant. Benefits are limited to \$50,000 for all services in any calendar year. No benefits are paid for services provided by a member of your family **or** for services which do not require the specific skills of a registered nurse, licensed practical nurse or registered nursing assistant.
- Out-of-hospital professional services of the following licensed, certified or registered practitioners (when operating within their recognized fields), provided the practitioner is not a member of the employee's family:
  - physiotherapists up to a maximum of \$500 for all visits in any calendar year
  - naturopaths up to a maximum of \$500 for all visits in any calendar year
  - osteopaths up to a maximum of \$500 for all visits in any calendar year and \$15 for all x-rays in a calendar year
  - podiatrists up to a maximum of \$500 for all visits in any calendar year and \$100 for the surgical removal of plantar warts and toe nails in any calendar year
  - chiropractors up to a maximum of \$40 for each visit. Benefits are limited to \$500 for all visits in any calendar year and \$15 for all x-rays in any calendar year.
  - psychologists up to a maximum of \$500 for all visits in any calendar year

- speech therapists up to a maximum of \$500 for all visits in any calendar year
- massage therapists up to a maximum of \$30 for each visit. Benefits are limited to \$500 for all visits in any calendar year

Under some circumstances, benefits may not be payable until the government plan concerned has paid its annual maximum. Check with your Human Resources Department if you require further details.

- Confinement in a licensed nursing home up to a maximum of \$20 for each day of confinement provided the confinement has been approved and recommended by a doctor.
- Elastic support hose, limited to a maximum of \$75 in any calendar year
- For an insulin dependent diabetic only, blood glucose monitoring machines and blood letting devices. Supplies for a blood glucose monitoring machine and blood letting devices will also be covered.
- Orthopedic shoes, if an integral part of a brace. If the shoes are not part of a brace, two pairs each calendar year are eligible, up to 50% of the cost of the shoes or the cost of the adjustments if greater

### **Hearing Aids**

- The plan covers 100% of covered expenses in excess of coverage provided under the Assistive Devices Program (ADP). Coverage is for hearing aids prescribed by an Ear, Nose and Throat Specialist, provided such expenses are considered reasonable and customary in the area where the expenses are incurred.

The maximum benefit payable is \$2,000 for any one person in any 5-year period.

Batteries and repairs are not included.

## 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
  - 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.

#### **Points to Note**

Neither the communications network nor Great-West Life is responsible for the availability, quantity, quality or results of any medical treatment received by you or a dependent or for unsuccessful attempts by you or a dependent to obtain medical services.

When your insurance terminates, you must return your identification cards to your employer.

## **Services Not Paid by Healthcare**

In addition to the limitations outlined in the **General Limitations** section at the back of this booklet, no benefits are paid for the following:

- Services not listed as covered expenses
- Delivery and transportation charges
- Services and supplies which are required for recreation or sports but which are not medically necessary for regular activities
- Services and supplies received during a period of hospital confinement which began before your coverage became effective

## **Continuation of Healthcare**

If you or your dependents are totally disabled when your Healthcare terminates, and you have expenses for that illness which would have been paid had your coverage continued, your benefit payments will continue until the earliest of the following:

- The date the disability ceases,
- The date which is 90 days after the group plan terminates,
- The date you have received benefits for a period equal in length to the period for which you were covered,
- The end of the calendar year next following the calendar year in which your or your dependent's coverage terminates.

If your coverage terminates due to termination of Healthcare, any benefits payable under this plan for accidental injuries to natural teeth will continue after termination as long as the accident occurred while Healthcare was still in force.

## OUT-OF-PROVINCE

The Optional Semi-private Hospital, Prescription Drugs and Healthcare parts of this plan provide coverage for expenses incurred outside your home province when:

- (1) you or your dependent is temporarily out-of-province on business or vacation or for educational or training purposes and the expenses arise as a result of an emergency or unexpected sudden illness, or
- (2) the required medical treatment is not readily available in your home province.

For Optional Semi-private Hospital, if the medical treatment is readily available elsewhere in Canada but you seek treatment outside Canada, benefits will be limited to the reasonable and customary charges of the nearest Canadian medical centre equipped to provide the necessary treatment.

For Prescription Drugs and Healthcare, if the medical treatment is readily available elsewhere in Canada but you seek treatment outside Canada, no benefits will be paid.

