



CITY OF CHARLOTTETOWN

# City of Charlottetown Benefits Booklet

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## WELCOME

# Welcome to Your Group Benefits Plan

This group benefits plan is designed to help protect you and your family throughout your career. It's important to get to know your benefits and to use them when needed.

This booklet has been developed to answer your questions about your group benefits. Simply browse through the various sections to see what the plan pays and what you need to do to claim benefits. This booklet also provides a detailed benefits summary, list of forms and other important resources, definitions and more.

We hope this booklet will help you better understand your benefits, which may include:



*This member booklet summarizes the benefits and some provisions of your group benefits plan; it does not include all details, provisions, exclusions and limitations. Every effort has been made to ensure that the information is accurate. However, if there is any question as to the interpretation, all rights with respect to an insured person will be governed by the official group insurance policies. Benefits may be changed at any time.*

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## Benefits At-a-Glance

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The Benefits At-a-Glance summarizes the coverage available to you under the plan. It does not describe all the benefit details. **Certain limitations and conditions apply.** See the exclusion sections for each benefit for more information. Coverage shown is per insured person and per calendar year, unless otherwise stated.

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**HEALTH**

Supplements your provincial health coverage.

Reimbursement*	
<b>Prescription drugs (mandatory generic substitution)</b>	<ul style="list-style-type: none"> <li>• 100% after you pay the first \$10 deductible per eligible drug expense</li> <li>• \$300 annual maximum for immunizations and vaccines</li> <li>• Pay-direct drug card (reimbursement is processed at point-of-sale, where available)</li> </ul>
<b>Hospital accommodations</b>	<ul style="list-style-type: none"> <li>• 100% of the difference between a ward and semi-private room</li> </ul>
<b>Paramedical practitioners</b>	100% <ul style="list-style-type: none"> <li>• Maximum 20 visits per calendar year for physiotherapists</li> <li>• \$500 per paramedical practitioner per calendar year (with a combined maximum of \$1,500 per calendar year) for: acupuncturists, chiropodists (or podiatrists), chiropractors, massage therapists, naturopaths, osteopaths, psychologists and speech therapists</li> </ul>
<b>Vision care (eye exams, glasses or contact lenses)</b>	100% <ul style="list-style-type: none"> <li>• \$300 maximum once every 2 calendar years (every calendar year for children age 18 and under)</li> </ul>
<b>Private-duty nursing</b>	100% <ul style="list-style-type: none"> <li>• \$10,000 maximum per calendar year (equal to 50 8-hour shifts)</li> </ul>
<b>Medical supplies and prosthetics</b>	100%

\* Expenses are reimbursed based on Canada Life's assessment of **reasonable and customary** fees.

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<b>Reimbursement*</b>	
<b>Other eligible expenses</b>	100%
• <b>Accidental dental</b>	Treatment must be completed within 12 months of the accident
• <b>Ambulance services</b>	\$500 per calendar year
• <b>External insulin pumps</b>	1 pump every 5 calendar years, to a maximum of \$6,600
• <b>Hearing aids</b>	\$900 maximum per year every 5 calendar years
• <b>Orthopedic shoes and molded arch supports</b>	\$75 maximum every calendar year

\* Expenses are reimbursed based on Canada Life's assessment of **reasonable and customary** fees.

**TRAVEL**

Supplements your provincial health coverage.

<b>Reimbursement</b>	100%
<b>Emergency out-of-province/ country health care</b>	\$1 million maximum per emergency (must be covered under provincial plan)
<b>Travel assistance</b>	24/7 emergency services 1 866 530-6024 (in Canada and the US) / Collect: (905) 816-1901

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**DENTAL**

Provides coverage for a variety of dental procedures.

Reimbursement	
<b>Preventative services</b> (e.g., oral exams, cleaning and scaling of teeth, fillings and X-rays)	100% Recall exams once every 12 months
<b>Maintenance services</b> (e.g., oral surgery and periodontic and endodontic care)	100%
<b>Major restorative services</b> (e.g., dentures, crowns and bridges)	80% \$1,000 maximum per calendar year
<b>Dental fee guide</b>	Current year fee guides for general practitioners

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**EMPLOYEE ASSISTANCE PROGRAM**

A confidential support program.

**For you and your  
dependents**

- Offers support for a full range of personal and family issues or life events, including:
  - individual, couple or family counseling in person, online or by phone
  - addiction and recovery assistance
  - smoking cessation assistance
  - family assistance
  - legal and financial support
  - health consultations
  - access to research and educational information on a variety of topics
- 100% paid by the City of Charlottetown
- 100% confidential
- Provided by HumanaCare



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**LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE**

Provides financial security if you or a dependent dies or suffers a severe injury as a result of an accident.

	Basic Life	Basic AD&D
<b>Coverage</b>		
<b>For you</b>	3 X your annual earnings \$500,000 maximum  Coverage reduces by 50% at age 65, and further reduces to \$2,000 at age 70	3 X your annual earnings \$300,000 maximum  Coverage ends at age 70
<b>For your spouse</b>	\$10,000	-
<b>For your children</b>	\$5,000 per <b>child</b>	-

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**LONG-TERM DISABILITY**

Provides important financial security in the event that your income is interrupted by an illness or injury and you are unable to work.

<b>Benefits paid</b>	70% of your monthly <b>earnings</b>
<b>Maximum</b>	\$7,000 per month (limited to 85% of your pre-disability net earnings (for CUPE Local 830, 85% of your gross earnings) when all sources of income are combined)
<b>Waiting period</b>	For members of the police union (APA Local 301) – 90 working days or 720 hours equivalent For all other permanent employees – 90 working days
<b>Duration of benefits</b>	Until age 65, recovery or retirement, whichever occurs first
<b>Benefits taxable</b>	No (except for CUPE Local 830 employees)

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## Plan Costs

### YOUR COSTS

You and your employer equally share the cost of benefits. The following are the costs you pay monthly and are valid for the benefit year (April 1, 2024 to March 31, 2025). These amounts are reviewed annually and are subject to change based on the annual renewal process.

Costs per Month		
Health	Single	\$65.34
	Family	\$172.79
Travel	Single	\$1.04
	Family	\$2.06
Dental	Single	\$24.18
	Family	\$52.39
Long-term disability	Non-taxable (per \$100 of benefit)	\$2.42
	Taxable (per \$100 of benefit)	\$3.15
Basic life	For you (per \$1,000 of coverage)	\$0.215
	For your dependents (flat amount)	\$2.22
Basic AD&D	Per \$1,000 of coverage	\$0.011

**Note:** If you are in the non-taxable long-term disability plan, your portion of the benefit costs is reallocated, so that you pay the entire long-term disability premium.

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**How Rates Are Determined**

The insurer determines the rates for travel, disability, life and AD&D insurance.

The rates for health and dental coverage, however, are based on a number of factors, including:

- the increasing cost of drugs,
- the introduction of new, expensive drugs,
- new medical technology, and
- changes in legislation that make private plans the first payers over the provincial health plan.

But there's another factor that has a significant impact on plan costs: your claims.

The more the plan is used, the more the plan will cost the following year. In fact, your plan essentially works like a bank account:

1. Your premiums are deposited into the plan's fund or account.
2. Whenever a claim is paid, the amount is withdrawn from the account.
3. As a result, there has to be enough money in the account to cover all the claims, as well as the expenses to administer the plan.

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**CONSUMER TIPS**

**Things You Can Do to Help Keep Plan Costs Down**

Each plan member has a role to play in helping control expenses. After all, it's your plan and your money.

Keeping costs down is easier than you might think. Here are some useful consumer tips that contribute to the well-being of the plan and your wallet.

- When your doctor prescribes a medication, ask about less expensive therapeutic options.
- Compare prices. Not all pharmacies charge the same amount for prescription drugs. Shop around.
- Take your medication as directed. Ask your doctor or **pharmacist** the following questions:
  - Are there any side effects? If so, what do I do?
  - Will this drug have any effects on other drugs (prescription or over-the-counter drugs) that I am also taking?
  - Are there certain types of foods or drinks that I must avoid while taking this drug?
  - Are there alternatives to this drug or other solutions for my condition?
- Talk to your pharmacist, who can offer you free professional advice.
- Determine the right quantity of prescription drugs:
  - Consider a sample or trial prescription when you are trying a drug for the first time. That way, you will save money if you have to discontinue a drug because of an allergic reaction.
  - Ask for a larger supply if you are taking medication on an ongoing basis. As a result, you will save on the pharmacist's dispensing fees.
- Stay active and eat right. A healthy diet can also positively affect your overall health. Whatever form of exercise you enjoy, it will help you reduce the risk of heart disease and other serious health problems.
- In addition to exercise, you can get involved in hobbies, do volunteer work, take classes, and more.
- Staying active and involved in your community is also good for your mental health and overall well-being.

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# About the Plan

## OVERVIEW

Your benefits plan is designed to provide group insurance benefits to plan members and their families.

It helps protect you for the times in your life when you need assistance covering health and dental expenses and provides financial protection in times of illness, injury or unexpected events.

The plan is guided by in the following principles:

- **Quality** – provides sound financial protection in times of need.
- **Comprehensive** – provides a wide range of benefits for both you and your family in times of illness, injury or unexpected events.
- **Convenient** – offers a practical drug card with many advantages – no need to pay the total cost of a drug up-front, no claim form to complete, and more.
- **Promotes responsibility** – it's your plan... and your money. As a result, you have a direct impact on both cost savings and increases.

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This member booklet summarizes the benefits and some provisions of your group insurance plan. It does not include all details, provisions, exclusions and limitations. This booklet supersedes and replaces all previous communication material. It does not constitute the group insurance policies and is not a contract of insurance, nor does it create or confer any contractual or other rights. Benefits may be changed at any time. Every effort has been made to ensure that the information is accurate. However, if there is any question as to interpretation, all rights with respect to an insured person will be governed solely by the official group insurance policies.

You may obtain a copy of the official group insurance policies by contacting:

City of Charlottetown Human Resources Department  
199 Queen Street  
3<sup>rd</sup> floor City Hall  
P.O. Box 98  
Charlottetown, PEI C1A 7K2

References to external sites are provided for information purposes only. The City of Charlottetown, its insurers and any party involved in creating this benefits booklet, are not responsible for the content of external sites, nor do they endorse any of the sites in any way. Also, external sites do not reflect your coverage, nor are they part of your group insurance policies.

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## Eligibility

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To participate in the benefits plan, you must reside in Canada and belong to one of the following classes of permanent employees:

	<b>APA Local 301</b>	<b>CUPE 501 Civic</b>		<b>CUPE 830</b>		<b>CUPE 501 WWTP</b>	<b>UPSE/ Non-union</b>
	Permanent	Permanent	Seasonal	Permanent	PT and Seasonal	Permanent	Permanent
<b>Health, travel, dental, and EAP</b>	✓	✓	✓	✓	✓	✓	✓
<b>Long-term disability</b>	✓	✓		✓		✓	✓
<b>Life and AD&amp;D</b>	✓	✓		✓		✓	✓



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You must also meet the following conditions:

Coverage	You must be...
<b>Health, travel, dental and EAP</b>	<ul style="list-style-type: none"> <li>a permanent or seasonal employee</li> </ul>
<b>Disability and life insurance</b>	<ul style="list-style-type: none"> <li>a permanent, full-time employee working at least 37.5 hours per week, paid by your employer for services rendered in the normal course of your employer's business, and</li> <li>under age 65, less the qualifying period (long-term disability insurance only).</li> </ul>
<b>Accident insurance</b>	<ul style="list-style-type: none"> <li>an employee in good standing with your employer and under age 70.</li> </ul>

Your **spouse** and **children** are also eligible for coverage provided they meet the official definitions of spouse and children.

