

Extended Health Care Plan



**URBAN POSTAL OPERATIONS
& RURAL AND SUBURBAN MAIL**

FEBRUARY 2022

This benefit booklet

This booklet is one of six booklets about benefits. In each one, we have summarized what's covered under a particular plan and explained how to use the benefit.

Here is a list of the booklets, along with who is eligible for the different plans.

- Extended Health Care Plan (Urban Postal Operations and Rural and Suburban Mail Carriers)
- Vision and Hearing Plan (Urban Postal Operations, and Rural and Suburban Mail Carriers)
- Dental Care Plan (Urban Postal Operations and Rural and Suburban Mail Carriers)
- CPC Basic Life Insurance Plan and Paid Death Benefit (Urban Postal Operations and Rural and Suburban Mail Carriers)
- Disability Insurance Plan (Urban Postal Operations and Rural and Suburban Mail Carriers)
- CUPW Life Insurance Plan (all members in good standing of CUPW)

For more information, talk to your steward or a local officer. Or contact Canada Life, or AccessHR.

This booklet is not a legal document

This booklet summarizes the group benefits to which you are entitled. Its purpose is to provide information about your plan. It is not a legal document. In the event of a question or dispute, the terms and entitlements of plan document number 51391 will prevail.

Do you have suggestions?

Please let us know if you found these booklets useful. More important, be sure to let us know how you think they could be improved. Is there additional information that you think should be included, or a question you think a particular booklet should answer?

If you have any questions or suggestions on how to improve these publications, please send them to:

Benefits Booklets
Canadian Union of Postal Workers
377 Bank Street
Ottawa, ON
K2P 1Y3

Or, send an e-mail to: feedback@cupw-sttp.org. Please include the word "benefits" in the subject line.

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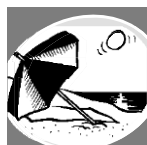
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Introduction to this plan



What is it?

The Extended Health Care Plan (ECP) offers coverage for medical care, drugs and hospitalization expenses that aren't covered under your provincial or territorial health plan.

It's called "Extended Health Care Plan no. 51391" and the company that looks after it is Canada Life.

In the contract, it's under Clause 22.04 RSMC and 30.02 Urban collective agreements.



Note: This plan is optional.



Who is eligible for coverage under this plan?



Eligible

- Regular employees in the urban operations bargaining unit are eligible for ECP coverage from the date they were hired as regular employees, or become regular employees. A regular employee is a permanent employee, full-time or part-time.
- Temporary employees working in Group 3 maintenance positions are eligible.
- Retirees are eligible.
- **RSMCs**, Route older s and Permanent Relief, are eligible from the date they were hired, or the date they began working in an eligible position.



NOT eligible

- Temporary employees, except for those working in Group 3 (maintenance) positions, are not eligible. When temporary employees become regular (permanent) employees, they become eligible for the plan.
- Rural and Suburban Mail Carriers (RSMCs Route older s with routes of less than 12 hours per week, are not eligible for the drug portion of the plan.. On-Call Relief (OCRE) are not eligible.



Introduction to this plan



If I am covered by this plan, who else is covered?

The Extended Health Care Plan covers you, your spouse/partner and your children.

Your **spouse/partner** is defined as:

- the person to whom you are married and with whom you live, or
- the person to whom you were or are legally married and whom you support, or
- the person with whom you have been living in a common-law relationship for at least one year



Note: The one-year requirement does not apply to common-law relationships where a child is born or adopted of the relationship.



Note: Same-sex couples are included under this definition of spouse/partner.

Children must be unmarried and financially dependent on you for support and (unless they are full-time students) under the age of 21. A child who is a full-time student is covered up to the age of 25. There is no age limit for offspring who are disabled and unable to support themselves, provided they were disabled and covered as children under age 21, or as full-time students under age 25 when coverage would otherwise have ended.



Note: The EHP covers children up to the age of 21. Children are covered under the Dental and Vision/Hearing Plans until they are age 22.



Note: If the full time student is a child of a Quebec resident they qualify for drug coverage up to the age of 26.

Full-time students are covered up to age 25 on all three plans, with the exception of orthodontic coverage on the Dental Plan, which only continues until age 22.



Enrolment



Is this plan mandatory? Do you need to enroll (sign up)?

This plan is optional. You must enroll if you want to be covered.



Introduction to this plan



How do I enroll?

You fill out an **Extended Health Care Employee Application Form**.

The Extended Health Care Plan covers medical care, drugs and basic hospitalization services/expenses. The plan also offers **optional** extra hospitalization coverage. To get the optional coverage, check “Medical Coverage” in box #7 on the Extended Health Care Employee Application Form, and then check either “Option A” or “Option B”. The additional coverage will cost you a bit more in premiums. For details on the optional hospitalization coverage, see the *Upgraded hospital accommodation* section of this booklet.

If you have a partner and/or children, you must also fill out a **Dependent Information Form**.



Note: Canada Life administers the Extended Health Care, Vision/Hearing and Dental Plans. The company uses the same Dependent Information Form for all three plans, so you only need to fill out one form.



Important: If your partner is a postal worker who is entitled to benefits, **both** of you must fill out the Extended Health Care Employee Application Form. To coordinate your EHCP benefits — a process that will enable you to get more money back from Canada Life — both of you must be covered as members/employees with **family** coverage.



Note: Retirees who retire after November 30, 2003 can coordinate their EHCP benefits. If you retired before this date, you cannot coordinate benefits between two Canada Post EHCP plans. You can, however, coordinate benefits if one partner is covered by benefits from a different employer.



Other coverage issues

When does coverage start?

Coverage begins on the day the Access R **receives** your application. It can take anywhere from a few days to a couple of weeks for the Access R office to put you on the plan, but your coverage will be backdated to the actual day Access R received your application.

Canada Life (CL), the company that looks after the benefit, will mail you two cards:

- an Extended Health Care Card, which is your ID card for the plan
- your Assure Health/Pay Direct Drug Card, for you to use at the drug store when buying prescription drugs



Note: CL will also send you a drug card for your partner.



Introduction to this plan



How do I find out if my coverage has started?

To confirm that you are covered, call the AccessHR office or check your on-line file on Canada Post's ESS SAP system.



When does coverage end*?

EHCP coverage for you, your partner and your children ends at the end of the month in which the following happens:

- when your employment ends
- when you are on strike
- when you die your partner/child may apply to continue coverage
- when you retire, unless you apply to continue coverage as a retiree. You must meet the qualification of 15 years of continuous service or be approved to retire based on a total disability
- the month in which your last premium is paid



Example: If you quit on May 14, your coverage ends on May 31.



Note: Your partner or child may lose coverage earlier than you do if they are no longer eligible.



Note: See below for a couple of exceptions to the coverage rules.

* **The Union's position is that all article 30 benefit plans are maintained as long as you are an employee and reserves the right to grieve or otherwise contest the eligibility requirements and administration of the benefit plans**



Are there special circumstances under which my coverage can continue?

Yes, due to disability. If your coverage terminates for any reason other than retirement and you, your partner or any of your children is disabled at that time, coverage will continue for up to six months during the period of disability. You will be asked to provide proof of disability.

Yes, if you die. If an active or a retired member die while their dependants are covered by this plan, the surviving dependants may apply for coverage to continue provided they are in receipt of a monthly survivor pension benefit. They have 120 days from the date of death to apply.

Yes, due to pregnancy. If your employment terminates while you are pregnant, or if you die and your widow is pregnant at the time, coverage may be extended until the end of the month in which the pregnancy terminates or in which the child is born. However, if your widow is eligible to apply for coverage under the plan in their own right, this continuation does not apply.

Introduction to this plan



Does my coverage continue when I am off work (on leave without pay)?

Long Term Disability Insurance	Coverage continues. You pay your share of the premiums when you return to work
Maternity, Parental Adoption Leave and Compassionate Care	Coverage continues. You pay your share of the premiums when you return to work
Other leaves of absence without pay (Care and Nurturing Leave, Education Leave, Personal Leave, Relocation Leave, Sabbatical Leave, or leave for other reasons)	Coverage will continue UNLESS you cancel it. If you decide to continue coverage, you must pay BOTH shares of the premium yours and the employer's when you return to work*.



Note: CPC used to require employees to pay all their premiums in advance, before they went on leaves such as Care and Nurturing and Education. This is no longer the case: now, premiums owing are recovered when you return to work.



Important: Before going on any type of leave, you should check with your steward to confirm your entitlements and ensure that both the employer and the AccessHR office are informed.

- * The Union's position is that all article 30 benefit plans are maintained as long as you are an employee and reserves the right to grieve or otherwise contest the eligibility requirements and administration of the benefit plans



When I return from leave, when will premium arrears (money I owe to CPC) be recovered?

When you return to work, Canada Post will deduct the money owing from your pay, for a period twice as long as the period of your leave.



Example: You return from five months of leave and owe a total of \$350 in premiums for the time you were on leave (five months x \$70). Canada Post will deduct the \$350 over a period that's twice as long as your five-month leave (ten months). You'll pay back the premiums at the rate of \$35 a month.

Introduction to this plan



Can I cancel my EHCP coverage?

EHCP is an optional plan. You can cancel your coverage at any time, including during a period of a leave of absence, but if you cancel your coverage during a leave of absence you cannot re-apply until you return to work.

You apply to reinstate your coverage by filling out a new Extended Health Care Employee Application form. Your coverage will resume when the AccessHR office gets your application. It can take anywhere from a few days to a couple of weeks for your coverage to begin again.



Can I continue my coverage after retirement?

You are eligible to continue your coverage:

- if you are a retiree with 15 years of continuous service who is entitled to receive an immediate pension, or
- if you are a retiree who deferred your pension for no more than five years or
- If you take a medical retirement or retire due to a totally disability with an unreduced pension.



Note: In all cases, you must apply to continue your coverage within **60 days** of retirement or the date on which you start to receive your deferred pension. This is a one-time selection. If you refuse to apply you cannot apply at a later date. Unless you lose similar coverage through your spouse's group plan, then you must apply within 60 days of losing that plan.



Where to get forms and what to do with them

At work	→ If you need forms, ask your supervisor, team leader, Local Area Manager or steward. Forms are available in most Canada Post workplaces — you just have to find out where they are kept.
On-line	→ You can download forms from the CUPW website, from the Canada Post ESS (SAP) website or you can fill it out online at Canada Life's website.
By phone	→ If you are not at work, you can get forms mailed to you by calling AccessHR. Be sure to have your Canada Post employee number and RD number on hand when you call.