Before incurring **any** non-emergency expenses outside Canada it is strongly suggested that you submit a treatment plan so you can know the amount payable before you incur the expense.

**Please Note:** In addition to the limitations outlined in the **General Limitations** section at the back of this booklet, benefits for hospital expenses incurred outside of Canada are limited to 31 days per disability.

Coverage for hospital confinement outside Canada is limited to semi-private.

## **DENTALCARE**

Dentalcare benefits provide protection against the cost of dental services which are often significant and unexpected. To be considered a covered expense, the charge for a particular service must be reasonable and customary for the service provided in the area where the expense is incurred and will be limited to the maximum fee level of the Ontario Dental Association Fee Guide in effect on the date treatment is rendered.

Dentalcare benefits cover necessary dental treatment by a dentist or physician or by other qualified personnel under the direct supervision of the dental or medical profession (e.g., dental assistants and dental hygienists) and will also cover services rendered by dental specialists, denturologists, denturists, dental hygienists and denture therapists where they are permitted by law to deal directly with the public. If there is no fee schedule for these practitioners in your province, payment will be based on the appropriate General Practitioners' schedule.

### **Reimbursement Level**

- The plan pays 100% of Routine Treatment covered expenses, 60% of Major Treatment covered expenses and 50% of Orthodontic Treatment covered expenses.

### **Maximum Benefit**

- Benefits are unlimited for all Routine Treatment covered expenses for any one family member.
- Benefits are limited to \$5,000 for all Major Treatment covered expenses for any one family member in any calendar year.

This maximum is reduced to \$2,500 during the first year a family member is covered if his coverage starts on or after July 1 of any calendar year.

- Benefits are limited to \$4,000 for Orthodontic Treatment during the entire time a family member is covered.

## Treatment Plan

- Before your dental service provider starts a course of treatment, he will, upon request, prepare a "treatment plan" - a written report describing his recommendations as to necessary treatment and cost.
- It is suggested you submit a treatment plan before treatment starts for any Routine or Major Treatment expected to cost more than \$300, and for all Orthodontic Treatment.
- A pre-determination of the benefits payable for the proposed treatment will then be calculated so you know in advance the portion of the cost you will have to pay. Any pre-determination of benefits is only valid for 90 days from its date of issue.

## Orthodontic Treatment Only

Because Orthodontic Treatment is normally rendered over a long period, in calculating the benefits such expenses are considered to be spread over the treatment period in the manner specified below, regardless of the way in which the orthodontist's bill is actually paid.

- **Single-charge basis:** If your orthodontist submits a cost estimate showing a single charge for the total treatment, then the single charge is divided by the number of months of the treatment period. This amount is then paid on a quarterly basis subject to the co-payment under this plan.
- **Itemized basis:** If your orthodontist estimates a separate cost for initial appliances (e.g., braces) the first month's covered expense for orthodontia is considered to be:

(1) the estimated cost of these appliances, or

(2) 25% of the total estimated orthodontic covered expense,

whichever is the smaller amount. The remainder of the orthodontic expenses are averaged over the remaining months of the treatment period.

## **Covered Expenses**

The following items are considered covered expenses under Dentalcare:

### **Routine Treatment**

- oral examinations, polishing of teeth, topical application of fluoride solutions and bite-wing x-rays, twice in any calendar year but not more than once in any 5-month period
- scaling of teeth
- full mouth series of x-rays once every 24 months
- oral hygiene instructions once during the entire time the person is covered
- extractions and alveolectomy at the time of tooth extraction
- amalgam, silicate, acrylic and composite fillings
- dental surgery
- general anaesthesia and diagnostic x-ray and laboratory procedures required in relation to dental surgery
- endodontics (root canal therapy)
- periodontal treatment
- necessary treatment for relief of dental pain
- cost of medication and its administration when provided by injection in the dentist's office

- space maintainers for missing primary teeth and habit-breaking appliances
- consultations required by the attending dentist
- relines and rebases to existing dentures
- repairs to existing bridgework or dentures
- adjustments to bridgework or dentures after the 3-month post-insertion care period
- stainless steel crowns
- pit and fissure adhesive sealants