**WHEN COVERAGE BEGINS**

All coverage for you and your **dependents** will normally begin as soon as you are eligible, provided you enrol within 31 days following the applicable eligibility date listed below.

If you are a late applicant (i.e. you don't enrol within 31 days following your eligibility date), and **proof of good health** is required, coverage will begin on the date the insurer approves your proof of good health provided you are actively at work that day.

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If you are not actively at work when your coverage is to begin, your coverage will only start when you return to active work with regular [earnings](#).

Coverage	Eligibility Date
Health, travel and dental	First day of employment
Life insurance, AD&D insurance and disability	First day of employment

**WHEN COVERAGE ENDS**

Coverage ends for you and your [dependents](#) as follows:

<b>Health, travel and dental</b>	Age 70, or when you leave your employment or retire, whichever is earliest. If you had coverage as an active employee, you are eligible to join the Retiree plan at retirement.
<b>Travel</b>	When you leave your employment or retire, whichever is earliest. If you had coverage as an active employee, you are eligible to join the Retiree plan at retirement.
<b>Long-term disability</b>	Age 65 less the qualifying period, or when you leave your employment or retire, whichever is earliest.
<b>Basic life insurance</b>	When you leave your employment or retire, whichever occurs first. When your coverage ends, you have 31 days to convert your coverage to an individual policy if you wish to do so.
<b>Basic AD&amp;D insurance</b>	Age 70, or when you leave your employment or retire, whichever occurs first. When your coverage ends, you have 31 days to convert your coverage to an individual policy if you wish to do so.

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Coverage can also end for the following reasons:

<p><b>When your coverage ends</b></p>	<p>The earliest of:</p> <ul style="list-style-type: none"> <li>• the date you no longer satisfy the definition of an eligible employee,</li> <li>• the date you request termination of coverage (not applicable to basic life and AD&amp;D and long-term disability coverage),</li> <li>• the date your employer terminates your coverage,</li> <li>• the date this plan terminates or coverage for the group, division or class to which you belong is terminated,</li> <li>• the date you become a full-time member of the armed forces (not applicable to AD&amp;D coverage),</li> <li>• the date you no longer pay the premium for your coverage, where applicable,</li> <li>• for contract employees only, the date your contract terminates,</li> <li>• your death (except for health, dental and travel for your <b>dependents</b>).</li> </ul>
<p><b>When your dependents' coverage ends</b></p>	<p>The earliest of:</p> <ul style="list-style-type: none"> <li>• the date your coverage ends,</li> <li>• the date this plan terminates,</li> <li>• the date you ask to end dependent coverage,</li> <li>• the date the dependent no longer satisfies the definition of dependent,</li> <li>• the date dependent coverage is terminated under the policies,</li> <li>• the date you no longer pay the premium for your dependent coverage.</li> </ul>

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## Enrolling

### ENROLLING FOR BENEFITS

When you are eligible to join the plan, you will be automatically enrolled in the mandatory benefits, but you will need to make a few coverage selections.

Automatically enrolled for:	Enrolment deadlines
<ul style="list-style-type: none"> <li>✓ Basic life and AD&amp;D insurance (if applicable)</li> <li>✓ Dependent life insurance (if applicable)</li> <li>✓ Long-term disability (if applicable)</li> </ul>	Automatically enrolled as of your eligibility date
Enrolment decisions to make:	
<ul style="list-style-type: none"> <li>✓ Health and dental coverage (for you and your family)</li> <li>✓ Travel coverage (for you and your family)</li> </ul>	Within 31 days following your eligibility date

*Important Enrolment Deadline*

You must enrol within 31 days of becoming eligible for benefits. Otherwise you will need to provide **proof of good health** to apply for health coverage and dental benefits will be limited. See the section **What Happens if I Don't Enrol in Time?** for more information.

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**How to Join the Plan**

To join the plan, follow these simple steps:

**Step 1:** The City of Charlottetown Human Resources Department will enrol you for mandatory coverage and provide you with an Enrolment form

**Step 2:** Complete and sign the form.

**Step 3:** Gather any supporting documents that may be required.

- If you are required to provide **proof of good health**, download the medical questionnaire available on [canadalife.com](http://canadalife.com), or request a copy from the City of Charlottetown Human Resources Department. Depending on your responses, you may be required to undergo a medical examination.
- Proof of good health is required for health coverage for you and your family if you enrol over 31 days after your eligibility date, or if you enrol over 31 days after a life event.
- If your **child** is disabled, you must provide satisfactory proof that they are incapable of self-support because of the disability.
- If your child is an overage student, you must provide confirmation of your child’s continuing attendance at an accredited college or university for each year coverage is to be continued.
- Designate your beneficiaries on the Enrolment form

**Step 4:** Return the Enrolment form and any supporting documents to the City of Charlottetown Human Resources Department.

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**What Happens if I Don't Enrol in Time?**

If you enrol after the 31-day deadline, two things will happen:

1. You will be required to submit **proof of good health** for all persons you wish to enrol, including yourself, for health coverage. This may not apply if you are adding a new **dependent** to your existing health, travel or dental coverage (e.g., you have a **child** or get married). Contact the City of Charlottetown Human Resources Department for details on adding dependents to your coverage.

When proof of good health is required, coverage will only begin on the date the insurer approves the proof of good health, provided you are actively at work on that day.

2. Dental benefits will be limited to \$100 during the first 12 months of coverage if you are a late applicant. After 12 months, the normal reimbursements applicable under the plan will apply. This provision does not apply if you damage your teeth in an accident.

**What Happens if I Don't Enrol?**

If you choose not to enrol, you will be covered for mandatory benefits only – basic life for you and your dependents and AD&D insurance and long-term disability (if applicable). You will be asked to confirm in writing that you are waiving health, dental and travel benefits. You can later enrol for other benefits, but you will be considered a late applicant. See the section **What Happens if I Don't Enrol in Time?** for more information.

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## Health

### OVERVIEW

Illness or injury can strike when you least expect it. When it does, you should be able to focus on getting better, not on how to pay your bills. That's why the plan offers you and your family health care coverage. It is designed to complement the provincial plan and help pay major health expenses.

For a summary of your health coverage, refer to the [Benefits At-a-Glance](#) section. There you will find information on reimbursement levels and applicable maximums.

Eligible expenses must be **reasonable and customary, medically necessary** and incurred while the individual was covered under the plan.

Payment will be based on reasonable and customary charges in the area in which the treatment is given as determined by the insurer adjudicating benefits. Limits may apply to specific services and supplies.

For a list of health plan exclusions, see the [Exclusions](#) section.

Eligible Expenses	Special Notes
<b>Prescription drugs (mandatory generic substitution)</b>	100% reimbursement after you pay the first \$10 deductible per eligible drug expense
<b>Hospital accommodations</b>	100% reimbursement of the difference between a ward and semi-private room
<b>Paramedical practitioners</b>	100% reimbursement to specified annual maximums
<b>Vision care</b>	100% reimbursement to specified annual maximums
<b>Medical services</b>	100% reimbursement to specified annual maximums
<b>Medical equipment and supplies</b>	100% reimbursement to specified annual maximums

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## PRESCRIPTION DRUGS

Coverage is based on the lowest-cost generic equivalent of the prescribed brand name drug, unless your doctor provides medical evidence that the prescribed drug cannot be substituted.

Eligible drugs must be approved by the Canadian government for sale to the general public and have a Drug Identification Number (DIN). However, the plan may cover the **usual cost** of certain life-supporting, non-prescription drugs approved by Canada Life.

Prescription drugs can be prescribed by any of the following medical practitioners:

- [Physicians](#)
- [Dentists](#)
- [Nurse practitioners](#)
- [Pharmacists](#) (where allowed by law)

### Coverage

- 100% after you pay the first \$10 deductible per eligible drug expense
- \$300 annual maximum for immunizations and vaccines
- 100-day supply for therapeutic or maintenance drugs

Certain general exclusions also apply.

Remember to use your pay-direct drug card when filling a prescription to get your claim processed on the spot. You then only need to pay out-of-pocket what's not covered by the plan.

### How Your Reimbursement Works

The plan will cover the **usual cost** of the lowest-cost generic drugs requiring a prescription. You will not pay more than \$10 per eligible drug appearing on your prescription if you select the lowest-cost generic drug or a brand name drug without a generic equivalent.

You can select a brand name drug that has a generic equivalent, but you may pay more if there is no medical reason for choosing the brand name drug over the generic substitution.



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**EXAMPLE**

Here's an example of how prescription drug costs are reimbursed.

<b>\$50 Prescription Cost (lowest-cost generic)</b>	
<b>You pay</b>	\$10
<b>The plan pays</b>	100% of \$40 (\$50 - \$10)

**What is a Generic Drug?**

Generic drugs are like brand name drugs in dose, strength, and how they are taken. They have the same active ingredients and are equally safe and effective. The only difference in composition is their inactive ingredients – the binders, fillers, and dyes used to give the drugs their shape and colour. These differences have no effect on the drugs' active ingredients or how it works.

Generic drugs are less expensive than brand name drugs because the generic drug manufacturers do not have to recoup research and development costs incurred by brand name manufacturers after the patent protection expires. As result, these savings can be passed on to consumers and group benefit plans.

By law these generic drugs are considered interchangeable with brand name drugs and **pharmacists** are allowed to substitute for the generic option when you have a prescription filled. Generic drugs are regulated by Health Canada and undergo constant testing to ensure they meet strict requirements.

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**What if the Lowest-Cost Generic Equivalent Doesn't Work for Me?**

If there is a medical reason why you cannot take the generic equivalent of the brand name drug, you can still request that the brand name drug be covered by the plan. You and your doctor must complete Canada Life's *Request for Brand Name Drug Coverage* form (available on [canadalife.com](http://canadalife.com) or by contacting the City of Charlottetown Human Resources Department).

Send the completed form to Canada Life at the address indicated on the form. Canada Life will assess your request and send you a letter letting you know if the request for brand name drug coverage is approved.

**Pay-Direct Drug Card**

For your convenience, the plan provides you with a pay-direct drug card, which you can use to pay for prescription drugs, diabetic supplies, and certain over-the-counter, life-supporting drugs that have been prescribed for you and approved for reimbursement by Canada Life.

Claims are processed immediately, so you only have to pay your co-pay amount. That means you have no claims to submit and you won't be waiting for reimbursement.

**What the Plan Does Not Cover**

- Alcohol
- Bandages
- Contraceptives other than birth control pills
- Cosmetic items
- Cotton
- Disinfectants
- Fertility drugs
- Food substitutes, infant food or formula
- Hair growth stimulants
- Homeopathic medicines
- Non-disposable insulin injectors
- Products that can be bought without a prescription
- Products used to quit smoking
- Spring-loaded devices used to hold lancets
- Sunscreens
- Vitamins (except injectable), minerals, dietary supplements

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**HOSPITAL ACCOMMODATIONS**

The plan covers the **usual cost** of **hospital** accommodation in Canada:

- 100% of the difference in cost between a ward and a semi-private room

If you are medically required to be admitted into a private room, the provincial plan will cover the cost at 100%.

The plan also pays 100%, up to \$1,000 per hospital admission, of the usual cost of **medically necessary** ancillary hospital services if you are admitted as an inpatient to a general hospital in another province and a government health plan does not fully cover the cost. Ancillary hospital services include items such as drugs or recovery room expenses that were not picked up by the provincial plan.