For more information: See the *Contact information* section at the end of this booklet for telephone numbers, street addresses and Internet addresses.



Introduction to this plan



What do I do with the forms?

Extended Health Care Employee Application Form — You should **give** your Extended Health Care Employee Application Form to your supervisor, Team Leader or Local Area Manager. They will pass it on to the Access R office. You also can submit the application by mail or online.

Dependent Information Form — You can **mail** the Dependent Information Form to Canada Life. The address is on the form and at the end of this booklet. You also can submit the form online. Canada Life has updated their web-site to allow for members to update their dependent information.



Note: The Dependent Information Form goes to a different P.O. box than the one to which you send claims.

New baby? Death in the family? Kids going to college?

Keep your dependent information up-to-date. For example, if you have a new baby, or someone covered under the plan dies, be sure to fill out a new **Dependent Information Form** and send it to Canada Life.



Important: You need to let CL know if you have children over age 21 covered under your plans who are full-time students. You need to sign them up on a new Dependent Information Form EACH year: if you don't, Canada Life will remove them from your plans.



What do I do if my family status changes?

If your status changes from single to family or from family to single, you need to notify:

- **Canada Life** — Fill out a Dependent Information Form, as described above.
- **Canada Post** — Tell Access R or make the change on-line on ESS (SAP).
- **Your provincial or territorial health care plan** — Once you notify CPC of your change of status, AccessHR will send you a letter reminding you to update your provincial or territorial coverage.



Introduction to this plan



What are the costs?

Premiums for employees and retirees are shown below. There are no deductibles for employees and for retirees.

Extended Health Care Plan (EHCP) Premiums					
			Percentage of Deductibles premiums you pay		
Employees	Single	\$5.39	February 1, 22	5%	No
	Family	\$9.72	February 1, 22	5%	No
RSMCs < 12 hours	Single	\$1.14	February 1, 22	5%	No
	Family	\$2.05	February 1, 22	5%	No
Retirees who retired-on or after September 30, 2003 and before April 1, 2013	Single	\$27.41	February 1, 22	25%	No
	Family	\$48.89	February 1, 22	25%	No
Retirees who retired on or after April 1, 2013	Single	\$38.37	February 1, 22	35%	No
	Family	\$69.84	February 1, 22	35%	No



Note: People who live in Ontario and Quebec pay sales tax on their premiums.



Note: The premiums for the optional *Upgraded hospital accommodation* coverage are listed in the section that describes this benefit, beginning on page 42.



Overview of the plan



A summary of what the Extended Health Care Plan covers

Prescription Drugs

80% reimbursement



For more info:
see *Drugs*, page 10.

Medical Coverage (other than drugs)

Medical services, equipment and supplies — 80% reimbursement, with certain maximums, for:

- vision care**
- therapy (examples: physiotherapist, psychologist)
- paramedical expenses (examples: massage, chiropractor)
- private nursing
- dental care*** (dental care required due to an accident; some dental surgeries)
- ambulance service
- hearing aids**
- orthopedic shoes
- medical supplies
- prostheses/artificial body parts
- oxygen
- medical equipment (examples: wheelchair, apnea machine)
- some doctors' services

**You have vision and hearing coverage under both the EHCP and the Vision/Hearing Plan and can claim benefits from the two plans.

***Dental care required due to an accident, and some dental surgeries, are covered under this plan; other dental services are covered under the Dental Plan.

Out-of-province or territory hospitalization — reimbursement of 100% (doctor's referral required)

Hospital Accommodation (basic) — reimbursement of 100%, with a \$60 a day maximum, for hospital room charges



For more info: see
Medical coverage,
page 25.



Overview of the Plan

Upgraded Hospital Accommodation

Option A — 100% reimbursement of up to \$70 per day for hospital room charges (the \$70 is in addition to your basic \$60 a day coverage)

Option B — reimbursement of 100% up to \$140 per day for hospital room charges (the \$140 is in addition to your basic \$60 a day coverage)

Note: Upgraded Hospital Accommodation is optional extra coverage for which you pay additional premiums (except at the time of writing there is a premium holiday)



For more info: see *Upgraded hospital accommodation*, page 42.

Travel Coverage

100% reimbursement for out-of-province or territory medical emergencies, up to a maximum of \$250,000



For more info: see *Travel coverage*, page 45.



What's NOT covered?

There are a lot of exclusions (things not covered under this plan). Some examples are:

- contraceptives other than oral
- experimental products and treatments
- items or services purchased primarily for athletic or cosmetic use



For more information: See *The fine print* section on page 50 for a complete list of exclusions.



Drugs

Why a managed drug formulary

The cost of prescription drugs is increasing dramatically. As drug prices increase, so do the costs of employee drug plans. In order to continue to provide members with comprehensive drug coverage at reasonable cost, the union agreed to a managed drug formulary.

How Does the Managed Drug Formulary Work?

Members have the ability to be covered by all drugs that are approved by Health Canada provided:

- Health Canada has given the drug a Drug Identification Number (DIN)
- The drug is being used for the purposes that Health Canada has approved
- The member follows the Drug Exception Process.

As stated above, all drugs are covered however; there are some drugs that are considered automatic drugs and some that need a drug exception form. An automatic drug means that if you have a prescription filled at a pharmacy, you will be covered at 80%, without having to fill out forms. Typically, an automatic drug is one that is considered by Health Canada to be a “first-line therapy” drug. This means that when your Doctor is going to prescribe a drug for whatever they are treating you for, the first-line drugs should be what is tried first. If for some reason you cannot take the automatic drug or the drug is not effective there is an exception process to be reimbursed for the drugs that are not on the automatic list.



Drugs

How Does a Drug Get on the Automatic Drug List?

There are rules of how it is determined which drug will be an automatic drug. The official rules are set out in the 2007 draft of the Urban Collective Agreement. In general, the rules are:

- All disease categories defined in the National Formulary shall have at least one prescribed medication covered at 80%
- There shall be at least one drug on the automatic list that covers; multiple sclerosis, hepatitis A, B & C
- There shall be at least one drug on the automatic list that covers; sexual dysfunction, weight loss, smoking cessation and infertility.
- Appliances and equipment that are necessary for the administration of life-sustaining drugs shall be covered at 80%
- Prescribed drugs taken to deal with the adverse side effects of life-sustaining drugs shall be covered at 80%
- There shall be a drug exception process for drugs that are not on the automatic list

What is the Drug Exception Process?

If your drug is not an automatic drug, nor a Prior-Authorization Drug (see below for explanation) you and your Doctor must fill out a form and meet one of two criteria:

1. You have tried one of the drugs for your health condition that is on the automatic list
Or
2. Your Doctor states that there is a “contraindication” preventing you from trying one of the drugs on the automatic list. An example of a contraindication is that you are allergic to the automatic drug.



NOTE: Once you submit the Drug Exception Form, Canada Life has forty-eight (48) hours (business days) when they receive the form for you to be advised of the approval.





Drugs

Are There Maximums for Drugs?

There is no limit with the exception of 4 categories of drugs that have maximums.

1. Sexual dysfunction has a yearly limit of \$500
2. Weight loss has a yearly limit of \$500
3. Smoking cessation has a yearly limit of \$500
4. Infertility treatment has a lifetime limit of \$5,000

Additional items of what the drug plan covers

 What's covered	 Notes
Diabetic supplies such as needles, test strips and lancets (but not other diabetic supplies)	You must pay up front for insulin pumps and blood glucose monitors, and appliances used with other drugs
Certain medications requiring prior-authorization by Canada Life	<i>See How do I know when a drug must be pre-authorized by Canada Life?</i>
Medically necessary vitamins for special needs children	Parents who are part of the CUPW Special Needs Program and who have authorized the release of information on their children to Canada Life are approved to claim for them; other parents of special needs children should contact CUPW
"Lifestyle drugs": medication for smoking cessation, weight loss and erectile dysfunction	Annual maximum of \$500 for each covered person, for each drug [actual maximum you can claim: \$500]
Fertility drugs	Lifetime maximum of \$5,000 [actual maximum you can claim: \$5,000]



Drugs



How do I find the drug list?

The drug list is on the internet. You can search the list by the drug name or by the drug identification number (DIN).

There are three ways you can look up the on-line drug plan:

1

look for the link on CUPW's website at: **www.cupw-sttp.org**

2

look for the link on Canada Post's ESS/SAP site at: **<http://mysite.canadapost.ca>**



Note: You'll need a password. See the *Contact information* section at the end of this booklet.

3

You can go onto Canada Life website or use their App



Where did the drug list come from?

The drug list, or "formulary", is managed by Canada Life and Telus Health, the company that manages the drug plan.

Quarterly, Canada Life and Telus review the new drugs that have been approved by Health Canada with the Consultative Committee on Benefits, which includes the Union. The new drugs get reviewed to see if they should be considered an automatic drug. There are only three reasons that the drug can be excluded from the automatic drug list;

1. Efficacy
2. Safety
3. Cost



NOTE: Remember, if a drug is not on the automatic list you can still be covered by following the Exception Process.

The internet addresses for the drug list are on page 13, as well as in the *Contact information* section at the end of this booklet.



Drugs



How do I use the drug plan?

Buying drugs: using the drug card

Your **drug card** is the main tool you use to buy prescription drugs. You take your **Assure Health/Pay Direct Drug Card** to the pharmacy, along with your prescription.

If your prescription is for an automatic drug, the plan will pay 80% and you must pay the remaining 20% out of your pocket. If your drug is not an automatic drug and you have followed the drug exception process, the plan will pay 80% and you must pay the remaining 20%.



Note: You use your drug card to buy prescription drugs and basic diabetic supplies such as needles. You can't use your drug card to buy any other items covered by the Extended Health Care Plan. If it's not a drug or one of the diabetic items mentioned above, you must pay for it up front and file an Extended Health Care/Vision and Hearing Care Expense Statement Form to get your money back.

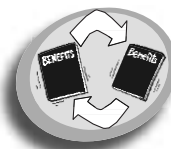
Your partner can buy drugs at the pharmacy by using their own **Assure Health/ Pay Direct Drug Card** issued on your plan, as long as they aren't covered by another drug plan.



Note: If your partner is covered by another drug plan as an employee, they must use that plan first. See *Coordination of drug benefits* on page 16.