### **Major Restorative Treatment**

- crowns (other than stainless steel crowns)
- installation of an initial appliance (bridgework or dentures) if such appliance is required because at least one additional natural tooth was necessarily extracted after the effective date of coverage for the individual
- replacement of existing dentures or bridgework if
  - (a) they are required because of the extraction of one or more natural teeth after the effective date of coverage for the individual and the existing bridgework or dentures cannot be made serviceable

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

- (b) the existing bridgework or denture is at least 5 years old and cannot be made serviceable

- (c) the existing bridgework or denture was temporarily installed after the effective date of coverage for the individual and is replaced by a permanent appliance
- (d) the replacement bridgework or denture is made necessary as the result of an initial placement of an opposing denture while covered
- (e) the replacement denture or bridgework is made necessary as the result of an accidental dental injury while covered
- 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

### **Orthodontic Treatment**

- orthodontic treatment (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

### **Exclusions**

In addition to the limitations outlined in the **General Limitations** section at the back of this booklet, no benefits are paid for the following:

- cosmetic treatment, experimental treatment, dietary planning, congenital or developmental malformation
- expense of dentures which have been lost, mislaid or stolen
- charges for dental treatment involving the use of gold which are in excess of the charges that would have been made if a reasonable substitute could have been used
- charges made by a dentist for broken appointments or for completion of claim forms required by the plan

- services or supplies rendered for full mouth reconstructions, for vertical dimension correction or for correction of temporomandibular joint dysfunction
- covered expenses for treatment of accidental injury to natural teeth completed more than 12 months after the accident

#### **Continuation of Dentalcare**

If the plan has started making payments for Orthodontic Treatment and the coverage for the person receiving the treatment terminates, orthodontic benefits will be continued during the 3-month period immediately following termination of coverage.

If your coverage terminates due to termination of Dentalcare, any benefits payable under this plan for accidental injuries to natural teeth will continue after termination as long as the accident occurred while Dentalcare was still in force.

## **VISIONCARE**

Visioncare benefits provide protection against the cost of vision services and supplies rendered or prescribed by an ophthalmologist or an optometrist. Visioncare benefits cover only those expenses which are considered reasonable and customary for the service provided in the area where the expenses are incurred.

### **Covered Expenses**

The plan pays 100% of the following covered expenses:

- Visual training or remedial therapy to correct faulty visual skills but only for residents of a province in which the Medical Care Insurance Plan does not cover these services in whole or in part.
- Eye examinations (including refractions) but only for residents of a province in which the Medical Care Insurance Plan does not cover these services in whole or in part. Benefits for these expenses are limited to one exam to a maximum of \$75 every 2 calendar years and is included in the overall visioncare maximum of \$400 every 2 calendar years.
- Eyeglass frames and lenses (or contact lenses selected in place of lenses and frames) when required to correct vision. Benefits for these expenses are limited to \$400 every 2 calendar years.
- Laser eye surgery when required to correct vision. Benefits for these expenses are limited to \$2,000 in a person's lifetime.
- Contact lenses which are prescribed because the regular surface of the lens of the eye (the cornea) is impaired in some way and visual acuity cannot be improved to at least the 20/40 level in the better eye with ordinary eyeglasses. Benefits for these expenses are limited to a lifetime maximum of \$200.

### **Services Not Paid for by Visioncare**

In addition to the limitations outlined in the **General Limitations** section at the back of this booklet, no benefits are paid for the following:

- eye tests or examinations required by an employer, school or government for screening purposes
- artificial eyes, non-prescription sunglasses or safety glasses

## 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 Great-West Life in the usual manner.

## **CO-ORDINATION OF BENEFITS**

If you or one of your dependents is entitled to benefits for the same expenses

- (1) from this plan and some other group plan, or
- (2) as both husband and wife under this plan, or
- (2) from this plan and any government insurance plan, or
- (3) from this plan and any automobile insurance plan, or
- (4) as a spouse under this plan, or
- (5) 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 the expenses actually incurred.

The rules of establishing the benefit determination are that benefits will be determined first under the plan which covers the person for whom expenses have been incurred:

- (a) other than as a dependent; or
- (b) as a dependent of the person whose date of birth, excluding year of birth, is earlier in the calendar year.