If you are an out-patient, the plan pays the usual cost of out-patient services and supplies from a hospital or a surgical supply company.

**PARAMEDICAL PRACTITIONERS**

The plan covers the **usual cost** of paramedical services, provided your paramedical practitioner is registered in the province where the service is given. The practitioner cannot be a member of your **immediate family** or someone who lives with you.

The following list of practitioners are covered under the plan, up to the limits specified in the **Benefits At-a-Glance** section:

- |                                 |                      |                               |
|---------------------------------|----------------------|-------------------------------|
| • Acupuncturists                | • Massage therapists | • Psychologists               |
| • Chiroprodists or podiatrists* | • Naturopaths        | • Registered physiotherapists |
| • Chiropractors*                | • Osteopaths*        | • Speech therapists           |

\* Laboratory tests and X-rays are covered if they are recommended by a licensed chiropractor, osteopath or podiatrist. The plan will pay up to \$25 for an X-ray.

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**VISION CARE**

The plan covers the usual cost of eligible vision care as follows (general exclusions apply):

Eligible Expenses	Special Notes
<b>Exams, glasses or contact lenses</b>	<ul style="list-style-type: none"> <li>100% reimbursement to a maximum of \$300 every 2 calendar years (every calendar year for <b>children</b> age 18 and under)</li> <li>Includes coverage for prescription sunglasses and safety glasses</li> </ul> <p>An ophthalmologist or optometrist must prescribe the contact lenses or eye glasses to correct vision.</p>
<b>Contact lenses for certain conditions</b>	<ul style="list-style-type: none"> <li>If you suffer from ulcerated keratitis, severe corneal scarring, keratoconus (conical cornea) or aphakia: reimbursed up to \$200 in any period of 2 calendar years (every calendar year for children age 18 and under)</li> </ul> <p>A licensed ophthalmologist must prescribe the contact lenses. The plan will pay for these contact lenses only if your sight can be improved to at least the 20/40 level by contact lenses, but it cannot be improved to that level with eye glasses.</p> <ul style="list-style-type: none"> <li>Initial pair of frames and one corrective lens, contact lens or prosthetic lens prescribed by a physician after cataract surgery and only for the eye that had the surgery, once per eye in your lifetime</li> </ul>
<b>Visual training and remedial exercises</b>	<ul style="list-style-type: none"> <li>Lifetime maximum of \$150</li> </ul>

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**MEDICAL SERVICES**

The plan covers the usual cost of eligible medical services as follows (general exclusions apply):

Eligible Expenses	Special Notes
<b>Accidental dental treatment</b>	<p>The plan covers the <u>usual cost</u> of repairing or replacing any healthy, natural teeth that have been damaged or lost due to a sudden impact.</p> <p>Orthodontic care must be for relocating teeth that are accidentally forced out of position or for splinting damaged teeth for stability.</p> <p>The plan does not cover damage or loss caused by objects or food placed in your mouth. This part of the plan does not cover implants, treatments related to implants, treatments to correct existing crossbites, or alignment of rotated teeth.</p> <p>To be reimbursed, you must complete treatment within 12 months of the impact.</p> <p>Reimbursement will be based on the least expensive treatment that is adequate to correct the damage and on the current dental fee guide.</p>
<b>Ambulance services</b>	<p>If you are in an accident or become critically ill, the plan will cover the usual cost of a licensed ambulance or other emergency service to transport you to the nearest <u>hospital</u> that is able to give the necessary emergency treatment. This also covers travel between hospitals.</p> <p>Reimbursed at 100%, to a maximum of \$500 per calendar year.</p> <p>Can be reimbursed up to \$300 in any calendar year for the travel expenses of an accompanying registered nurse, when <u>medically necessary</u> and approved by the plan. The nurse cannot be a relative.</p> <p>If a licensed ambulance does not provide transportation for someone to accompany you, the plan may cover the cost of a person to accompany you, if it is medically necessary.</p>

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Eligible Expenses	Special Notes
Private-duty nursing	<p>The plan will cover the <b>usual cost</b> of private nursing care at your home, up to \$10,000 per covered person each calendar year (equal to 50 8-hour shifts), provided all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>• your doctor has determined, in writing, that it is <b>medically necessary</b>,</li> <li>• Canada Life has approved the service beforehand,</li> <li>• nursing care is provided within Canada by a registered nurse, registered nursing assistant, or registered practical nurse, or a member of the Victoria Order of Nurses,</li> <li>• the person providing nursing care does not normally live with you or is not a member of your <b>immediate family</b>,</li> <li>• if nursing care is provided in a <b>hospital</b>, the person is not an employee of the hospital,</li> <li>• the nursing care professional provides skilled care that only they can provide, and</li> <li>• the nursing care is not provided in a nursing home, rest home, home for the aged, hospital, or any facility that provides similar care.</li> </ul>

**MEDICAL EQUIPMENT AND SUPPLIES**

The plan covers the **usual cost** of eligible medical equipment and supplies as follows (general exclusions apply):

Eligible Expenses	Special Notes
Aerochambers	<p>Covered if approved by Canada Life</p> <p>To determine the eligible reimbursement amount, submit a pre-approval to Canada Life.</p>

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Eligible Expenses	Special Notes
<b>Apnea monitor</b>	Covered if approved by Canada Life To determine the eligible reimbursement amount, submit a pre-approval to Canada Life.
<b>Artificial limbs/eyes and other prosthetic devices</b>	Covered if non-myoelectric and approved by Canada Life <b>Important notes:</b> <ul style="list-style-type: none"> <li>• Talk to Canada Life before making your purchase, as the cost varies greatly. Canada Life needs information, in writing, regarding the item and the medical condition to determine how much the plan will cover. Canada Life will let you know how much the plan will pay based on the least expensive device that is medically adequate.</li> <li>• Replacements are covered if they are due to a pathological change.</li> <li>• The plan pays for repairs and/or adjustments up to \$50 in any calendar year, including the cost of repairs and/or adjustments to walkers and braces.</li> </ul>
<b>Asthma nebulizer</b>	Covered if approved by Canada Life To determine the eligible reimbursement amount, submit a pre-approval to Canada Life.
<b>Blood glucose monitor</b>	Covered if approved by Canada Life To determine the eligible reimbursement amount, submit a pre-approval to Canada Life.
<b>Breast prosthesis after mastectomy</b>	Including replacement(s)

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Eligible Expenses	Special Notes
<b>Burn-pressure garments for special made-to-measure dressings</b>	Reimbursed up to \$500 per calendar year when prescribed for burn patients
<b>Casts</b>	Covered if approved by Canada Life To determine the eligible reimbursement amount, submit a pre-approval to Canada Life.
<b>Certain diagnostic tests, radium treatments, and X-rays</b>	100% reimbursement for the first \$200 of expenses per calendar year, then 50% reimbursement for the remainder of the calendar year
<b>Compressors</b>	Covered if approved by Canada Life To determine the eligible reimbursement amount, submit a pre-approval to Canada Life.
<b>Crutches and canes</b>	–
<b>Custom-made orthopedic shoes, including modifications and molded arch supports</b>	Expenses are reimbursed up to \$75 per calendar year • Must be prescribed by a <b>physician</b> , podiatrist or chiropodist, and • No other method, such as orthotics and/or off-the-shelf orthopedic shoes, can correct the problem.
<b>Diabetic supplies</b>	You can use your drug card to cover these expenses Examples of diabetic supplies: disposable needles, syringes, lancets and testing materials for monitoring diabetes
<b>Hearing aids and repairs</b>	Reimbursed up to \$900 per ear every 5 calendar years Batteries are not covered.



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Eligible Expenses	Special Notes
<b>Hospital beds</b>	Reimbursement based on: <ul style="list-style-type: none"> <li>• the cost of rental or purchase, whichever is more economical,</li> <li>• Canada Life's approval before the purchase is made, and</li> <li>• the least expensive device that is medically adequate.</li> </ul> Spare parts or alternative supplies are not covered.
<b>Insulin pumps</b>	1 pump every 5 calendar years, to a maximum of \$6,600
<b>Mozes detector</b>	Covered if approved by Canada Life To determine the eligible reimbursement amount, submit a pre-approval to Canada Life.
<b>Ostomy supplies</b>	Covered if approved by Canada Life To determine the eligible reimbursement amount, submit a pre-approval to Canada Life.
<b>Oxygen</b>	-
<b>Oxygen equipment</b>	Covered if approved by Canada Life To determine the eligible reimbursement amount, submit a pre-approval to Canada Life.
<b>Speech aids</b>	Reimbursed up to \$500 in the covered person's lifetime, when: <ul style="list-style-type: none"> <li>• approved by a qualified speech therapist,</li> <li>• authorized by the attending physician, and</li> <li>• the covered person does not have oral communication ability.</li> </ul>
<b>Stump socks</b>	Up to 6 each calendar year

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Eligible Expenses	Special Notes
<b>Surgical bras</b>	Up to 2 each calendar year
<b>Surgical stockings</b>	Up to 2 pairs each calendar year
<b>Temporary therapeutic equipment</b>	Reimbursement based on: <ul style="list-style-type: none"> <li>• the cost of rental or purchase, whichever is more economical,</li> <li>• Canada Life's approval before the purchase is made, and</li> <li>• the least expensive device that is medically adequate.</li> </ul> Spare parts or alternative supplies are not covered.
<b>Walkers and braces</b>	Covered if approved by Canada Life <b>Important notes:</b> <ul style="list-style-type: none"> <li>• Talk to Canada Life before making your purchase, as the cost varies greatly. Canada Life needs information, in writing, regarding the item and the medical condition to determine how much the plan will cover. Canada Life will let you know how much the plan will pay based on the least expensive device that is medically adequate.</li> <li>• Replacements are covered if they are due to a pathological change.</li> <li>• The plan pays for repairs and/or adjustments up to \$50 in any calendar year, including the cost of repairs and/or adjustments to standard non-myoelectric artificial limbs/eyes and other approved prosthetic devices.</li> </ul>

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Eligible Expenses	Special Notes
<b>Wheelchairs (standard manual or electric)</b>	Reimbursement based on: <ul style="list-style-type: none"> <li>• the cost of rental or purchase, whichever is more economical,</li> <li>• Canada Life's approval before the purchase is made, and</li> <li>• the least expensive device that is medically adequate.</li> </ul> Spare parts or alternative supplies are not covered.

**What the Plan Does Not Cover**

The plan does not cover the following items or any other item not listed as an eligible expense, even when prescribed by a **physician**:

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Air conditioners or purifiers</li> <li>• Blood pressure kits</li> <li>• Breast pumps</li> <li>• Cataract contact lenses</li> <li>• Craftmatic, Ultramatic, or other lifestyle beds</li> <li>• Exercise equipment, machines, or programs</li> </ul> | <ul style="list-style-type: none"> <li>• Grab bars</li> <li>• Home or car modifications (e.g., ramps or lifts)</li> <li>• Hoyer lift</li> <li>• Humidifiers</li> <li>• Mattresses, except for standard mattresses with approved hospital beds</li> </ul> | <ul style="list-style-type: none"> <li>• Obus formes or orthopaedic pillows</li> <li>• Raised toilet seats</li> <li>• Transfer bench</li> <li>• Trapeze</li> <li>• Wigs</li> </ul> |
|---|--|--|

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**EXCLUSIONS**

The following list of exclusions applies to the health and travel plans:

- Any service for which reimbursement is prevented by law,
- Cosmetic treatments,
- Health care services or supplies required as a result of any of the following:
  - committing a criminal offense or provoking an assault,
  - intentionally self-inflicted injury,
  - participation in a riot or civil disturbance, or
  - war, rebellion, or hostilities of any kind, whether you are a participant or not,
- Health care services or supplies required solely for recreation or sports purposes,
- Health care services or supplies that you are eligible to claim under any workers' compensation legislation in your province of residence,
- "In vitro" or "in vivo" procedures, or any other infertility procedures, unless otherwise specifically covered in this plan,
- Services or supplies for which you would normally not be charged,
- Services required by a court, your employer, a school, or anyone other than your **physician** (for example, if your employer requires a doctor's note or a court requires that you receive psychological treatment), or
- Treatment to correct temporomandibular joint dysfunction (joint of the jaw).