Buying drugs: using a claim form

If you forget your card, or your card doesn't work for some reason, fill out an Extended Health Care/Vision and Hearing Care Expense Statement Form. Send it to Canada Life, along with the **original** receipts. Be sure to keep a copy of what you send.



Coordination of drug benefits

Two plan, two-postie families

If both you and your partner are postal workers and are on the ECP as members/ employees, you can coordinate your drug plan coverage. You will be able to get 100% of the cost of your drugs back.



Drugs

Both partners must be signed up on the ECP as members/employees. Both parties must pay for family coverage.

If you and your partner are using both drug cards at the Pharmacy, Canada Life will automatically coordinate the benefit and you will not pay anything. However if you do not use your card you can still make a claim for reimbursement.

To make this claim, your partner should fill out an Extended Health Care/Vision and Hearing Care Expense Statement form as a **member/employee**. In this case, you are the **partner**. Send the form to Canada Life, along with **original** receipts. Be sure to keep a copy of what you send.



Tip: Highlight the fact you have coordination of benefits on your claim form.

Coordination when one partner is covered by a different drug plan

When the prescription is for you, you first use your drug card at the pharmacy as usual. Then you file a claim on your partner's plan for any eligible amount your drug card didn't pay. In this case, your partner is the **member/employee**, and you are the **partner**. Send a copy of the drug receipt and the claim to your partner's insurance plan.

When the prescription is for your partner, they first make a claim for reimbursement through their plan. Once your partner has received the reimbursement, they can claim any eligible amount that wasn't paid on your plan, using an Extended Health Care/Vision and Hearing Care Expense Statement form. In this case, you are the **member/employee** and your partner is, you guessed it, the **partner**. Send a copy of the drug receipt and the claim form to Canada Life.



Tip: Before claiming on your partner's drug plan, check their policy to see if there are any special rules.

Claims for children — which plan do we use?

The "birthday rule" was developed by insurance companies and applies to situations where children are covered by two benefit plans.

If you are part of a couple with children who are covered by two plans, you file the first claim on the plan of the partner who has the earliest birthday in the year. By earliest birthday we mean the earliest birthday in the year, not the year of birth.



Example: Your partner's birthday is March 23, 1995 and your birthday is June 3, 1991. You first apply under your partner's plan, because March 23 comes before June 3.



Drugs

The parent with the first birthday in the year buys the child's drug on their plan, using a drug card if it's the Canada Post plan, or a claim form (if it's a different plan). If a claim form is used to buy the drugs, you must wait for the insurance company to mail you a cheque.

Then, the parent with the birthday that's later in the year files a claim on their plan for the amount of money that wasn't paid by the plan covering the parent who made the first claim.

To show how much the first insurance plan paid, you must include the paperwork from the pharmacy or insurance company. Be sure to keep a copy of what you send.



Tips for using the drug plan

Tell your doctor or nurse practitioner that you are covered by a Managed Drug Formulary

Make sure your doctor or nurse practitioner knows that you are covered by a managed drug formulary. Ask your doctor, nurse practitioner or their staff, to put a copy of the drug exception form in your file, and in the files of any family members who are covered by your plan. You can also show your Doctor or nurse practitioner the list of covered drugs (automatic) from your phone. The idea is to encourage your doctor or nurse practitioner to prescribe drugs that are on the covered automatic list as long as it is safe and effective to do so.

Consider checking out the drug list before going to the doctor or nurse practitioner

Download the drug list and look up your medical condition or disease — e.g., angina, asthma, cholesterol, ulcers. Print out pages that list the recommended drugs for your condition and take them with you to the doctor or nurse practitioner.

Be sure to have the internet address or the app with you, in case the doctor, nurse practitioner or their staff, need to check the list.

You can also search the list by drug name and by D N drug identification number.



Drugs

A summary of how to make drug claims



Items you need*



What you do

Prescription drugs

Assure Health/Pay Direct Drug Card - CL will send you this card after you enroll in the plan

Take the card with you to the pharmacy along with the prescription. The plan will pay you 80%, of the cost of the drug. You'll have to pay the balance out of your pocket.

Payment for prescription drugs if you were unable to use your drug card

Extended Health Care/Vision and Hearing Care Expense Statement form

Fill out the form and send it to Canada Life, along with original receipts.

Coordination of drug plan benefits when both partners are on the ECP as members, with family coverage

First use your Assure Health/Pay Direct Drug Card to pay for the initial 80%. Then use your partner's card for the remaining 20%.

Prior-authorization for certain drugs (see page 22 of this booklet)

You and your doctor fill out this form and send it to CL.

Vitamins for special needs children

Request for information - get this form from CL

You and your doctor fill out the form and return it to the union. The union informs Canada Post and CL.

CUPW mails a form to all parents registered in the union's Special Needs Program.

**Except as noted, forms are on both the CUPW and the Canada Post ESS (SAP) websites.*



Important: Always write your Canada Post employee number (RID number) on any benefit form or application you fill out.



Important: Always keep a copy of anything you send to Canada Life or Canada Post.



Drugs



Common questions and problems concerning the drug plan



Your doctor says that the only drug you can take is not on the covered (automatic) list.

Have your Doctor fill out the Drug Exception form stating that this drug is the only option available to treat the patient's medical condition.

You mail this form to Canada Life. CL will reimburse you at 80%.



Must I fill out the Drug Exception Form each time I refill my prescription?

No. If you use the same pharmacy they will have your plan on record. Also if you are refilling a drug that has already been accepted, Canada Life will have that on record.



Which drugs require prior-authorization by Canada Life

This is an example of some of the drugs that require prior-authorization:

- Anti-obesity drugs
- Botox
- Fuzeon
- Fludara
- Gleevec
- Remicade/Kineret/Enbrel
- Thyrogen

The list of drugs and accompanying authorization forms are on the Canada Life web-site, under Forms & Cards.



Drugs

In the case of Anti-obesity drugs and Botox, the authorization form says the information is needed to “ensure the drugs are being used as approved by Health Canada.”



Note: Botox, like all other drugs covered by this plan, will not be covered if its use is for cosmetic purposes.

Note: We have had prior authorization drugs in our plan for a very long time. These drugs are usually third-line therapy drugs, to be used after trying others. They are very strong and very expensive. As more drugs come on the market, more drugs get added to the Prior-authorization list.

Once you get the form, ask your doctor to fill it out. Then mail it to CL.

If you can't wait for prior-authorization of your drug, which will take about two weeks, you should buy it anyway. You'll have to pay for it out of your pocket. Once you receive approval for the drug, Canada Life will mail you confirmation that the drug is authorized, you can fill out an Extended Health Care/Vision and Hearing Care Expense Statement form and send it to CL for reimbursement. You will be able to use your drug card to fill any future prescriptions.



Note: As these drugs are expensive, speak with your Doctor before going down this path of paying out of your own pocket to see if they can prescribe you something else while you wait for approval.



Are vitamins covered?

Under special circumstances, prescription vitamins and minerals can be reimbursed at 80%.

Injectable vitamins and minerals are reimbursed at 80%.

Vitamins and minerals prescribed for treatment of a chronic disease are reimbursed at 80%.

Medically necessary vitamins for special needs children are reimbursed at 80%. If you have children who are registered with CUPW's Special Needs Program, you can buy vitamins for them without any special authorization from Canada Life, as long as you have signed the CUPW release form. The union sends this form to all parents of special needs children in its program.

The CUPW form authorizes the release of the following information to Canada Post and Canada Life: your name, the name of your child(ren) with special needs, and the name of the vitamins and drug identification number (DIN) — even if they aren't on the drug list. The DIN is on the vitamin pill container. You need a doctor's or nurse practitioner's prescription for the vitamins, even if you can buy them over the counter.



Drugs

If you have special needs children who are not in the program, or you need further information, contact the CUPW Special Needs Program at 800) 840-5465.



Are remedies prescribed by a naturopath covered?

No. Naturopaths' services can be claimed, but the homeopathic and herbal remedies they prescribe aren't covered under the drug plan.



The pharmacy rejected my drug card! Why?

Here are some of the reasons drug cards get rejected:

- A partner or child wasn't enrolled in the E CP check with CL by phone or go on-line to see if a partner or child is missing; fill out a Dependent Information Form and send it to Canada Life to put them on the plan).
- Information inputted at the pharmacy doesn't match CL's database a wrong birth date, for example .
- You don't have a prescription: they are over-the-counter drugs e.g., aspirin
- The prescription is for more than a one-month supply (the drug plan covers 34-day prescriptions for "acute" drugs and 100 days for maintenance drugs).
- the prescription is for someone who is covered by two drug plans, and they are supposed to file with the other plan first. See *Coordination of benefits* on page 16.



I lost my drug card. How do I get another one?

Call Canada Life or go online. As always, have your Canada Post employee number R D number handy.



What do I do if I think Canada Life made a mistake?

See page 48.



Medical coverage (other than drugs)

Using the medical benefits part of the E CP

In addition to drugs, the Extended Health Care Plan covers various medical services, equipment and supplies. They are described in the next few pages.



Important: If different options are available for a service or an item, the plan pays for the cheapest option (unless there is a medical reason for a more expensive option). Your expenses must be “reasonable compared with prices generally charged in the area where the expenses are incurred.”



Important: Most services and purchases must be prescribed by an “accredited medical specialist”, i.e., a doctor or other certified practitioner. With a very few exceptions you need a doctor’s referral, prescription or note.



Important: Medical and paramedical practitioners must be licensed and registered in the province or territory where they work, in accordance with Canada Life’s rules. If you’re not sure, check with CL.