## GENERAL LIMITATIONS

Your health coverage does not cover Optional Semi-private Hospital, Prescription Drugs, Healthcare, Dentalcare and Visioncare services and supplies in the following situations:

- illness or injury for which you or your dependents are covered under Workers' Compensation or similar program
- services received for confinement which is primarily for chronic or custodial care
- services received in a government hospital unless you are required to pay for such services
- services to which there would be no charge if there were no coverage
- 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 portion thereof provided under any government sponsored hospital or medical care program
- aesthetic surgery (cosmetic surgery for beautification purposes)
- services furnished without charge or paid for directly or indirectly by any government or for which a government prohibits payment of benefits

- services received from a dental or medical department maintained by the employer, a mutual benefit association, labour union, trustee or similar type of group
- service, including part-time or temporary service, in the armed forces of any country
- services required due to war (declared or undeclared), insurrection, or participation in a riot
- services required due to any intentional self-inflicted injury or disease, while sane or insane

## TERMINATION OF COVERAGE

Your coverage will terminate when:

- your employment ends, or
- the group plan terminates, or
- you stop making required contributions, or
- for Optional Life Insurance, you reach age 65, or
- you are no longer in an eligible class.

Your dependents' coverage will terminate when:

- your coverage terminates, or
- for optional life insurance, your spouse reaches age 70, or
- your dependent is no longer an eligible dependent, or
- you stop making contributions for dependent coverage, or
- you are no longer in a class eligible for dependent coverage.

With regard to injury, sickness, approved leave of absence or temporary lay-off, you may be entitled to continued coverage under this plan. Your employer will provide you with the details on the types of coverage, if any, that may be continued and the length of the extensions available.

## CONTINUATION OF BENEFITS FOR DEPENDENTS

In the event of your death, your dependents' benefits (Optional Semi-private Hospital, Prescription Drugs, Healthcare, Dentalcare and Visioncare) which were in force prior to your death, will be continued for a period of 90 days.

- If your surviving children cease to qualify as eligible dependents (as defined earlier in this booklet), the health benefits being continued for your children under this provision will terminate automatically on the date they no longer qualify.
- If a dependent is disabled on the date coverage under this continuation provision would otherwise terminate, payments for that dependent will be continued until the earlier of the following:
  - the date the disability ends,
  - 90 days from the date the coverage terminated.

**Please Note:** If your dependent is in the hospital on the last day of this 90-day period, payments for that dependent will be continued until the hospital confinement ends.

## HOW TO MAKE YOUR CLAIMS

### Life Insurance

- If you die, your employer will contact your beneficiary to explain what is required before payment of the insurance money can be made.
- For disability waiver of premium benefits, contact your employer for claim forms and procedures.

### Optional Semi-private Hospital

- Have the hospital attach their billing to a completed standard "Hospitalization Claim Form" and send it to the benefit payments office.

### Prescription Drug

- Claims for prescription drugs may be submitted online. To use this online service you will need to be registered for GroupNet for Plan members and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

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

- For prescription drug claims not submitted online, access GroupNet for Plan Members 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 drug receipts to the claim form and return it to the Great-West Life Benefit Payment Office.

## Healthcare

- Claims for prescription drugs, paramedical services and visioncare may be submitted online. To use this online service you will need to be registered for GroupNet for Plan members and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

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

- For Healthcare claims not submitted online, access GroupNet for Plan Members 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 Great-West Life Benefit Payment Office.

## Dentalcare

- For dental claims submitted online, access GroupNet for Plan Members to obtain a personalized claim form or obtain form M445D from your employer and have your dental service provider complete the form. The completed claim form will contain the information necessary to enter the claim online. To use this online service you will need to be registered for GroupNet for Plan Members and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

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

- For dental claims not submitted online, access GroupNet for Plan Members to obtain a personalized claim form or obtain form M445D from your employer. Have your dental service provider complete this form and send it to the Great-West Life Benefit Payment Office.

## Visioncare

- Claims for vision may be submitted online. To use this online service you will need to be registered for GroupNet for Plan members and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

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

- For vision claims not submitted online, access GroupNet for Plan Members to obtain a personalized claim form or obtain form M635D from your employer. Have your doctor or optometrist complete this form and send it to the Great-West Life Benefit Payment Office.

### **Benefit Payments Office**

The Great-West Life Assurance Company  
Group Health and Dental Claims  
255 Dufferin Avenue  
London, Ontario  
N6A 4K1

## Please Note

- All claims must be submitted within 90 days if possible. No benefits are payable for expenses submitted more than 15 months after the expense is incurred.
- **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.