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## Travel

**OVERVIEW**

If you suddenly and unexpectedly become ill or injured while outside your province of residence and you require immediate medical treatment, the plan will cover all eligible expenses, up to specified limits. You must be eligible for benefits under a government health plan in Canada to qualify for emergency out-of-province/country coverage or travel assistance coverage.

For a summary of your travel coverage, refer to the **Benefits At-a-Glance** section. There you will find information on reimbursement levels and applicable maximums.

Eligible expenses must be **reasonable and customary, medically necessary** and incurred while the individual was covered under the plan.

Payment will be based on reasonable and customary charges in the area in which the treatment is given as determined by the insurer adjudicating benefits. Limits may apply to specific services and supplies.

For a list of travel plan exclusions, see the **Exclusions** section.

Item	Coverage
<b>Out-of-country emergency coverage</b>	100% reimbursement, to a maximum of \$1 million per emergency above what your provincial health plan pays  <b>Note:</b> Certain expenses, such as prescription drugs, are covered to the same extent as they would be in Canada.
<b>Out-of-province referrals</b>	100% reimbursement for the difference between: <ul style="list-style-type: none"> <li>• the actual cost, and</li> <li>• the amount available under the provincial plan, provided the provincial plan is first payer.</li> </ul>

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**WHAT'S COVERED**

Eligible Expenses	Special Notes
<b>Hospitalization</b>	<b>Hospital</b> room at the ward rate Hospital services and supplies also covered
<b>Living expenses for a companion travelling with the patient, to stay with the patient beyond the original return date</b>	Reimbursed up to \$150 a day, for a total reimbursement of \$1,500 Includes cost of accommodation, meals, telephone and taxi or rental cars The travel assistance provider must approve the charges beforehand.
<b>Medical evacuation home or transportation to another medical facility</b>	Economy airfare for transportation home
<b>Physician services</b>	–
<b>Referrals to physicians or medical facilities, if necessary</b>	The travel assistance provider is not responsible for the actions or advice of any persons that you are referred to.
<b>Return home airfare (economy class) for a travel companion</b>	For a companion who is travelling with the patient and who has forfeited their ticket because of a delay caused by the insured person's illness, injury, or death The travel assistance provider must approve the charges beforehand.
<b>Return home airfare (economy class) for each child</b>	For each <b>child</b> left alone because of the insured person's illness, injury, or death The travel assistance provider will also arrange for a qualified attendant to accompany the <b>children</b> , if necessary. The travel assistance provider must approve the charges beforehand.
<b>Return of deceased</b>	Reimbursed up to \$3,500

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Eligible Expenses	Special Notes
<b>Return of vehicle (to insured person's home or the nearest rental agency)</b>	Reimbursed up to \$1,000 The travel assistance provider must approve the charges beforehand.
<b>Round-trip economy airfare for a visiting family member</b>	Provided the insured person is travelling alone and must be hospitalized for more than 10 days The travel assistance provider must approve the charges beforehand.
<b>Wheelchairs, prescription drugs, crutches, and other eligible expenses under the plan's health coverage</b>	Covered to the same extent as they would be in Canada
<b>Non-medical services</b>	<ul style="list-style-type: none"> <li>• Multilingual assistance by telephone, 24 hours a day, 365 days a year, to obtain aid, assistance, and exchange information relating to the covered services,</li> <li>• Arrangements for direct payment, wherever possible, for <b>physicians'</b> services, hospitalization and other insured services,</li> <li>• Communication with the physician who is treating the insured person to get an understanding of the situation and monitor the condition,</li> <li>• Telephone interpretation services in most major languages,</li> <li>• The sending and receiving of urgent messages,</li> <li>• Help to locate Embassy or Consulate services, and</li> <li>• Help to locate lost documents or luggage.</li> </ul>
<b>Out-of-province referrals</b>	The plan covers the <b>usual cost</b> of treatment, in relation to referrals for treatment in Canada and the United States only. If treatment is available in your home province, the plan will not cover the referral expenses. A physician in your home province must give a written referral for treatment that is not performed in that province. Canada Life must approve the referral beforehand.

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**What the Plan Does Not Cover**

Your travel coverage does not pay for any expenses incurred directly or indirectly as a result of:

- your pregnancy, if expenses are incurred outside Canada within nine weeks of your expected delivery date,
- the birth of a **child** born outside of Canada within nine weeks of the expected delivery date, or after the expected delivery date,
- an accident that occurred while you were operating a vehicle, vessel, or aircraft, if you:
  - were impaired by drugs or alcohol, or
  - had a blood-alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood,
- abuse of illegal substances.

The plan also does not provide coverage as described in this section:

- for emergency treatment while travelling for health reasons,
- once emergency treatment for a condition is completed, for any ongoing treatment related to that condition, and
- for medical emergencies in your home province.

General exclusions also apply. See the **Exclusions** section for more information.

**TRAVEL ADVICE**

**Things to Keep in Mind Before You Travel**

Out-of-country emergency coverage provides protection for certain medical expenses incurred by you and your eligible **dependents** as a result of a medical emergency that occurs while traveling outside Canada, typically when travelling for business, vacation or education purposes.

A medical emergency is:

- a sudden and unexpected injury,
- the onset of a condition not previously known or identified prior to departure from Canada, or
- an unexpected episode of a condition known or identified prior to departure from Canada.



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An unexpected episode means it would not have been reasonable to expect the episode to occur while travelling outside Canada. If a person was suffering from symptoms before departure from Canada, Canada Life may request medical documentation to determine whether, in the circumstances, it could have reasonably been anticipated that the person may require medical treatment while outside Canada.

For pregnant travellers, this means that any pregnancy-related expenses incurred outside Canada may not be covered if, for example, they are incurred:

- on or after day one of the person's 35<sup>th</sup> week of pregnancy, or
- at any time prior to the 35<sup>th</sup> week of pregnancy and the person's Canadian **physician** considers the pregnancy to be high risk.

*Planning a Vacation?*

If you're planning a get-a-way, be sure to check if the country you're visiting requires proof of travel health insurance. If proof is required, contact the City of Charlottetown Human Resourced Department at (902) 629-4123 to have confirmation of your emergency travel insurance sent to you by mail, email or fax. In some countries, such as Cuba, proof of coverage can be shown in the form of a proof of coverage letter and/or your provincial health card.

If you do not have the appropriate proof of coverage when you enter a country, you may be required to purchase additional coverage on the spot.

When travelling, it is recommended to have the following information with you:

- wallet ID card,
- provincial health card,
- a valid passport, and
- coverage confirmation letter (provided by the City of Charlottetown Human Resourced Department).

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**What to Do in the Event of an Emergency**

In the event of an emergency where you become ill or are injured outside your home province or Canada, call the travel assistance provider **as soon as possible**. You can find the contact number on your travel assistance card, which you should always keep on you while you are traveling.

If you or your representative does not call the travel assistance provider right away, your benefits may be reduced by 40% of covered expenses, with a maximum reimbursement of \$25,000.

Calling immediately will enable the travel assistance provider to co-ordinate payment directly with the **hospital** and/or medical provider involved, only if the travel assistance provider obtains your approval to co-ordinate payment with the provincial health plan.

**Following Doctors' Orders**

If your **physician** or the Travel Assistance Centre recommends that you return to your home province and you choose not to go, your emergency coverage and travel assistance coverage will end.

If your physician or the Travel Assistance Centre recommends that you be moved to another facility and you choose not to go, your benefits will be reduced by 40% of covered expenses, with a maximum reimbursement of \$25,000.

**EXCLUSIONS**

The same list of exclusions as describe under the health plan, also apply to the travel benefit. See the health **Exclusions** section for details.

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## Dental

**OVERVIEW**

The dental plan offers you and your family basic preventative and maintenance dental care coverage, plus major restorative services.

For a summary of your dental coverage, refer to the [Benefits At-a-Glance](#) section. There you will find information on reimbursement levels and applicable maximums.

Eligible dental expenses are those that a **dentist**, doctor, or denturist (provided the work is within the scope of the denturist’s license and they are registered with the Council of the Denturist Society of PEI) considers necessary.

Expenses are based on the Dental Association Suggested Schedule of Fees for General Practitioners for the current year.

It is entirely up to you and your dentist to decide which treatment method to use – alternative or otherwise. However, reimbursement will be based on the least expensive treatment method that will provide a professionally adequate result.

**We encourage you to get approval for unusual or large dental expenses beforehand to make sure the plan covers them.**

For a list of dental plan exclusions, see the [Exclusions](#) section.

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<b>Preventative and maintenance services</b>	• 100% reimbursement
<b>Major restorative services</b>	• 80% reimbursement, to a maximum of \$1,000 per calendar year

*Submitting a Treatment Plan for Expensive Dental Treatment*

If your dental treatment will cost more than \$500, Canada Life recommends that you contact them before you incur the expense, to determine how much the plan will pay and how much you will pay. Here's what you need to do:

1. For pre-determination of benefits, send Canada Life a detailed description of the treatment plan and its cost. Your **dentist** can provide this information for you and send it on your behalf.
2. You may also be asked to supply a fully completed written estimate, plus pre-operative X-rays, diagnostic casts, and laboratory reports.