Drug administration equipment — 80% reimbursed

Coverage details

- No maximum
- Equipment must be necessary to administer life-sustaining drugs

Notes

- Prescription required

Replacement therapeutic nutrients — 80% reimbursed

Coverage details

- No maximum
- Nutrients, when needed for the treatment of an injury or disease, when prescribed by a doctor

Notes

- Pre-authorization from CL required
- Nutrients cannot be for allergies or esthetic ailment

(continued)



Medical coverage

Diabetic supplies — 80% reimbursed

Coverage details

- Needles, syringes, Free Style Libre and chemical diagnostic aids are covered — and, unlike all the other items listed in this section, you can use your drug card to buy them — no maximum
- Insulin pumps and associated equipment, and blood glucose monitors are covered and you must use a claim form for these — no maximum
- Repair or replacement of equipment at least 60 months (5 years) after purchase — no maximum

Notes

- Prescription required

Asthma treatment — 80% reimbursed

Coverage details

- No maximum
- Drug delivery devices for asthma medication, when approved by Canada Life
- Aerochambers with masks, for the delivery of asthma medication

Notes

- Prescription required



Medical coverage

Vision Care 80% reimbursed

Coverage details

- Maximum amount each covered person can claim in a four-year calendar year period \$400 [maximum you can be reimbursed for a claim of this amount: \$320]
- The four-year calendar year periods are:
 - January 1, 2019- December 31, 2022
 - January 1, 2023-December 31, 2026
 - January 1, 2023-December 31, 2026
 - January 1, 2027-December 31, 2030
- Covers eye examinations (examinations covered every 2 years), prescription glasses or contact lenses, including repairs, and medically required contact lenses
- Also covers purchase of glasses or contact lenses needed because of surgery or an accident, provided they're bought within 6 months of the surgery or accident

Notes

- You can also claim benefits under the Vision/ Hearing Plan. You only have to fill out one claim form: Canada-Life will calculate payments from both plans
- See *Examples of using the medical part of this plan*, on page 34.



Always check this calendar before buying glasses or contacts!

(continued)



Medical coverage

Therapy — 80% reimbursed

	Coverage details	Notes
Physiotherapist	No maximum and additional referral is required if claim is over \$5,000 in a year.	Doctor's referral required
Speech language pathologist	Maximum amount each covered person can claim per calendar year: \$600 [maximum you can be reimbursed for a claim of this amount: \$480]	Doctor's referral required
Psychologist or social worker	Maximum amount each covered person can claim per calendar year: \$2000 [maximum you can be reimbursed for a claim of this amount: \$1,600]	Doctor's referral required The social worker must be a registered clinical therapist.
Acupuncturist	Maximum amount each covered person can claim per calendar year: \$600 [maximum you can be reimbursed for a claim is \$480]	Can only be performed by a physician or a qualified acupuncturist
Electrologist, or electrolysis performed by a doctor	Maximum amount each covered person is \$20 per visit	Must be prescribed by a psychiatrist or psychologist

Paramedical expenses* — 80% reimbursed

	Coverage details	Notes
Massage therapist	Maximum amount each covered person can claim per calendar year: is \$400 [maximum you can be reimbursed for a claim of this amount: \$320]	No doctor's referral required
Osteopath, Podiatrist, Chiropodist	Maximum amount each covered person can claim per calendar year, for each type of practitioner is \$500 (maximum you can be reimbursed for a claim of this amount: \$400)	No doctor's referral required
Chiropractor, Naturopath,	Maximum amount each covered person can claim per calendar year: \$600 [maximum you can be reimbursed for a claim of this amount: \$480]	No doctor's referral required
Midwife services	Maximum amount each covered person can claim per calendar year: \$400 [maximum you can be reimbursed for a claim of this amount: \$320]	No doctor's referral required (can only be claimed by people living in a province or territory where these services are regulated)

* Some provincial or territorial health care plans cover visits to paramedical practitioners. For each practitioner, the provincial/territorial plan generally reimburses a maximum amount for each visit, to an annual maximum. EHCP will reimburse expenses, but only after the annual provincial or territorial maximum has been reached. Also, different provincial/territorial plans reimburse over a different benefit year (e.g., July 1 to June 30). Check with your practitioner or Ministry of Health for details.

(continued)



Medical coverage

Private-duty nurse — 80% reimbursed

Coverage details	Notes
<ul style="list-style-type: none">Maximum amount each covered person can claim per calendar year: \$15,000 [maximum you can be reimbursed for a claim of this amount: \$12,000]Covers services of a registered nurse or nursing assistant, licensed practical nurse, or certified nursing assistant in your own home	<ul style="list-style-type: none">Must be medically required for the treatment of disease or injuryYou must fill out an assessment form

Dental care required due to accident, and some surgeries — 80% reimbursed

Coverage details	Notes
<ul style="list-style-type: none">No maximumServices of a dental surgeon including charge for dental prosthesis required for treatment of a fractured jaw or injuries to natural teeth resulting from an external, violent, and accidental injury or blowTreatment of cysts, lesions, abscesses, fractures and dislocations, gingival and alveolar procedures, removal of teeth or roots, and other oral surgical procedures	<ul style="list-style-type: none">No doctor's referral requiredThe Dental Plan covers other dental servicesTreatment must happen within 12 months of the accident (before age 18, if injury occurs to a child under 17 years of age)

Ambulance service — 80% reimbursed

Coverage details	Notes
<ul style="list-style-type: none">No maximumround ambulance (or emergency air ambulance service) to the nearest hospital equipped to provide the necessary service	<ul style="list-style-type: none">When medically required

Orthopedic shoes — 80% reimbursed

Coverage details	Notes
<ul style="list-style-type: none">Maximum amount each covered person can claim per calendar year: \$150 [maximum you can be reimbursed for a claim of this amount: \$120]	<ul style="list-style-type: none">Custom-made orthopedic shoes or part of a brace, including modifications

(continued)



Medical coverage

Hearing aids — 80% reimbursed

Coverage details	Notes
<ul style="list-style-type: none"> Maximum \$1,000 for each covered person in any 60-month (5-year) period for purchase of hearing aids, and repairs, including hearing aids required because of surgery or an accident, provided they're bought within 6 months of the surgery or accident [maximum you can be reimbursed for a claim of this amount: \$800] Does not cover hearing tests or batteries (but batteries are covered under the Vision/ hearing Plan provided they are bought at the same time the hearing aid is purchased). 	<ul style="list-style-type: none"> You can also claim benefits under the Vision/ hearing Plan. You only have to fill out one claim form to get benefits from both plans. Some provincial or territorial governments provide funding for hearing aids. Check with your doctor, Ministry of Health or Canada Life. You must claim the benefits available from your provincial/territorial plan first, and then claim with Canada Life.

Medical supplies — 80% reimbursed

	Coverage details	Notes
Trusses, crutches, splints, casts, and cervical collars	No maximum	Prescription required
Custom-made Orthotics	No maximum One pair of orthotics for each covered person per calendar year	Prescription required
Elasticized support stockings and elasticized apparel for burn victims	No maximum	Prescription required
Bandages and surgical dressings for open wounds or ulcers	No maximum	Prescription required
Braces containing either metal or hard plastic	No maximum	Prescription required Does not cover dental braces or braces for athletic use
Orthopedic brassieres	Maximum amount each covered person can claim per calendar year: \$100 [maximum you can be reimbursed for a claim of this amount: \$80]	Prescription required
Wigs	Maximum amount each covered person can claim lifetime: \$500 [maximum you can be reimbursed for a claim of this amount: \$400]	Prescription required Must be required as the result of total hair loss caused by illness
Colostomy, ileostomy and tracheotomy supplies; catheters and drainage bags	No maximum	Prescription required or incontinent, paraplegic and quadriplegic patients



Medical coverage

Prostheses (artificial body parts)— 80% reimbursed

	Coverage details	Notes
Breast prostheses, including replacement	No maximum, but replacement must be bought 24 months (2-years) after earlier purchase	<ul style="list-style-type: none">• Prescription required
Temporary artificial limbs	No maximum	<ul style="list-style-type: none">• Prescription required
Artificial eyes	No maximum	<ul style="list-style-type: none">• Prescription required
Permanent artificial limbs to replace temporary artificial limbs	No maximum	<ul style="list-style-type: none">• Prescription required
Replacement of artificial eyes and permanent artificial limbs, including repairs, stumps socks and shoulder harnesses	No maximum	<ul style="list-style-type: none">• Prescription required• Must be bought at least 60 months 5 years after the earlier purchase (12 months, for children under age 22)• Medical proof of need for earlier replacement required if purchase made before 60 months

Oxygen (including the equipment necessary to administer oxygen) prescription needed – 80% reimbursed

Coverage details	Notes
<ul style="list-style-type: none">• No maximum.	<ul style="list-style-type: none">• Prescription required.

Medical equipment — 80% reimbursed

	Coverage details	Notes
Walkers, hospital beds, apnea monitors, and alarm systems for enuretic patients and other medical or therapeutic equipment, wheel chairs	No maximum Canada Life decides if the equipment should be rented or bought in which case you must claim those benefits first	<ul style="list-style-type: none">• Prescription required• Some provincial or territorial governments provide funding for these items• Check with your doctor, Ministry of Health or Canada Life• Wheel chairs can be purchased every 2 years for dependant child under 18 or purchased every 3 years for other persons



Medical coverage

Doctors' services not covered where you live but covered by another province's or territory's plan

Coverage details	Notes
<ul style="list-style-type: none">No maximum	<ul style="list-style-type: none">

Hospitalization (your hospital room charges above ward accommodation)

Coverage details	Notes
<ul style="list-style-type: none">Maximum of \$60 a day [maximum you can be reimbursed for a claim of this amount: \$60 – the full amount]	<ul style="list-style-type: none">You can sign up for additional coverage of \$70 or \$140 a day. See the Upgraded Hospital Accommodation section of this booklet

Out-of-province hospitalization your costs for staying at a hospital in another province or territory)

Coverage details	Notes
<ul style="list-style-type: none">Maximum amount of \$25,000 for each covered person for any one illness [actual maximum you can claim: \$25,000]	<ul style="list-style-type: none">Must be referred by a doctor in the province or territory where you live for services not available there



How do I claim for medical benefits?

In most cases, your purchase or service must be authorized by the appropriate health professional. If this is the case, be sure to get a copy of any doctor's referral, prescription or note. Look up your item or service on *Using the medical benefits part of the EHCP* on pages 25 to 31 to see what's required. Check with Canada Life if you're not sure.

You will have to pay up front for the service and/or item and apply to be paid back under the plan. Make sure you get a receipt.

In most cases, you need to fill out an **Extended Health Care/Vision and Hearing Care Expense Statement Form**. (The few exceptions are listed in *A summary of how to make claims for medical services, equipment and supplies*, on the next page.



Medical coverage

Fill out the Extended Health Care/Vision and Hearing Care Expense Statement form. Be sure to write your Canada Post employee number and RD number on it.

Be sure to fill out the Coordination of Benefits section if you are covered by more than one plan: you'll get more money back.



Tip: Highlight the fact you have coordination of benefits on your claim form.

Mail the form to Canada Life, along with the bills or receipts, and any other medical information that's needed. Be sure to **make a copy** of everything you send. The address is on the form and also at the end of this booklet.



What do I do if I think Canada Life made a mistake?

See page 48.

A summary of how to make claims for medical services, equipment and supplies



Items you need*



What you do

Most medical services, equipment and supplies covered under this plan [examples: therapy, paramedical services, vision care, hearing aids, ambulance, orthopedic shoes, wheelchairs, splints]

Extended Health Care/Vision and Hearing Care Expense Statement Form

Fill out the form and send it to Canada Life, along with receipts. Most items or services must be prescribed by a health professional and in some cases you must also send a copy of some additional medical documentation to CL.

Private Nursing

Nursing Care Assessment form
get this form from CL

You and your doctor fill out this form and send it to CL.

Hospitalization in your home province or territory

Extended Health Care ID card
CL will send you this card after you enroll in the plan

Show to the admitting clerk at the hospital. Most hospitals will bill CL directly.

Doctors' services for services not covered where you live but covered by another province's or territory's plan

Extended Health Care/Vision and Hearing Care Expense Statement form

Fill out the form and send it to CL. You must also enclose a receipt.

**Except as noted, forms are on both the CUPW and the Canada Post ESS (SAP) websites*



Medical coverage



Tips for using the medical part of this plan

- BEFORE making a purchase or starting medical treatment, confirm with Canada Life that the company will cover the item or service you are considering.
- Check the maximums and the calendar. You can check by phoning Canada Life. You can also go to the CL website and log on using your plan number and Canada Post employee number (RID number). You can look up CL's records of the claims filed by you and other family members covered by your plans. If you have already spent the maximum, or close to it, you may be able to postpone non-urgent medical services or purchases until the new maximum is available.
- If your partner is a postal worker and entitled to benefits, make sure that you are both signed up on the ECP as members, with family coverage, so you can coordinate your benefits (and get up to 100% reimbursed for your claims). See *Coordination of benefits*, page 36.
- Be sure to put your Canada Post employee number (RID number) on your claim, and be sure to keep a copy of whatever you send to Canada Life.
- DON'T delay sending in your claim. Claims more than 12 months old will not be accepted.

Maximums

Benefit plans set a limit on the amount of money you will be reimbursed (paid back) for various purchases and services: maximums. Just what a "maximum" is differs from plan to plan, and sometimes even within the same plan.

Under the Extended Health Care Plan, the maximum for massage therapy is \$400 a year, but if you claim \$400 in one year you will only get \$320 back. That's because you are reimbursed 80% of this particular maximum. Most maximums under the ECP are reimbursed at 80%, and the only way you can get more than 80% is to be covered by a second benefit plan.

In many cases, the maximum amount is allotted for a one-year period (such as for paramedical services such as acupuncture), or a four-year period (eyeglasses). Some limits are for five years (e.g., hearing aids, wheelchairs), and a few are lifetime maximums (e.g., wigs for cancer patients).

Under the Vision/Hearing Plan, for example, you get 100% of the maximum amounts under the plan. Under the Dental Plan, you can get 100% of a maximum if you spend enough.



Medical coverage



Examples of using the medical part of this plan



Farid sees a podiatrist, buys shoes

Farid is on the Extended Health Care Plan. Farid spends \$250 on treatments from a podiatrist. The podiatrist prescribes orthopedic shoes, which cost \$150. Farid files a claim, as explained in *How do I claim for medical benefits?* on page 31. Assuming Farid's \$250 bill from the podiatrist was all spent in one calendar year, Farid will be able to get 80% of the \$250 back — \$200. The yearly limit that Farid can spend on podiatrist services is \$400.

Farid's orthopedic shoes cost \$150. The yearly maximum for shoes is \$150, but Farid doesn't get \$150 back. Farid gets \$120, which is 80% of \$150. This is the way most of the maximums work under the EHC Plan: the most you can get is 80% of the maximum, no matter how much you spend. For example, if Farid spent \$188 on orthopedic shoes, 80% of \$188 is \$150. Farid would still get only \$120, i.e., 80% of the maximum.

FARID'S CASE

Purchase or service	Cost	What the Extended Health Care Plan pays	Maximum for this item/amount remaining, if any
Podiatrist treatments	\$250	80% of \$250 = \$200	Maximum is \$400 per year. Farid could be reimbursed another \$200, if another \$250 was spent.
Orthopedic shoes	\$150	80% of \$150 = \$120	Farid has spent the yearly maximum of \$150.

Farid could get more treatments from the podiatrist in this calendar year. Farid could claim another \$250 worth of treatments, for which Farid would be reimbursed \$200.

Farid spent \$150 on orthopedic shoes, the limit for this year. Next year Farid could buy another pair and be reimbursed.



Maria and Ramon use both the EHCP and the Vision/Hearing Plan

Maria and Ramon are both postal workers in the urban operations unit, but because Ramon is a temporary worker Ramon is not entitled to Canada Post benefits coverage. They are both covered by Maria's Vision/Hearing Plan and the Extended Health Care Plan.



Medical coverage

Maria's eye exam and glasses

Maria's eye examination costs \$80. Under the ECP, Maria is entitled to 80% of \$80 for the eye exam \$64. Then the Vision/Hearing Plan kicks in the balance (\$16), for 100% reimbursement of the cost of the eye exam. The plan will pay 100% of the cost of an eye exam every two years. There is no set maximum but the expense must be what's considered reasonable in Maria's province.

Maria's glasses cost \$800. Under the EHCP, Maria is entitled to 80% of \$400 (\$320). Maria gets \$300 from the Vision/Hearing Plan. The benefits from the two plans add up to \$620; Maria gets \$620 towards the \$800 claim.

Maria files a claim, as explained in *How do I claim for medical benefits?* on page 31.

MARIA'S CASE					
Purchase or service	Cost	What the Extended Health Care Plan paid (Maria's plan)	What the Vision/Hearing Plan paid (Maria's plan)	Total amount reimbursed (paid) by the two plans	Maximum for this item/amount remaining, if any
Eye examination	\$80	80% of \$80 = \$64	\$16	\$80	The plan will pay for the cost of one eye exam every two years. No maximum.
Glasses	\$800	80% of \$800 = \$320	\$300	\$620	Maria has spent the maximum under both plans for the four-year period.



Note: When you are reimbursed (paid back) by both the Extended Health Care Plan and the Vision/Hearing Plan, the ECP benefits are always paid first.

You can only claim one eye exam every two years.

Maria got a total of \$620 reimbursement for the \$800 Maria claimed for the glasses. Maria was reimbursed the maximum amount to which Maria is entitled every four calendar years for glasses. Maria will have to wait for the next four calendar year period to get money back for another pair of glasses or contacts.



Note: The four calendar years are specific four-year periods. For the schedule of four-year periods for vision care, see page 27.

Ramon's hearing aids

Ramon buys hearing aids, which cost \$4,000. Ramon files a claim, as explained in *How do I claim for medical benefits?* on page 31. Ramon is entitled to be reimbursed 80% of \$1,000 (\$800) from the ECP. Under the Vision/Hearing Plan, Ramon can be reimbursed up to \$750. The benefits from the two plans add up to \$1550. The Vision/Hearing Plan entitles Ramon to be reimbursed the full amount for the hearing aid batteries, \$10 in this case as they bought them at the time they purchased the hearing aid.



Medical coverage

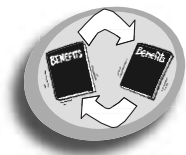
Ramon got a total of \$1560 reimbursement for the \$4,000 claimed for the hearing aids and \$10 for batteries and was reimbursed the maximum amount to which Ramon is entitled every five years for hearing aids.



Note: Some provincial or territorial health plans provide funding for hearing aids. If this is the case, you must apply for these benefits first, and then claim any unpaid amount from Canada Life.

Ramon's case

Purchase or service	Cost	What the Extended Health Care Plan paid (Maria's plan)	What the Vision/Hearing Plan paid (Maria's plan)	Total amount reimbursed (paid) by the two plans	Maximum for this item/amount remaining, if any
Hearing aids	\$4,000	80% of \$1,000 = \$800	\$750	\$1,550	Ramon has spent the maximum under both plans for the five-year period.
Hearing aid batteries	\$10	\$0 (not covered)	\$10	\$10	The V/H Plan pays for the cost of hearing aid batteries. No maximum, but the expense must be reasonable and at the same time as the purchase of the hearing aid.



Coordination of benefits

Here is an example of how you get benefits under both the Vision/Hearing Plan and the EHCP — and coordinate these benefits. This is about as complicated as it gets — two postal worker partners claiming benefits from the two E CP plans and two Vision/Hearing Plans that cover them.

Note: If you have coordination of benefits, you don't have to worry about whose plan pays what when you file a claim. Canada Life does these calculations. These examples are to help explain how coordination of benefits works.

Ming and Lily: example #1

Ming and Lily are both entitled to Canada Post benefits. Both of them are covered by the Extended Health Care Plan as employees with family coverage, and like all regular employees they are covered by the Vision/Hearing Plan. Here's how much money they get back with coordination of benefits for the same glasses and hearing aids example as noted for Maria and Ramon, above.



Medical coverage

Ming's glasses

Ming spends \$800 on glasses. Ming files a claim, as explained in *How do I claim for medical benefits?* on page 31, making sure to highlight that Ming has coordination of benefits.

Ming got a total of \$800 reimbursement for the \$800 Ming claimed for the glasses 100%
—\$320 from Ming's E CP, \$300 from Ming's Vision/Hearing Plan and \$180 from Lily's EHCP.

If Ming decided to buy another pair of glasses or a pair of contact lenses in the same four calendar year period, Ming is entitled to be reimbursed another \$140 from Lily's E CP: for a claim of \$175 Ming will be reimbursed 80% of it, \$140. As well, Ming will be reimbursed \$35 from Lily's Vision/ hearing Plan.

Note: The four calendar years are specific four-year periods. For the schedule of the year periods for vision care, see page 27.

Purchase or service	Cost	What the Extended Care Plan paid (Ming's plan)	What the vision/hearing paid (Ming's plan)	What the extended Plan paid (Lily's plan)	What the vision/hearing (paid)	Total amount reimbursed	Maximum for this item/amount remaining, if any
Glasses	\$800	80% of \$400 =\$320	\$300	\$180		\$800	Ming could be reimbursed \$140 from Lily's EHCP and \$300 from Lily's V/H for another pair of glasses or contacts in the same four-year period.