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**PREVENTATIVE SERVICES**

The plan covers the usual cost of eligible preventive care as follows, subject to general exclusions:

Eligible Expense	Description	Special Notes
<b>Anaesthesia</b>	From sedatives to total loss of consciousness	During a surgical dental procedure
<b>Bite adjustment/ equilibration</b>	A procedure to correct the bite problem between the upper and lower teeth when they are in contact	8 units every calendar year
<b>Cavity prevention</b>	Fluoride	Once every 12 months
	Oral hygiene instruction and re-instruction – One-on-one instruction by the <b>dentist</b> or oral hygienist on how to brush and floss	
	Pit and fissure sealants – Coating put on top of any pits or cracks in teeth to prevent cavities from forming	Unlimited
	Polishing/cleaning of teeth	1 treatment every 12 months
	Recall package – Polishing, recall scaling, recall examinations, and fluoride	Once every 12 months
	Recall scaling	1 treatment every 12 months as part of the recall package
<b>Examinations</b>	Analysis of primary and permanent teeth	
	Consultation to discuss a serious dental problem and to agree on a treatment plan	Unlimited
	Emergency examinations	Unlimited
	Initial or complete examination	Once per dentist
	Recall examinations	Once every 12 months

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Eligible Expense	Description	Special Notes
<b>Examinations</b>	Specific examinations – may include an examination of the teeth or a specific tooth, gums and underlying bone, pulp vitality tests and checking occlusion	
<b>Fillings</b>	Amalgam fillings – Silver fillings that are used to restore teeth	
	Composite fillings – White fillings that are used to restore teeth	
	Pre-fabricated posts – Pre-made posts used for additional support to the tooth after root canal treatment	
	Retentive pins – Pins used to make sure that a restoration or filling stays in place	
	Sedative fillings for caries, trauma and pain control – Caries result from tooth decay. Trauma means a blow to the mouth or teeth resulting in injury. Severe wear may be considered a traumatic injury. Pain control includes temporary fillings and local anaesthesia to reduce pain before a permanent filling is installed.	
	Stainless steel, plastic and polycarbonate caps – Caps that are installed to cover the whole tooth	Only children age 14 and under are covered
Veneer applications – White facings placed on a tooth's surface	Veneers that are done for cosmetic purposes are not covered.	
<b>Finishing restorations</b>	Polishing of a filling previously placed in the mouth	Unlimited

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Eligible Expense	Description	Special Notes
<b>Interproximal discing</b>	Removal of a thin slice of tooth enamel to make more room for the teeth that are slightly crowded	Unlimited
<b>Minor oral surgery</b>	Extractions	Unlimited
	Removal of a tooth, including an impacted tooth	
	Residual root removal	1 root removal per tooth in a lifetime
<b>Mouth guards</b>	Removal of tooth roots left behind when a tooth is pulled out	
	A soft, flexible, plastic protective appliance worn to protect upper and lower teeth during contact sports	1 every 12 months
<b>Recontouring of teeth</b>	Procedure to correct the bite between opposing teeth by shaping or grinding the enamel surfaces	For functional purposes only Unlimited
<b>Space maintainers and related maintenance</b>	An appliance that a <b>dentist</b> uses to maintain a space where a tooth has been removed	Unlimited

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Eligible Expense	Description	Special Notes
<b>Tests and other diagnostic services</b>	Biopsy of oral tissue	Unlimited
	Caries susceptibility test – Bacteriological analysis of the saliva to determine the susceptibility of cavities	Unlimited
	Diagnostic cast interpretation – Diagnosis of dental condition by studying impressions or casts of a person's mouth	Unlimited
	Diagnostic photographs – Intra and extra oral photographs of the teeth, mouth and jaw that aid in the diagnostic determination of dental treatment	Unlimited
	Laboratory reports and interpretation	Unlimited
	Pulp vitality test – To determine if the pulp (the soft tissue inside a tooth) is healthy	1 per tooth if the test is done more than 30 days prior to a root canal therapy
	Unmounted study models – Diagnostic casts or models of the upper and lower teeth for diagnostic ability or for construction of impression trays and temporary bridges and partial dentures	Unlimited



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Eligible Expense	Description	Special Notes
X-rays	Bitewing films – To detect decay in molar teeth	Up to 4 every 5 months
	Cephalometric films – X-rays of the facial and skull profile for orthodontic purposes	Up to 5 every 24 months
	Extra-oral films – X-rays taken outside of the oral cavity	Up to 4 every 5 months
	Full mouth series – At least 16 films, including bitewings	1 series every 12 months
	Hand and wrist X-rays	
	Occlusal films – X-rays of the chewing surface of the teeth to show the fit between the upper and lower teeth when they are in contact	Up to 4 every 5 months
	Panorex films – One view of the entire mouth	Once every 12 months
	Periapical films – X-rays of single tooth	Unlimited
	Postero-anterior and lateral skull and facial bone films – Large X-ray film of the entire lower two-thirds of the face, showing the upper and lower jaws, sinuses, and teeth	
	Radiopaque dyes – Dyes that can be seen on an X-ray and are used to determine decay in teeth, or gum pockets around abscessed teeth	Unlimited
Sialography films – Intra oral X-rays of the salivary glands that assist with the diagnosis of duct stones	Unlimited	

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Eligible Expense	Description	Special Notes
<b>X-rays</b>	TMJ films – Cephalometric and pantographic X-rays of the upper face and joint are used for TMJ and TMD diagnosis	Up to 5 cephalometric X-rays every 24 months and up to 4 temporomandibular joint X-rays every 12 months

**MAINTENANCE SERVICES**

The plan covers the usual cost of eligible maintenance work as follows, subject to general exclusions:

Eligible Expense	Description	Special Notes
<b>Alveoloplasty</b>	Remodelling, removing or reducing bone	
<b>Appliances and related adjustments</b>	Myofacial pain syndrome appliances – Worn to manage pain in the facial area caused by internal and external forces on the teeth due to muscle contractions from abnormal forces or stress	Appliances once per arch every 2 calendar years, unlimited adjustments and repairs
	Periodontal appliances – Making the impression and inserting the appliances	Appliances once per arch every 2 calendar years, unlimited adjustments and repairs
	TMJ appliances – Worn to manage temporomandibular joint pain and discomfort	Cost of making the impression and inserting the appliance once per arch every 2 calendar years, unlimited adjustments and repairs
<b>Gingivoplasty</b>	Remodelling gums	Unlimited

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Eligible Expense	Description	Special Notes
<b>Maintenance of existing dentures</b>	Adjustments (including remount and occlusal equilibration)	Unlimited, provided adjustments made more than 3 months after the new dentures were inserted
	Prophylaxis and polishing – Procedure to clean and polish dentures, can be done in an office or in a lab	Unlimited
	Rebasing – Fitting dentures with a new base	Once per arch every 2 calendar years
	Relining – Adding material so that the dentures fit properly	Once per arch every 2 calendar years
	Remake – Remaking a new partial denture using the patient's existing framework	Once per arch every 2 calendar years
	Repairs – Fixing broken or damaged dentures	Unlimited
	Tissue conditioning – Applying a conditioner to the alveolar ridge that ensures a proper denture fit	Unlimited
<b>Major oral surgery</b>	Surgery – May include local anaesthesia, appropriate X-rays, surgery and follow-up care	Unlimited, provided the surgery is not for cosmetic purposes and not part of any implant or part of any orthognathic surgery, remodelling or repositioning of the lower jaw
	Antral surgery – Surgical removal of a tooth that has been forced up into a sinus cavity	
	Fractures – Treatment of fractures of the upper or lower alveolar bone, which holds the teeth in the sockets	
	Frenectomy – Surgery on the frenum (a thin tissue that connects the lips to the gums and the tongue to the floor of the mouth)	

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Eligible Expense	Description	Special Notes
<b>Major oral surgery</b>	Hemorrhage control – Treatment to stop bleeding resulting from an extraction or trauma	
	Post-surgical care – Treatment given by the <b>dentist</b> after surgery until healing is complete	
	Sialolithotomy – Partial removal of the salivary duct	
	Stomatoplasty – Remodelling the floor of the mouth	
	Surgical enucleation – Surgical removal of teeth prior to eruption	
	Surgical excision – Removal of cysts or a foreign body	
	Surgical incision – Incision made to an infected area usually to allow drainage	
	Surgical exposure – Surgical incision to expose teeth that will not erupt or come on time	
	Surgical repositioning – Surgical procedure to reposition teeth due to growth abnormalities or trauma, resulting in the correct alignment of the upper and lower jaws	
	Transplantation of erupted or non-erupted teeth – Placement of teeth to another area of the mouth because of the early removal of the pre-existing teeth due to decay or trauma	
Vestibuloplasty – Ridge reconstruction		

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Eligible Expense	Description	Special Notes
<b>Major restorative adjunctive services</b>	Crown, inlay, onlay and bridgework repairs – Repairs to existing crowns, inlays, onlays, and bridgework	Unlimited
	Porcelain staining – Application of a stain to a fabricated crown to match the color of the natural teeth	Unlimited
	Removal and/or recementation – Removal and/or recementation of crowns, inlays, onlays, or bridgework after having been uncemented or repaired	Unlimited
<b>Treatment of gum disease</b>	Desensitization – Applying fluoride to reduce sensitivity	May include local anaesthesia, surgical dressing, sutures and follow-up care for 1 month, post-treatment evaluation not covered
	Displacement dressing – Placing a medicated pack on inflamed gums to move gums away from the calculus (deposits on teeth that irritate gums)	
	Flap surgery – The opening made for bone removal	
	Gingival curettage – Scraping out damaged tissue inside the gums	
	Gingivectomy – Removing damaged gum tissue	

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Eligible Expense	Description	Special Notes
<b>Treatment of gum disease</b>	Periodontal scaling and/or root planing (tartar removal) – Scaling: removing calcium deposits on teeth, root planing: smoothing rough tooth surfaces and removing any calcium deposits	
	Tissue graft – The transfer of healthy gums to an area where the gums have receded	
<b>Treatment of roots</b>	Apexification – Closing the root of a tooth with hard tissue	May include a treatment plan, anaesthesia, tooth isolation, treatment with appropriate X-rays, placement of dentogenic media (material that causes a root tip to form in young teeth so that root canal therapy can be done), and follow-up care
	Apicoectomy – Surgical removal of a root end after root canal therapy	
	Bleaching endodontically treated tooth – The whitening of a tooth internally through the root canal opening of a tooth	
	Endosseous intracoronaral – Implants for root stabilization, codes 34461, 34462 and 34471	

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Eligible Expense	Description	Special Notes
<b>Treatment of roots</b>	Hemisection – The removal of a portion of the root(s) and the crown of a tooth but leaving the other root(s) in place	
	Intentional removal, apical filling and reimplantation – The intentional removal of a healthy tooth and implanting it (e.g., a third molar is removed and used to replace a missing first molar)	
	Pulpectomy – The removal of tissue from the pulp chamber	
	Pulpotomy – The removal of dental pulp from the crown portion of the tooth	
	Retrofilling – Filling done through the root end	
	Root amputation – Root(s) from a tooth removed because of infection	
	The crown and at least one root remain so that the tooth does not have to be removed.	

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Eligible Expense	Description	Special Notes
Treatment of roots	Root canal therapy	Includes a treatment plan, pulp vitality test, pulpectomy (removing the diseased nerve from inside the tooth to reduce pain), opening and drainage, tooth isolation, and clinical procedure with appropriate X-rays  If your coverage ends during root canal therapy, coverage will be extended for 30 days to complete the root canal service. If your dental coverage is replaced by a policy with another insurer before the procedure is completed, the replacing insurer will be responsible for the cost of the entire procedure.