Lily's hearing aids

Lily buys hearing aids, which cost \$4,000. Lily files a claim, as explained in *How do I claim for medical benefits?* On page 31, making sure to highlight that they have coordination of benefits. Lily is reimbursed 80% of \$1,000 (\$800) from Lily's EHCP plan. Under the Vision/Hearing plan Lily is reimbursed \$750. Then Lily gets \$800 from Ming's EHCP (the maximum) and \$750 from Ming's V/H plan (the maximum). The benefits paid by the plans add up to \$3,100 for the hearing aid.

Purchase or service	Cost	What the Extended Care Plan paid (Lily's plan)	What the vision/hearing (Lily's plan)	What the extended Plan paid (Ming's plan)	What the vision/hearing (paid)	Total amount reimbursed	Maximum for this item/amount remaining if any
Hearing aids	\$4,000	80% of \$1,000 =\$800	\$750	80% of \$1,000 =\$800	\$750	\$3,100	Lily has claimed the maximum from all four plans for the next five years
Hearing aid batteries	\$10	\$0 (not covered)	\$10			\$10	The V/H Plan pays for the cost of hearing aid batteries as long as they were purchased at the same time as the hearing aids. No maximum, but the expense must be reasonable.

To coordinate E CP benefits, both partners must be entitled to the EHCP and signed up for it as members, with family coverage. See *How do I enrol?*, on page 2.



Medical coverage

Ming and Lily: example #2

Here is another example of coordination of benefits for Ming and Lily, two postal workers who are both on the EHCP as employees, with family coverage.

Ming gets therapy

Ming spends \$2,100 on therapy from a social worker. Ming files a claim, as explained in *How do I claim for medical benefits?* on page 31, making sure to highlight that they have coordination of benefits. Under the Extended Health Care Plan, Ming can claim \$2,000 a year on Ming's plan for the services of a social worker or psychologist for which Ming will be reimbursed 80%, \$1,600. As required by Canada Life, Ming gets a referral from the doctor, and makes sure that the therapist has an MSW Master of Social Work. Ming gets \$1,600 from Ming's EHCP and \$500 from Lily's plan. The social worker must be a registered clinical therapist.

Purchase or service	Cost	What the Extended Care Plan paid (Ming's plan)	What the Health Care Plan paid (Lily's plan)	Total amount reimbursed (paid) by the two plans	Maximum for this item/amount remaining, if any
Social Worker	\$2,100	80% of \$2,000 =\$1,600	500	\$2,100	Ming could be reimbursed another \$1,100 for a social worker or psychologist in the same year

Lily gets home nursing

Lily becomes ill and needs home nursing. It ends up costing \$26,000 for private-duty nursing. Under the two EHCP plans, Lily is reimbursed a total of \$24,000.

Purchase or service	Cost	What the Extended Care Plan paid (Lily's plan)	What the extended Health Care Plan paid (Ming's plan)	Total amount reimbursed (paid) by the two plans	Maximum for this item/amount remaining, if any
Home Nursing	\$26,000	80% of \$15,000 =\$12,000	80% of \$15,000 =\$12,000	\$24,000	The yearly maximum for this service has been spent.

Lily is reimbursed \$24,000 of the \$26,000 cost of the home nursing services. Lily's doctor certified that Lily needed nursing care at home and filled out the form that Canada Life sent. The maximum reimbursement possible for this service in this calendar year is \$24,000.



Medical coverage



Which plan do we use?

Two-plan, two-postie families

Both Ming and Ming's partner, Lily, have coverage under the Extended Health Care Plan. Their child, May, breaks their foot and gets a cast and crutches. But whose plan should they use to claim these expenses — Ming's or Lily's? It depends on whose birthday comes first in the year. Because Ming's birthday falls earlier in the year, Ming makes the claim on Ming's plan.

Ming fills out the Extended Health Care/Vision and Hearing Care Expense Statement form as the member, and adds information about Lily in the Coordination of Benefits section, and encloses a copy of the receipt for the cast and crutches, and the prescription that authorized their purchase. If Lily's birthday came earlier in the year than Ming's they would file the claim on Lily's plan, with Ming's information in the Coordination of Benefits section.

Canada Life will reimburse the claim for May's cast and crutches with benefits from both parents' plans. May's parents only need to fill out one claim form.

Two-plan families where only one partner is a postal worker (spouses' claims)

If your family is covered by two different benefit plans, you must file two separate claims — but the claims must be filed one at a time. You must wait for the first claim to be processed by the insurance company before filing the second one. The first claim is filed on the plan that covers the person as an employee, the second one on the plan that covers the person as a partner.

In your case, you first file a claim on the plan that covers you as a member/employee — the Canada Post- CL plan. When the cheque and paperwork come back from Canada Life, you then file a second claim for whatever money CL didn't pay. You file the second claim on the plan that covers you as a partner — your partner's plan. When you send in the second claim, you must include a copy of the paperwork that came with the cheque to show how much the first plan paid.

In the case of your partner, they file the first claim with the plan that covers them as a member/employee. The second claim should be filed with the plan that covers them as a partner — the Canada Post- CL plan.



Two-plan families where only one parent is a postal worker (claims for children)

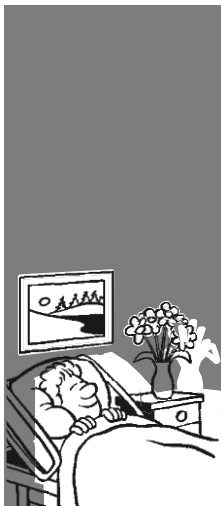
The “birthday rule” was developed by insurance companies and applies in situations where children are covered by two benefit plans.

If you are part of a couple with children who are covered by two plans (only one of which is with CPC), you file a claim on both plans — but the claims must be filed one at a time. The first claim should be filed on the plan covering the partner with the earliest birthday in the year — the actual birthday, not the year of birth.



Example: Your partner’s birthday is March 23, 1999 and your birthday is June 3, 1997. You first apply under your partner’s plan, because March 23 comes before June 3.

You wait for the insurance company to process the claim and send a cheque. Any amount not paid for by the first claim can be submitted to the other partner’s plan. When you send in the second claim, you must include a copy of the paperwork that came with the cheque to show how much the first plan paid.



Upgraded hospital accommodation

Hospital coverage — basic and optional

Under the E CP Extended ealth Care Plan , you are covered for up to \$60 a day for the cost of hospital accommodation beyond ward accommodation in your province or territory. You can buy more coverage than the \$60 per day maximum. You can choose from two options:





- an additional \$70 worth of coverage a day, or
- an additional \$140 worth of coverage a day

The costs involved vary from one province and territory to another, and the type of accommodation available varies from hospital to hospital. The money can be spent on accommodation only — a semi-private room or private room. t does NOT cover items such as TV or telephone rental.

Many people on this plan pay no premiums

Currently for active employees there is a premium holiday, which means you do not pay premiums for either Option A or B. or retirees there is a premium holiday for Option A

Once the premium holiday is over, you will have to pay premiums.

Monthly premiums for optional hospitalization insurance — OPTION A				
	Employees		Retiree	
	Single	Family	Single	Family
Premiums	\$0.26	\$0.48	\$0.65	\$1.20
				



Upgraded hospital accommodation

Monthly premiums for optional hospitalization insurance — OPTION B

	Employees		Retiree	
	Single	Family	Single	Family
Premiums	\$1.06	\$1.96	\$2.73	\$5.05



Note: The E CP provides you with \$60 a day hospitalization coverage. Options A and B provide additional coverage over and above the \$60 a day amount.



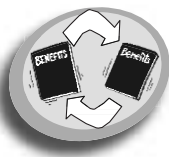
Using the hospitalization part of this plan

To use this benefit, show your E CP card when you are admitted to hospital. Most hospitals will bill Canada Life directly. If the hospital won't bill directly, you will have to pay up front and file an Extended Health Care/Vision and Hearing Care Expense Statement Form.



What if I want to change from single to family coverage, or if I want to increase or decrease my hospital coverage?

You can fill out an Extended Health Care Employee Application Form, or you can make these changes on-line on the ESS SAP system. Give the form to your supervisor, team leader or Local Area Manager, who will pass it on to the Access R office. It can take anywhere from a few days to a couple of weeks for your change in coverage to begin. To ensure that the change you requested has been made, you should call the Access R office or check your on-line employee file, or call Canada Life.



Coordination of benefits

If both partners are postal workers covered by the same level of optional hospital insurance, you can coordinate the benefits. You must both be on the plan as members, with **family coverage**.

Normally, hospitals bill Canada Life directly. If your plan doesn't pay the full cost of your hospital stay, you can file a claim for the outstanding amount on your partner's plan.

Canada Life will send you a summary of what the plan paid and a cheque, if the hospital would not bill CL directly and you had to pay up front. You file the claim for the unpaid amount on the plan that covers you as an employee then claim on your partner's plan.



Upgraded hospital accommodation

If both you and your partner have family optional hospital coverage, as members you will be entitled to an **additional** \$70 a day for Option A. Option B entitles you to an additional \$140 a day.

If your partner has hospital benefits from another employer, you can also coordinate benefits. The amount of money you can claim may be different under your partner's plan, but the process is the same.

You make the first claim on the Canada Life plan. Canada Life will send you a summary of what the plan paid (and a cheque, if the hospital would not bill CL directly and you had to pay up front).

You then file a claim on your partner's plan. In addition to whatever form the insurer requires, you also need to include a copy of the summary of what CL paid. Be sure to keep a copy of what you send.



Tip: Before you file on your partner's plan, check to see if there are any special rules.

Claims for children — whose plan do you use?

As with all benefits that apply to two-plan families with kids, you apply the "birthday rule". The parent whose birthday comes first in the year uses their hospital card when the child is admitted to hospital.



Example: Your partner's birthday is March 23, 1999 and your birthday is June 3, 1996. You first apply under your partner's plan, because March 23 comes before June 3.

If the first parent's plan doesn't cover everything, the other parent — the parent whose birthday is later in the year — files a claim on their plan. In addition to whatever form the insurer requires, you also need to include a copy of the summary of the benefits paid on the first plan. Be sure to keep a copy of what you send.



Travel coverage

The Extended Health Care Plan includes insurance for travel outside your home province or territory. Anyone who is covered by the EHP gets this coverage at no extra cost. This coverage is for a maximum of 40 days outside your home province or territory.

You are entitled to a maximum of \$250,000 for each covered person during any period of travel outside your home province or territory for up to 40 days. You will be reimbursed 100% for your expenses, subject to certain maximums. Here is a list of the expenses that the plan covers.

This plan is for medical emergencies. It does not cover non-urgent medical expenses, things you could have taken care of before you left, or could wait until you return.



Medical evacuation

If facilities are not suitable in the area where the emergency occurred, Canada Life may approve evacuation to the nearest hospital that can provide appropriate care, or transportation back to Canada.



Medical cost advances

The plan will verify your coverage and pay the doctor or hospital on your behalf. You sign a form authorizing the plan to recover any benefits payable under your provincial or territorial health care plan.



Death and repatriation maximum \$3,000

If you or another person covered by the plan dies, the plan will pay for the preparation and shipping of the remains to your home province or territory.

(continued)



Travel coverage

family assistance maximum of \$2,500 for any one emergency)

Assistance for unattended children

If you or your partner is hospitalized and children under age 16 are left unattended, the plan will pay for their trip back home. The plan will pay for economy airfare and an escort, if necessary.



Visit of a family member

If you (or another family member covered under the plan) is hospitalized for more than seven days, the plan will pay for economy class airfare, accommodation and \$150 a day for meals for one family member to join you. The same also applies if a family member must identify the body of a deceased family member before it is released.

Transportation reimbursement

If a patient and family member miss prearranged and pre-paid return transportation home as a result of the hospitalization, the plan will pay the cost of comparable return transportation home.

Meals and accommodation

If someone covered by the plan is hospitalized, the plan will pay meal and accommodation costs of up to \$150 a day for an accompanying family member who must also be covered.



What's NOT covered

- non-emergency medical treatment
- medical emergencies arising from war, insurrection, or voluntary participation in a riot
- a medical emergency that happens after 40 consecutive days after you leave your home province or territory



Using the travel coverage part of this plan

As soon as there is a problem or a medical need, call the **travel emergency number** on your EHCP identification card (your Extended Health Care Plan Identification card, not your drug card).

The emergency number is a toll-free 24-hours-a-day help-line that will link you with people who can assist you with medical emergencies.



Note: This number will also connect you to people who can help you with legal and other travel-related problems.



Travel coverage

In the case of medical emergencies, the plan will try to arrange for your provincial or territorial plan to pay your doctor and/or hospital expenses directly.

But if you end up paying for some medical expenses up front, send them to your provincial or territorial health plan, being sure to keep a copy of what you send. You wait for the provincial or territorial plan to pay you back. If the provincial or territorial plan doesn't pay all the expenses, send them to Canada Life.

You should send the bills, the provincial or territorial plan's statement of account and a completed Extended Health Care/Vision and Hearing Care Expense Statement form to Canada Life. As always, keep a copy of what you send.



Tips for travel

You should carry these cards with you when you travel:

- your Extended Health Care Plan Identification Card which has the emergency help-line number on it
- your provincial or territorial health card
- your Canada Post employee ID (you may need your R D number)

Some countries require proof of insurance coverage to enter the country so make photocopies for the members of your family so that everyone has this information in case they need it, and bring it with you.

It is also prudent to obtain the **Out-of-Country Emergency Care Coverage Letter** with you while traveling abroad. The forms are free and can be printed directly from the Canada Life website, **GroupNet Plan for Members**. Go to the *Benefit cards & forms* Tab and you will see two PDF files titled **Your benefits card** and **Out-of-Country Emergency Care Coverage Letter**. When you open the documents, it should automatically populate your information onto the form, but if it does not, you can type your information on the lines provided prior to printing each document.

Contacting Canada Life while traveling

- Canada and the USA 1-855-222-4051
- Cuba 1-204-946-2946
- All other countries 1-204-946-2577

Submit long distance charges to Canada Life for reimbursement.



Travel coverage

If there is a medical emergency, be sure to keep copies of all receipts for medical costs.



Note: The travel plan won't cover you after you've been out of your home province or territory for more than 40 days. If you are going on a longer trip, or would like to be covered for higher maximums than those provided for in the plan, you may wish to consider purchasing some additional coverage.



Note: You and your family can be reimbursed for emergency dental work done outside Canada when you are on vacation. As well, a dependent child studying outside Canada is eligible for dental plan coverage. See the Dental Plan booklet for details.



Before your trip you can call Canada Life to see if they have a Local number to call at your destination point if a medical emergency arises.



Final Questions



When will I get my cheque from Canada Life?

It normally takes about two weeks from when you mail your claim to when you will receive your cheque from Canada Life. You can make an on-line claim and also have an option for direct deposit. If you follow this path, make sure you keep your receipts.

If there is a problem with your claim, Canada Life will send you a note saying what the problem is, and you will have to resolve it before the claim can be processed.

Possible problems:

- your Canada Post employee number / R D number is missing
- a family member does not show up as covered in CL's records
- a required signature (e.g., yours, a medical practitioner's) is missing
- a receipt is missing
- an original receipt is required

If you want to check on the progress of your claim, you can call Canada Life, or you can look up your on-line account on the CL website. See *Contact information* at the end of this booklet for telephone numbers and Internet addresses.



Final questions



What do I do if I think Canada Life made a mistake?

Possible scenarios:

- your cheque is smaller than you think it should be
- you were denied reimbursement for something you are sure is covered by your plan

Here's what to do if you think Canada Life made a mistake:

- Call CL and ask for clarification. If you don't agree with the answer you get, put your complaint in writing. Mail your complaint to Canada Life, being sure to keep a copy of what you send.
- If you aren't satisfied with the response you get from CL, check with your local to see if a grievance is possible.



What Premiums Do I Pay When I am on Leave Without Pay?

When you go off on Leave Without Pay (LWOP) depending on the leave you are on your coverage may change and how much premiums you pay, may change as well.

BENEFIT	LEGISLATED AND ILLNESS	NON-LEGISLATED*
EHCP	Your coverage continues but you can opt out but can only opt back in when active at work. You pay only the employee share.	After 30 days of LWOP to maintain coverage while on LWOP you must pay both the employee and the employer's share
Basic Life Insurance,	Your coverage continues. You pay only the employee share.	After 30 days of LWOP you must pay both the employee and the employer's share
Long Term Disability (LTD)	Your coverage continues. You pay only the employee share. However if you are on LTD, you do not pay LTD premiums.	After 30 days of LWOP you must pay both the employee and the employer's share
Dental	Your coverage continues. You pay only the employee share. No premium.	If you are on a LWOP absence of more than 30 days, your coverage will end on your last day worked.
Vision & Hearing	Your coverage continues. You pay only the employee share. No premium.	If you are on a LWOP absence of more than 30 days, your coverage will end on your last day worked.

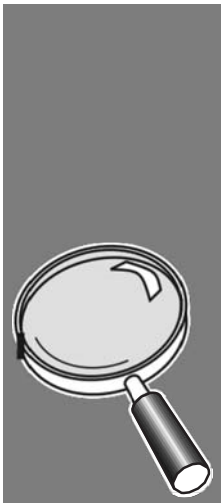


Final questions

Legislated Leave and Illness: Legislated leave is any leave provided by the government, such as parental, adoption or compassionate care leave. Illness would cover Long Term Disability Insurance when you are no longer getting paid directly from CPC

Non-Legislated Leave: These are unpaid leaves provided for under the Collective Agreement. Examples of non-legislated leave are: Education, Military, Relocation of Spouse, Personal Needs, Elder Care Leave etc.

- * **The Union's position is that all article 30 benefit plans are maintained as long as you are an employee and reserves the right to grieve or otherwise contest the eligibility requirements and administration of the benefit plans.**



The fine print

Types of drugs that are covered under the EHCP

Drugs (including oral contraceptives and injectable drugs) that:
are prescribed by a doctor, nurse practitioner or dentist and dispensed by a doctor, dentist or pharmacist, listed in the current
Compendium of Pharmaceuticals and Specialties, that

- legally require a prescription or are identified as narcotics or controlled drugs and are listed in the Monographs section
- do not legally require a prescription but are considered life-sustaining, and appear in the Therapeutic Guide section as:

- | | |
|--------------------------------|--------------------------------------|
| • anti-anginal agents | • hyperthyroidism therapy |
| • anti-arrhythmic agents | • insulin preparations |
| • anticholinergic preparations | • oral fibrinolytic agents |
| • antihyperlipidemic agents | • parasympathomimetic agents |
| • antiparkinsonism agents | • potassium replacement therapy |
| • bronchodilators | • topical enzymatic debriding agents |
| • glaucoma therapy | • tuberculosis therapy |

- do not legally require a prescription but have a known therapeutic value in Canada Life's opinion, are listed in the Monographs section, and are only available for purchase at an accredited pharmacy



The fine print

Exclusions (things not covered by this plan)

The following items are excluded from coverage under the E CP:

- supplies or services provided by a Canadian doctor, if the covered person is eligible for coverage under a provincial or territorial health care plan
- co-insurance, user fees, or similar charges for hospital care
- expenses eligible for reimbursement under any government plan, or for which a government or government agency prohibits payment of benefits
- services and supplies prescribed or provided by a person who normally lives in the patient's home or is related to the patient by blood or marriage
- services or supplies for cosmetic purposes only, or for conditions detrimental harmful to health
- supplies or services normally provided without charge
- medical examinations required by a third party
- products and treatments that are experimental, in Canada Life's opinion
- any portion of charges that are the legal liability of any other party
- publicly advertised items or products that are considered household remedies
- contraceptives other than oral
- vitamins other than injectable), except when prescribed for a chronic disease, and for special needs children
- minerals, protein supplements, and therapeutic nutrients except when prescribed for a chronic disease
- diets, dietary supplements, infant foods, sugar or salt substitutes
- lozenges, mouthwashes, non-medicated shampoos, contact lens care products, skin cleansers, protectives or emollients, surgical supplies, diagnostic aids, and drugs used for cosmetic purposes
- drugs used for a condition or conditions not recommended by the drug manufacturer
- accidental injuries to natural teeth resulting from acts such as cleaning your teeth, chewing, or eating
- the cost of batteries or recharging devices, or other such hearing aid accessories note: batteries are not covered under the E CP, but they are covered under the Vision/ hearing Plan at the time of purchasing a hearing aid)
- items purchased primarily for athletic or cosmetic use
- cosmetic surgery, except in some circumstances following an accident where plastic surgery is required
 - your doctor should send in a treatment plan to Canada Life for pre-approval
- expenses incurred outside the participant's province or territory of residence if required for emergency treatment of an injury or disease that occurred more than 40 days after the person left the province or territory of residence
- expenses incurred by a person who is temporarily or permanently residing outside Canada, or required for regular treatment of an injury or disease that existed before the person left the province or territory of residence



Dictionary

Canada Life (CL)

The insurance company that looks after the Dental, Vision/Hearing Extended Health Care Plans and LTD.