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**MAJOR RESTORATIVE SERVICES**

The plan covers the **usual cost** of eligible major restoration as follows, subject to general exclusions, to a maximum reimbursement of \$1,000 per calendar year:

Eligible Expense	Description	Special Notes
Bridges	Bridges	<p>Crown lengthening (subgingival preparation) before tooth preparation is not covered</p> <p>Charges for replacing an existing bridge will only be paid if such replacement is for an equivalent bridge and meets one of the conditions shown below:</p> <ul style="list-style-type: none"> <li>• it has been more than 5 calendar years since the last bridge was inserted, or</li> <li>• it has been less than 5 calendar years since the last bridge was inserted and the existing bridge can no longer be worn</li> </ul> <p>Canada Life must approve this</p>
	Pontics – Artificial teeth that replace missing teeth	<p>Covered only if it has been more than 5 calendar years since the last pontic was installed in that space</p>

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Eligible Expense	Description	Special Notes
<b>Bridges</b>	Posts in retainers/abutments – Posts and cores used for additional support to the retainer/abutment	Covered only if it has been more than 5 calendar years since the last installation to that tooth
	Retainers/abutments – The tooth beside the missing tooth that will be used to support the bridge	Preparation of the tooth is covered only if it has been more than 5 calendar years since the last preparations were made to that tooth
<b>Caps and tooth coverings</b>	Build-up/fillings – Restoring a tooth prior to capping for better adaptation of the cap	
	Crowns – A cap that covers the whole tooth	
	Inlay/onlay restorations – Metal, composite, or porcelain casts placed on the surface of the tooth	
	Posts and cores – Laboratory-processed posts and cores used for additional support to the tooth after root canal therapy	
	Retentive pins in inlays, onlays and crowns – Pins used to make sure that the inlays, onlays or crowns stay in place	
	Veneer applications (laboratory processed) – White facings put on a tooth's surface	Veneer applications that are done for cosmetic purposes are not covered

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Eligible Expense	Description	Special Notes
<b>Dentures</b>	Acrylic dentures – Dentures with an acrylic denture base	Covered only if it has been more than 5 calendar years since the last acrylic dentures were inserted
	Complete dentures – Dentures that replace either all of the top teeth or all of the bottom teeth	Charges for replacing an existing denture will only be paid if such replacement is for an equivalent denture and meets one of the conditions shown below: <ul style="list-style-type: none"> <li>• it has been more than 5 calendar years since the last complete dentures were inserted, or</li> <li>• it has been less than 5 calendar years since the last complete dentures were inserted and the existing dentures can no longer be worn</li> </ul> Canada Life must approve this
	Gnathological dentures – Placed to realign the upper and lower jaws following surgical procedures for jaw correction	Covered only if it has been more than 5 calendar years since the last dentures were inserted

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<b>Dentures</b>	Overdentures – Placed over a few remaining teeth that have had root canal treatment, and adapted to assist with the stabilization of the denture	
	Partial dentures – Partial dentures replacing one or more top or bottom teeth  The partial dentures may be acrylic (plastic), metal or chrome base that can have acrylic, wire or chrome clasps (which hold on to the teeth).	Covered only if it has been more than 5 calendar years since the last partial dentures were inserted or additional teeth have been extracted
	Transitional dentures – Temporary dentures used for healing purposes due to the extraction of one or more teeth	

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**EXCLUSIONS**

- Any dental charges not included in the Dental Association Suggested Schedule of Fees for General Practitioners
- Dental services or supplies that you are eligible to claim under any workers' compensation legislation
- Any endodontic treatment that was started before the effective date of coverage
- Any treatment related to orthognathic surgery
- Charges for appointments that are not kept
- Charges for completing claim forms
- Cosmetic procedures
- Crown lengthening (subgingival preparation) before tooth preparation
- Experimental treatment or testing
- Procedures or supplies used in vertical dimension corrections (changing the height of teeth) or to correct attrition problems (worn-down teeth)
- Replacement of dental appliances, including dentures, that are lost, misplaced, or stolen
- Treatment to correct temporomandibular joint dysfunction

In addition to the above, the plan does not cover the following major dental coverage:

- Crowns, bridges, or dentures for which tooth preparations were started before the effective date of coverage
- Implanting fabricated teeth or any major surgery resulting from implanting fabricated teeth

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## Employee Assistance Program

**OVERVIEW**

The benefits plan also includes a confidential, full-service Employee Assistance Program (EAP), supplied by HumanaCare, for you and your **dependents**. The EAP offers the services of professional consultants who will listen to your concerns and help you find answers to everyday questions.

The program provides support for a full range of personal and family issues or life events and includes consultations, information and educational materials, counselling and personalized community referrals. The EAP can help with a wide range of issues, including:

<b>Life</b>	Stress/overload, anxiety, depression, grief/loss, community resources
<b>Family</b>	Parenting, separation/divorce, blended families, caring for older adults, education
<b>Money</b>	Saving/investing, debt management, estate planning/wills, home buying/renting
<b>Work</b>	Work relationships, job stress/burnout, managing people
<b>Health</b>	Fitness/nutrition, sleep, addiction/recovery, smoking cessation

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The EAP member website – [www.humanalife.ca](http://www.humanalife.ca) (access code humanacare) – also offers confidential access to many resources, including:

- hundreds of articles,
- short videos,
- podcasts, and
- free educational materials and resources to order.

You can also download the free LifeWorks mobile app for iPhone, Android or BlackBerry.

The EAP is available 24 hours a day, seven days a week by phone or online.

For more information or to schedule services:

- Call HumanaCare toll free at 1-800-661-8193
- Login to [www.humanalife.ca](http://www.humanalife.ca) (access code: humanacare)

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## Life and Accident

### OVERVIEW

A financial safety net is important when you have loved ones who depend on you for financial security. The plan helps provide that safety net in the event of your death or a serious injury. Financial protection is also offered in the event your **spouse** or **child** dies.

For a summary of your life and AD&D coverage, refer to the **Benefits At-a-Glance** section. There you will find information on benefits payable in the event of a death or serious injury.

For a list of life and AD&D exclusions, see the **Exclusions** section.

<b>Basic life insurance</b>	<ul style="list-style-type: none"> <li>• For you (mandatory)</li> <li>• For your <b>spouse</b> (mandatory)</li> <li>• For your <b>children</b> (mandatory)</li> </ul>
<b>Basic AD&amp;D insurance</b>	<ul style="list-style-type: none"> <li>• For you (mandatory)</li> </ul>



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## LIFE INSURANCE

The plan provides a basic life insurance benefit for you, your **spouse** and **children**.

For a summary of your life insurance coverage, refer to the **Benefits At-a-Glance** section.

Basic life insurance is not available if you are a seasonal CUPE 501 employee or a part-time or seasonal CUPE 830 employee.

### Basic Life Insurance for You

If you die while insured, this benefit provides financial assistance to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

**Designating a beneficiary** – and keeping your beneficiary designation up to date – ensures that your intended beneficiaries are well-protected. To designate or update your beneficiary, complete the beneficiary designation section of the Enrolment form or Group Coverage Change form and return it to the City of Charlottetown Human Resources Department.

### Basic Life Insurance for Your Dependents

If your spouse or child dies while insured, this benefit is payable to you.

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**ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE**

Along with basic life insurance protection, the plan automatically provides you with basic AD&D insurance – an extra measure of protection against a number of losses.

For a summary of your AD&D insurance coverage, refer to the [Benefits At-a-Glance](#) section.

Basic AD&D insurance is not available if you are a seasonal CUPE 501 employee or a part-time or seasonal CUPE 830 employee.

**Basic AD&D Insurance for You**

In the event of a covered loss (other than loss of life), the benefit will be paid to you. In the event of your death, the benefit amount is payable to your designated beneficiary, or to your estate if your beneficiary has died before you or you haven't designated a beneficiary.

**Designating a beneficiary** – and keeping your beneficiary designation up to date – ensures that your intended beneficiaries are well-protected. To designate or update your beneficiary, completed the beneficiary designation section of the Enrolment form or Group Coverage Change form and return it to the City of Charlottetown Human Resources Department.

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If an injury results in a **loss** or loss of use of a limb as specified in the table below, within one year from the date of the accident, you will receive a percentage of the benefit amount you have in place for basic coverage. The percentage payable varies according to the severity of the loss, as follow:

Covered Loss	Percentage Payable
<ul style="list-style-type: none"> <li>Life</li> </ul>	100%
<ul style="list-style-type: none"> <li>Hemiplegia (paralysis of one arm and one leg on the same side of the body)</li> <li>Paraplegia (paralysis of both lower limbs)</li> <li>Quadriplegia (paralysis of all four limbs)</li> </ul>	200%
<ul style="list-style-type: none"> <li>Use of both hands or feet</li> <li>Entire sight in both eyes</li> <li>One hand and one foot</li> <li>One hand or foot and entire sight in one eye</li> <li>Speech and/or hearing in both ears</li> <li>Use of one hand or one foot</li> <li>Use of one leg or one arm</li> </ul>	100%
<ul style="list-style-type: none"> <li>Entire sight in one eye</li> </ul>	75%
<ul style="list-style-type: none"> <li>Thumb and index finger of the same hand</li> <li>Four fingers of the same hand</li> <li>Hearing in one ear</li> </ul>	40%
<ul style="list-style-type: none"> <li>All toes of one foot</li> </ul>	33.3%

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For benefits to be payable, the loss of use must:

- be total and irrecoverable,
- continue for 12 consecutive months, and
- be determined by the insurer to be permanent.

**EXAMPLE: HOW COVERAGE WORKS**

Let's assume that you have basic AD&D coverage of \$90,000. If you were to lose all your toes on one foot, you would receive 33.3% of your coverage, as follows:

<b>Coverage</b>	33.3% x \$90,000 = \$29,970
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**ADDITIONAL BENEFITS**

**Basic Coverage**

**Disappearance and exposure**

The plan will cover a loss that results from unavoidable exposure to the elements, to the extent of the benefits covered by the policy. If your body has not been found within one year of the disappearance, sinking or wrecking of the vehicle in which you were an occupant at the time of the accident, it will be assumed that you have died accidentally. The plan will then pay benefits.

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**Basic Coverage**

**Education benefit**

In the event of your accidental death, the plan will pay a benefit to any dependent child who, on the date of the accident that led to your death:

- is enrolled full-time in any **post-secondary institution** beyond the 12<sup>th</sup> grade level, or
- was at the 12<sup>th</sup> grade level and subsequently enrolls as a full-time student in any post-secondary institution within 365 days of the accident that led to your death.

The benefit is equal to 5% of your coverage amount, to a maximum of \$5,000 per year. This benefit is payable for a maximum of five consecutive annual payments, provided your dependent child remains fulltime in a post-secondary institution.

The first payment will be made when the benefit for loss of life becomes payable and on the date written proof is provided confirming that the dependent child is a full-time student at a post-secondary institution.

**Note:** The maximum benefit will not exceed, in the aggregate, \$5,000 per year between all policies issued to you by the insurer.

If no dependent child qualifies at the time of your death, the plan will pay an additional benefit of \$2,500 to your designated beneficiary.

**Family transportation**

If you suffer an accidental injury, are hospitalized at least 50 km from your normal place of residence, are under the regular care and attendance of a **physician**, and require the personal attendance of a member of the immediate family, the plan will pay up to \$15,000 for transportation and accommodation to have a member of your immediate family visit you. Your attending physician, however, must require your family member's presence in writing.

No benefits are payable for board or ordinary living, travelling or clothing expenses.

Transportation must be by the most direct route by a licensed common carrier. Otherwise, transportation expenses will be limited to \$0.35 per kilometer travelled.

**Note:** This benefit will be payable under only one of the policies issued to you by the insurer.

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**Basic Coverage**

<b>Heart and Circulatory Malfunction Benefit</b>	If you are a fire department employee and, as a direct result of participating in an emergency duty, a practice, a drill, a parade or a test or trail of any fire fighter apparatus or other equipment, you receive medical treatment for heart or circulatory malfunction within 24 hours thereafter, the plan will pay benefits of three times your annual earnings up to \$300,000 if you die within 72 hours of receiving medical treatment, provided you had not been medically diagnosed, advised or treated for any cardiovascular disease or disorder during the two years immediately prior to the date of the non-practice emergency alarm.
<b>Home and vehicle alteration</b>	If you receive benefits for a covered <b>loss</b> and must use a wheelchair, the plan will pay up to \$15,000 combined for: <ul style="list-style-type: none"> <li>• the one-time cost of alterations to your home so it is wheelchair accessible and habitable, and</li> <li>• the one-time cost of alterations to your vehicle so it is accessible and you can drive it.</li> </ul> <p>For benefits to be paid, home and vehicle alterations and modifications must enable you to access your residence and/or vehicle in a wheelchair and must be approved, where required by law, by licensing authorities.</p> <p><b>Note:</b> This benefit will be payable under only one of the policies issued to you by the insurer.</p>
<b>Permanent and total disability</b>	If you are <b>permanently and totally disabled</b> after 12 months of continuous total disability, as determined by competent medical authorities, the plan will pay a benefit equal to your coverage amount, less any other related payments from the plan for accidental injuries. A permanent and total disability must begin within 365 days of the accident that led to a covered loss.