Children

Your children are your natural or legally adopted children, stepchildren, or foster children of you or your partner, who are unmarried and financially dependent on you for support, and who are:

- under age 21 for the Extended Health Care Plan)
- under age 22 for Vision/ Hearing, and for Basic and Major Dental Plan coverage)
- under age 25, if full-time students for the Extended Health Care Plan, Vision/Hearing Plan, and for Basic and Major Dental Plan coverage
- any age, if they are mentally or physically disabled and incapable of self-sustaining employment, providing they were disabled and covered on the date that coverage would otherwise have ended (Vision/ Hearing, Dental and Extended Health Care Plans
- any age, if they are mentally or physically disabled and incapable of self-sustaining employment, provided the child remains dependent on you for financial support.

Exceptions:

- only children under 22 years of age qualify for orthodontic coverage under the Dental Plan
- only children under 15 years of age are covered for pit and fissure sealants under the Dental Plan Basic services
- to be covered by the CUPW Life Insurance Plan, a child must be at least 14 days old and cannot be a foster child

Continuous Service

- The length of service as an employee since the date of you last hiring. (clause 8.01 and 11.01 RSMC and Urban agreements respectively)



Coordination of benefits

You can coordinate benefits (and get up to 100% reimbursement for your claims) if you are covered by more than one plan for the same benefit. You can coordinate benefits if both you and your partner are postal workers who are both eligible for coverage. You can also coordinate benefits when one partner has CPC benefits and the other partner is covered by different plans. You both must have family coverage. For more details, see the booklet on each benefit plan.

CPC

Canada Post Corporation

CUPW

Canadian Union of Postal Workers

DIN

Drug Identification Number — each drug approved for use by Health Canada is assigned a D.N. This number appears on the drug container.

EHCP

Extended Health Care Plan

Eligible expenses

Eligible expenses are services or purchases that are covered under your plan.

Employee Self Service (ESS)

Employee Self Service (ESS) is the Canada Post “SAP” website. You use a password and user number to access the electronic file containing your personal information. You can also obtain information about CPC benefits and download enrolment and claim forms at home or at work. Internet addresses and further information are at the end of this booklet.

First payer

When someone is covered by more than one benefit plan, the first payer is the insurance carrier that the insured person files a claim with first. The first payer is the person’s primary plan, the one that covers them as an employee. For example, if you are covered by the CPC Dental Plan and your partner’s non-CPC dental plan, you claim with the CPC Dental Plan first. See also *second payer* and *coordination of benefits*.)

Formulary

A drug list; the official list of automatically approved prescription drugs. You can download this list from the Internet addresses at the end of this booklet.



Dictionary

Maximums

Benefit plans set a limit on the amount of money you will be reimbursed / paid back / for various purchases and services: maximums. Just what a “maximum” is differs from plan to plan, and sometimes even within the same plan.

Under the Extended Health Care Plan, the maximum for massage therapy is \$400 a year, but if you claim \$400 in one year you will only get \$320 back. That’s because you are reimbursed 80% of this particular maximum. Most maximums under the EHP are reimbursed at 80%, and the only way you can get more than 80% is to be covered by a second benefit plan.

In many cases, the maximum amount is allotted for a one-year period / such as for paramedical services like acupuncture, or a four-year period / e.g., eyeglasses. Some limits are for five years / e.g., hearing aids, and a few are lifetime maximums (e.g., wigs for cancer patients). Some time limits vary depending on the age of the person claiming reimbursement, for example a child can obtain a new wheelchair earlier than an adult.

Under the Vision/ Hearing Plan, for example, you get 100% of the maximum amounts under the plan. Under the Dental Plan, you can get 100% of a maximum if you spend enough. For more information, see the booklet on each plan.

National Capital Region

The Ottawa-Gatineau area

Premium holiday

A period during which you don’t have to pay premiums for a benefit

Regular employee

A permanent employee, full-time or part-time. urban operations unit

Reimbursement

Money that you get back for expenses that you paid for out of your pocket

Rural and Suburban Mail Carriers (RSMCs)

A group of workers covered by a collective agreement with Canada Post. The collective agreement covers, the 10,779 Rural and Suburban Mail Carriers / RSMCs / who work as Route Holders, Permanent Relief (PRE) and On-Call Relief (OCRE).

SAP

SAP stands for “Systems, Applications and Products in Data Processing” (translation from German). SAP is the software system used by Canada Post’s Employee Self-Serve (ESS) intranet/ internet site.



Second payer

When someone is covered by more than one benefit plan, the second payer is the carrier that the insured person files a claim with second, usually the partner's plan. For example, if you are covered by both the Canada Post (Canada Life) Dental Plan and your partner's non-CPC dental plan, you claim with the CPC Dental Plan first; CPC is the first payer. When you get your cheque from CL you can file a claim with your partner's dental plan, the second payer. See also *first payer* and *coordination of benefits*

Spouse/partner

A spouse/partner is defined as:

- the person to whom you are married and with whom you live, or
- the person to whom you were or are legally married and whom you support, or
- the person with whom you have been living in a common-law relationship for at least one year



Note: The one-year requirement does not apply to common-law relationships where a child is born or adopted of the relationship



Note: Same-sex couples are included under this definition of spouse.



Note: A divorced spouse/partner is not eligible for coverage under the CUPW Life Insurance Plan. A divorced spouse/partner whom you support is eligible for coverage by under the Vision/Hearing, Dental and Extended Health Care Plans.

Student

A child is considered as a full-time student if they have been in registered attendance at an elementary school, high school, university, or similar educational institution. Full-time status will be designated by the institution.

A full-time student qualifies for prescription drug benefits until their 26th birthday if they are a child of a Quebec resident and otherwise meets the qualified child definition.

Urban postal operations (UPO)

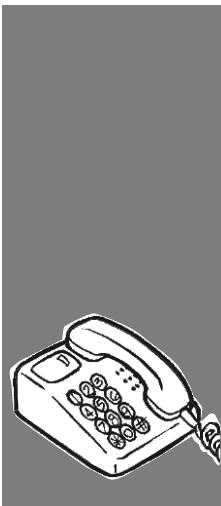
A group of workers covered by a collective agreement with Canada Post. The collective agreement for urban postal operations covers the 47,203 people who work as letter carriers, postal clerks, despatchers, mail service couriers, mail handlers, technicians and mechanics.

Unreduced Pension

A pension that the retiree is not penalized for their age or their years of pensionable service.

V/H Plan

The Vision and Hearing Plan, often called Vision/Hearing Plan



Contact information

Canadian Union of Postal Workers (CUPW) — your union

Your steward and others in your local or region can help you with your benefits questions or problems.

My union contacts



CUPW Special Needs Program (for children with special needs)

(800) 840-5465
The drug plan covers prescription vitamins for children who are registered in the program.

Internet address

www.cupw-sttp.org

On this site, you can:

- download the latest version of this booklet, and other benefit booklets. (Check to be sure you have the latest version; the date is at the bottom of each page.
- download forms for these Canada Post benefits: Dental, Vision/ hearing, Basic Life Insurance, and Extended Health Care Plans



Contact information

Canada Post Corporation (CPC)

Canada Post Access HR is where you can get forms and information about your pay and benefits coverage. It is staffed by members of the Union of Postal Communications Employees (UPCE), a sister union in the post office. AccessHR can be reached by phone at 1-877-807-9090 or by email at accesshr@canadapost.ca.

Always have your Canada Post employee number and R D number at hand when you call. If you have problems with a particular claim, call Canada Life.

Canada Post employee ESS (SAP) site

<http://mysite.canadapost.ca>

Use the above address to reach this site from home. At work, the site is accessible on the Intranet. On this site, you can:

- download forms and CPC's benefits information
- check your personal information to see if it's accurate

Notes:

- You need a user name and password to use the site. If you never got a password or it doesn't work, call (877) 411-8585.
- call (877) 411-8585



Contact information

Canada Post drug list

There are three ways you can look up the on-line drug plan:

- 1 Look for the link on CUPW's website at: **www.cupw-sttp.org**
- 2 Go to Canada Post's ESS (SAP) site at: **<http://mysite.canadapost.ca>**
Go to "Employee Self Serve" by clicking on "Benefits", and then to "Drug Plan". Click "yes" when asked: "Do you want to display non-secure items?"
- 3 You can go onto Canada Life website or use their App.

Canada Life

This company looks after the Extended Health Care Plan, the Vision/Hearing Plan the Dental Plan and Long Term Disability Plan.

Mailing addresses

For Quebec residents (for CLAIMS), except those in the National Capital Region:

Canada Life Health & Dental Benefits
800, de la Gauchetière ouest, Suite 5800
Montreal, QC H5A 1B9

For all other residents (for CLAIMS):

Canada Life Health & Dental Benefits
P.O. Box 3050
Winnipeg, MB R3C 4E5

To send in your Dependent Information Form (but NOT for claims):

Canada Assurance Company
Member Administration
P.O. Box 6000, Station Main
Winnipeg, MB R3C 9Z9



Contact information

Phone numbers

Quebec residents (<u>except</u> those in the Montreal area):	English and French: 800 663-2817
Montreal residents:	514 878-1288
All other residents — call the Winnipeg office:	English and French: 800 957-9777 TTY/TDD: 800) 990-6654

Internet address

www.gwl.ca or www.canadalife.com

On this site, you can:

- Look up your claims history for the past two years for your Dental, Extended Health Care and Vision/ Hearing Plans

Notes:

- You log onto the Canada Life website using the number of a CL plan and your Canada Post employee number (R D number). You can pick your own password for future access. On the CL site, you can check your electronic file, to check on the progress of a claim, for example.
- The CL site has confusing names for two of the plans. The Vision/Hearing Plan is called "Health & Vision 51392 " and the Extended Health Care Plan is called " ealth, Drugs, Vision 51391 ". The Dental Plan is called "Dental (51057)".
- Don't use the generic claim forms on this site; use the ones on the CUPW or CPC sites instead.



Canadian Union of Postal Workers

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