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**Rehabilitation**

If you are entitled to benefits for eligible losses, the plan will pay up to \$15,000 of reasonable and necessary expenses for special training to be qualified for an occupation in which you would not have engaged in had the accident not occurred. Expenses must be incurred within three years of the accident.

No benefits are payable for ordinary living, travelling or clothing expenses.

**Note:** This benefit will be payable under only one of the policies issued to you by the insurer.

**Repatriation/ identification**

In the event of your accidental death at least 50 km from your principal place of residence, the plan will pay up to \$15,000 for the preparation and transportation of your body to a resting place, including but not limited to a funeral home or place of interment.

The plan also covers the reasonable and necessary expenses of a single return trip for a member of your immediate family, or a family representative, to travel to the city or town whether your body is located if the police or similar government authority require the identification of your body.

If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, reimbursement of transportation expenses will be limited to \$0.35 per kilometre travelled.

No benefits are payable for ordinary living, travelling or clothing expenses.

**Note:** This benefit will be payable under only one of the policies issued to you by the insurer.

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<p><b>Seat belt benefit</b></p>	<p>If you suffer a covered loss while wearing a properly fastened seat belt in a private passenger car, station wagon, van, jeep-type automobile or truck at the time of the accident, the plan will pay 10% of the amount that would otherwise be payable for the covered loss to a maximum of \$50,000.</p> <p>The official accident report must certify that you were wearing a seat belt at the time of the accident.</p> <p>The driver must hold a current and valid driver’s license of a rating authorizing them to operate such a vehicle, and at the time of the accident neither be intoxicated nor under the influence of drugs (as defined by the local jurisdiction where the accident occurs).</p>
<p><b>Spousal retraining benefits</b></p>	<p>In the event of your accidental death, the plan will pay up to \$15,000 for any formal occupational training expenses incurred by your spouse to gain active employment in a field for which they were not previously qualified.</p> <p>The expenses must be incurred within three years of the date of the accident.</p> <p>If your spouse satisfies the requirements indicated above, they will be deemed the beneficiary of the benefit.</p> <p><b>Note:</b> This benefit will be payable under only one of the policies issued to you by the insurer.</p>



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**Waiver of premium**

If you become totally disabled (unable to perform all the substantial and material duties of your occupation), your life insurance coverage will continue without payment of premium, provided you are receiving long-term disability benefits and:

- the waiver is approved under the applicable basic group life insurance coverage,
- the total disability results from an accident or sickness while the policy is in force, and
- the total disability continues for the period of time as approved under the applicable basic group life insurance coverage.

Your continued coverage will be subject to the terms and provisions of the plan in effect on the date your disability begins, including any provisions for reductions in the insurance amounts.

In no event will benefits payable for a loss that occurs while coverage is being continued exceed your coverage amount on the date your disability begins.

“Your occupation” refers to each and every occupation or employment assigned to you by your employer and at which you were working for compensation on the date of the accident. This waiver will last until the earliest of:

- the date the policy is terminated,
- your 70<sup>th</sup> birthday,
- the date you cease to be totally disabled, or
- the date you fail to provide satisfactory proof to the insurer of the continuance of total disability within 90 days of the request or such proof or if you refuse to submit to a medical exam at the request of the insurer.

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### Basic AD&D Insurance

This coverage does not provide benefits for losses resulting from:

- suicide or attempted suicide, while sane or insane,
- intentionally self-inflicted injuries, while sane or insane,
- war, whether declared or undeclared, and whether or not you are actually participating therein,
- participation in a civil commotion, riot, insurrection or armed conflict,
- while you are serving as a combatant or non-combatant member in the armed forces of any country,
- while riding as a passenger or otherwise in any vehicle or device for aerial navigation other than as provided in the "Aircraft Coverage" section of the policy,
- while undergoing medical treatment or surgery, except is the medical treatment or surgery was needed because of an accident.

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## Disability

### OVERVIEW

Long-term disability (LTD) benefits provide financial help should you become disabled for an extended period of time. If you are eligible for benefits, you will receive a percentage of your income while you are on LTD leave.

For a summary of your LTD coverage, refer to the **Benefits At-a-Glance** section. There you will find information on benefits payable in the event you become disabled.

LTD is not available if you are a seasonal CUPE 501 employee or a part-time or seasonal CUPE 830 employee.

For a list of LTD exclusions, see the **Exclusions** section.

For step-by-step instructions, see the guide How to apply for LTD benefits (available on [mybenefitplan.ca](http://mybenefitplan.ca) or by contacting the City of Charlottetown Human Resources Department).

<b>Long-term disability</b>	70% of your monthly <b>earnings</b> , to a maximum benefit of \$7,000 per month
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### LONG-TERM DISABILITY

The plan will pay monthly LTD benefits to you if you are considered totally disabled. These benefits are not taxable (except if you are a CUPE Local 830 employee, your LTD benefits are taxable).

If you become disabled as a result of an accident, you may also be eligible for a permanent total disability benefit under your AD&D insurance. See the **AD&D insurance** section for more information.

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**When Will Benefits Begin?**

LTD benefits will begin after the qualifying period has been satisfied, which is:

- For members of the police union (APA Local 301) – 90 working days,
- For full-time firefighters, CUPE Local 830 employees, or any other employees – 90 working days

You must, however, still be **totally disabled** at that time.

**When Will Benefits End?**

LTD benefits continue until the earliest of the following dates:

- when you cease to be disabled,
- when you fail to undergo a requested medical, psychiatric, psychological, educational and/or vocational examination by examiners selected by the insurer,
- when you fail to provide satisfactory written proof of continuance of disability,
- when you are no longer receiving regular and ongoing care of a **physician**,
- when you fail to undergo medical, psychiatric or psychological treatment, or participate in a rehabilitation program or alcoholism, drug addiction or substance abuse treatment program, that the insurer considers to be appropriate,
- when you reach age 65 (if benefit payments commence during the 12 months immediately preceding your 65th birthday, benefit payments will continue during the LTD for a maximum of 12 months),
- when you are incarcerated in a prison or mental institution by authority of a criminal court,
- when you refuse to complete and return a Reimbursement Agreement/Direction form, provided by Canada Life, or comply with the terms of a signed Reimbursement Agreement/Direction form, when requested, in accordance with the provisions under third-party liability, or
- when you die.

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**Note:** LTD benefits may extend beyond your termination date provided you became disabled while you were still insured. Benefits will continue to be paid according to the contract provisions regardless of the subsequent termination of the group policy. Canada Life reserves the right to request proof of the continuance of **total disability** and to have you submit to an examination by Canada Life’s medical advisors when requested.

**In the Case of a Reoccurring Disability**

If the second disability is...	The second disability will be considered...
Related to the first disability and recurs within 6 months	A continuation of the first disability and LTD benefits will immediately become payable in the same amount
Related to the first disability and recurs after 6 months, or is not related to the first disability	A new disability, which means you will receive LTD benefits after the qualifying period

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## LTD Rehabilitative Programs

If you have been disabled for the waiting period or longer and engaged in a rehabilitative program approved by the insurer, you will continue to receive LTD benefits.

However, the monthly LTD benefit will be reduced by 50% of the employee's rehabilitation income. If total income from all sources exceeds 100% of their monthly pre-disability net earnings, the employee's income benefit is reduced by the amount in excess of 100% (pre-disability gross earnings for CUPE Local 830 employees).

LTD benefits will end when your rehabilitative income equals 75% or more of the current monthly **earnings** for your normal occupation.

This rehabilitative income will continue until the earliest of the following dates:

- the date your rehabilitative employment ends,
- no later than 24 months after the rehabilitative employment began,
- the date the rehabilitative employment is no longer approved, or
- your 65<sup>th</sup> birthday.

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## Other Sources of Income

LTD benefits are designed to give you a reasonable level of income without equalling or exceeding your normal pay. For this reason, the benefit you receive from the plan will be reduced by disability benefits payable under the Canada or Quebec Pension Plan (CPP/QPP), excluding CPP/QPP benefits for dependents.

In order that your total income from the following sources does not exceed 85% of your pre-disability net earnings (pre-disability gross earnings for CUPE Local 830 employees), your benefits will be further reduced by any LTD income plus income from the following sources:

- CPP/QPP benefits payable on behalf of your earnings or payments from any employer,
- disability benefits payable under any other group, association or franchise insurance plan,
- disability and income replacement benefits payable under any government plan (excluding employment insurance (EI) benefits),
- benefits payable under any workers' compensation act,
- retirement benefits provided by an employer,
- income replacement indemnity payable under any automobile insurance plan, and
- earnings recovered through a legally enforceable cause of action against some other person or corporation.

**Note:** Your monthly LTD benefit will not be reduced by disability benefits payable under the CPP/QPP until your CPP/QPP benefits are determined. However, when you submit your LTD claim, you must sign an agreement to reimburse the insurer. Otherwise, CPP/QPP benefits that have not been determined by the time your benefit is payable will be estimated and deducted from your monthly benefit. Adjustments to correct such payments will be made after the award has been determined.

## Third-Party Liability

If you have a cause of action against a third party for income lost as a result of your disability, the LTD will be payable as specified. However, before payments begin, you must complete a Reimbursement Agreement/Direction form, provided by Canada Life, agreeing to reimburse the insurer. The amount to be reimbursed will not exceed the amount of LTD benefits paid by the insurer. Full details concerning terms and calculation of reimbursement are as set out in the agreement.

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No LTD benefit will be payable for any period of **total disability**:

- during which you are not under the care of a doctor,
- during the time you are on a maternity leave agreed upon by you and your employer,
- during which you fail to undergo medical, psychiatric, psychological, educational and/or vocational exams by examiners selected by the insurer,
- during which you are incarcerated in a prison or mental institution by authority of a criminal court,
- as a result of drug or alcohol use or the use of any hallucinogen unless in an approved rehabilitation program or due to an organic disease,
- resulting from intentionally self-inflicted injuries or attempted suicide while sane or insane,
- resulting from war, insurrection, participation in a riot, or active duty in the armed forces of any country, or
- resulting directly or indirectly, and wholly or partially, from commission of a criminal offense.

If you must hold a government permit or license to perform your duties, you will not be considered totally disabled solely because your permit or license has been withdrawn or removed.



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## Life Events and Making Changes

**OVERVIEW**

If you experience a **life event**, you have 31 days to make changes to your health, travel and dental coverage. Here are the changes you can make:

<b>Health coverage</b>	You may change from single to family coverage, and vice versa, or add new <b>dependents</b> . <b>Proof of good health</b> may be required.
<b>Dental coverage</b>	You may change from single to family coverage, and vice versa, or add new dependents.
<b>Travel coverage</b>	You may change from single to family coverage, and vice versa.

*Important Deadline*

You have 31 days following a life event to make changes to your health, travel and dental coverage; otherwise, you will need to provide **proof of good health** for health coverage and dental benefits will be limited. See the section **What Happens if I Don't Enrol in Time?** for more information.

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## CHANGE IN MARITAL STATUS

If you get married or start a common-law relationship, you have 31 days to enrol your new **spouse** in the benefits plan, provided your spouse meets the definition of spouse. If you apply for coverage after the 31-day limit, your spouse will need to provide **proof of good health**.

You can only cover one spouse at a time, so if you have a former spouse, you will need to remove their coverage.

If you get divorced or separated, you can continue to cover your former spouse under your health, dental and travel benefits, if you wish, but you may cover only one spouse. If your spouse is still covered under another group insurance plan, you may still coordinate benefits for your **children's** covered expenses between your plan and your former spouse's plan.

### What to Do

To add a new **spouse**:

1. Complete the Group Coverage Change form. You can get a paper copy by contacting the City of Charlottetown Human Resources Department.
2. Gather any supporting documents that may be required, such as a **proof of good health** medical questionnaire (available on [canadalife.com](http://canadalife.com) or by contacting the City of Charlottetown Human Resources Department):
  - If you enrol your spouse in the plan over 31 days after the **life event**, you must provide proof of good health for all coverage.
  - Depending on the responses in the proof of good health medical questionnaire, your spouse may be required to undergo a medical examination.
3. Return the form and any supporting documents to the City of Charlottetown Human Resources Department.
4. Coverage will take effect once Canada Life approves the proof of good health, if any.

To remove a former spouse:

1. Notify the City of Charlottetown Human Resources Department, in writing, of the change in your marital status.
2. Specify that you wish to terminate coverage for your former spouse.

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**DEPENDENT CHILDREN**

If you welcome a new **child** into your home, either by birth or adoption, you have 31 days to enrol your new child in the plan, provided they meet the definition of child. Coverage for new borns begins at birth or on the date coverage would otherwise begin, whichever is later.

If your child is an overage student, meaning that they are over age 21, but under age 26, you can continue their benefits coverage, provided they are enrolled in full-time studies at an accredited learning institution. You can also continue coverage for overage children if they are physically or mentally disabled.

**What to Do**

To enrol a new child in the plan:

1. Complete the Group Coverage Change form. You can get a paper copy by contacting the City of Charlottetown Human Resources Department.
2. Gather any supporting documents that may be required, such as a **proof of good health** medical questionnaire (available on [canadalife.com](http://canadalife.com) or by contacting the City of Charlottetown Human Resources Department).
  - If you are applying to cover the child more than 31 days after having them, you must submit proof of good health. Depending on your responses, your child may be required to undergo a medical examination.
3. Return the form and any supporting documents to the City of Charlottetown Human Resources Department.
4. Coverage will take effect as of birth, or once Canada Life approves the proof of good health, if any.

To declare an overage student

1. Notify the City of Charlottetown Human Resources Department when your child's dependent status changes. Each fall you must provide proof of full-time attendance at an accredited learning institution to confirm your child's continuing studies.

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**LEAVE OF ABSENCE OR LAYOFF**

If you take an approved leave of absence (with or without pay), such as maternity or parental leave, or are on a layoff, all coverage will continue, provided you pay the applicable premiums, as follows:

Your coverage for...	Will continue...
<b>Health, travel and dental</b>	<ul style="list-style-type: none"> <li>• until an approved date if you are absent from work due to illness or injury, a strike or lock-out, or a leave of absence</li> <li>• until the end of the layoff if you are absent from work due to a temporary layoff</li> <li>• until the end of the maternity leave if you are absent from work due to a maternity leave</li> <li>• until the earlier of the termination date stated in the written notice from your employer and the last day of the 12<sup>th</sup> month following the date your leave began if you are absent from work due to a leave of absence (travel coverage only)</li> </ul>
<b>Long-term disability</b>	<ul style="list-style-type: none"> <li>• until the end of the maternity leave if you are absent from work due to a maternity leave</li> <li>• for 3 months if you are on vacation leave</li> <li>• for 2 years if you are on an approved secondment</li> <li>• coverage will terminate on the date you are laid off or a work stoppage begins</li> </ul>

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Your coverage for...	Will continue...
<b>Life insurance</b>	<ul style="list-style-type: none"> <li>• for 12 months if you are on an unpaid leave of absence or if you are on a temporary layoff</li> <li>• until the end of the maternity leave if you are absent from work due to a maternity leave</li> <li>• for 3 months if you are on vacation leave</li> <li>• for 2 years if you are on an approved secondment</li> <li>• coverage will terminate on the date a work stoppage begins</li> </ul>
<b>AD&amp;D insurance</b>	<ul style="list-style-type: none"> <li>• for up to 12 months if you are on an approved leave of absence, temporary layoff or maternity leave. If your leave of absence, temporary layoff or maternity leave exceeds the 12-month period, you must submit a written request to the City of Charlottetown Human Resources Department to extend your coverage. You may not increase your coverage during your leave of absence, temporary layoff or maternity leave. Coverage ends on the date you return to active full-time employment, the policy terminates, or at the end of the 12-month period, whichever occurs first.</li> </ul>

**What to Do**

The City of Charlottetown Human Resources Department will discuss with you the benefits arrangements and premium payments during your absence. Please contact the Human Resources department before your leave begins at (902) 629-4123.

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**DISABILITY**

The continuation of your benefits while on LTD leave depends on the benefit and your employment group. Certain benefits could be continued without premium payments. The City of Charlottetown Human Resources Department will provide you with details at that time.

**What to Do**

Notify the City of Charlottetown Human Resources Department of your disability no later than eight weeks before your qualifying period ends, even if you are applying for workers' compensation benefits. A Human Resources department representative will send you the information and forms you need to apply for LTD benefits and premium waiver or schedule a meeting to discuss the forms. They will help guide you through the disability process and can help you gather other information needed by Canada Life, the insurance company that handles disability claims.

For more information on applying for LTD benefits, see the [Disability](#) section and the guide How to apply for long-term disability benefits (available on [mybenefitplan.ca](http://mybenefitplan.ca) or by contacting the City of Charlottetown Human Resources Department).

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## LOSS OF SPOUSAL COVERAGE

If you did not choose health, dental or travel coverage because you were covered under your **spouse's** plan, you may join the plan if your spouse's coverage ends. You have 31 days following the end of your spouse's coverage to enrol without having to provide **proof of good health**.

### What to Do

1. Complete the Enrolment form. You can get a paper copy by contacting the City of Charlottetown Human Resources Department.
2. Gather any supporting documents that may be required:
  - If you choose family coverage and have an overage student **dependent** (age 21 to 26), you must provide confirmation of your **child's** continuing attendance at an accredited college or university each year for continued coverage.
  - If your child is disabled and over age 21, you must provide satisfactory proof that they are incapable of self-support because of the disability.
  - If you enrol in the plan over 31 days after your eligibility date, you must provide **proof of good health** for health coverage.
  - Depending on responses in the proof of good health medical questionnaire (available on [canadalife.com](http://canadalife.com) or by contacting the City of Charlottetown Human Resources Department), you or your **spouse** may be required to undergo a medical examination.
3. Return the form and any supporting documents to the City of Charlottetown Human Resources Department.
4. Coverage will take effect once Canada Life approves the application and proof of good health, if any.

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## LEAVING YOUR EMPLOYMENT

If you leave your employment, your coverage will end on your termination date.

### Converting Your Coverage

When you leave your employment, you have 31 days to convert your basic life and AD&D coverage to individual policies, without providing **proof of good health**. After 31 days, you will no longer be eligible to convert your coverage. For details, contact the City of Charlottetown Human Resources Department at (902) 629-4123.

### In Cases of LTD Payments

LTD benefits will extend beyond your termination date provided you became disabled while you were still insured. LTD benefits will continue to be paid according to the contract provisions regardless of the subsequent termination of the group policy.

Canada Life reserves the right to request that you provide proof of the continuance of your **total disability**, and submit to an examination by Canada Life’s medical advisors when requested.

### What to Do

1. If you have any outstanding claims for eligible health and dental expenses, Canada Life must receive your health or dental claim within 90 days after your termination date for your claim to be processed.
2. If you wish to convert your life insurance and AD&D insurance to individual policies, call the City of Charlottetown Human Resources Department at (902) 629-4123. A Human Resources department representative will send your request to the insurer on your behalf. The insurer will then send you an information package, including premium rates for individual insurance policies. Remember, you have 31 days to submit your application for conversion.



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**WORKING PAST AGE 65**

If you continue to work past age 65, your benefits continue, however, some of your coverage changes or ends. Your coverage will end earlier than the dates specified below if you cease to be an eligible employee. For more information on when your benefits coverage ends, go to the section [When Coverage Ends](#).

<b>Health and dental</b>	Coverage ends at age 70 At age 65 you become eligible for the Seniors' Drug Cost Assistance Program (DCAP) As an active employee, the City's plan will continue to be the first payer on drug claims, but you can submit any amounts not covered under the City's plan to the DCAP for possible reimbursement.
<b>Travel</b>	Coverage ends at retirement
<b>Long-term disability</b>	Coverage ends at age 65
<b>Basic AD&amp;D</b>	When you reach age 65, you have 31 days to convert your Basic AD&D coverage to an individual policy, to a maximum of \$200,000, without providing <a href="#">proof of good health</a> .

**What to Do**

Contact the City of Charlotte Human Resources Department at (902) 629-4123 to inform them that you have reached age 65 and to inquire about converting your coverage.

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## RETIREMENT

When you retire, you have the option to join the Retiree Public Sector Group Insurance Plan (PSGIP). Membership in the plan is voluntary and is 100% retiree-paid.

As you prepare for retirement, there are a few important things you need to know about the retiree plan, like the coverage it offers, how it differs from your current coverage, the rules for joining and associated costs.

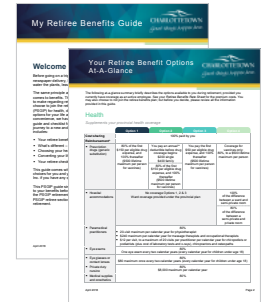
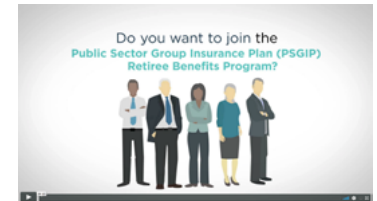
The best place to start is to view the [Retirement Planning video](#).

You can find more information and details in the [Retiree Benefits Guide](#).

Inside the [Retiree Benefits Guide](#), you'll find:

- **A benefits at-a-glance overview** of the options available for health, travel and dental coverage,
- **Benefit rules during retirement** outlining the restrictions and limitations for enrolling in the retiree health, dental and travel plans, opting out and the rules for rejoining at a later date,
- **A comparison** of the differences between active and retiree coverage,
- **A list of thing to consider** when choosing your health care option,
- **A cost estimate example** to help you understand your health care needs and determine which health option will work best for you,
- **Information on individual policy conversion** for life and accident insurance at retirement,
- **A Retiree Checklist** to review and assist as you prepare for retirement, and
- **Contact information** for Johnson Inc. if you have questions or need more information.

To better understand the costs of the various plan options under the retiree plan, view the current [Retiree Benefits Rate Sheet](#). Rates are reviewed on an annual basis and are subject to change.



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- Death

**Summary of Coverage Changes at Retirement**

Here is a snapshot of what will happen to your benefits when you retire.

<b>Health benefits</b>	<p>Your current coverage will end. However, if you had coverage as an active employee, you may choose one of four coverage options available to retirees and their <b>dependents</b>. You will receive details upon retirement.</p> <p><b>Note:</b> If you were in the health plan for active employees upon your retirement, you will have 31 days following your retirement date to elect an option without having to provide <b>proof of good health</b>.</p> <p>You will have an opportunity to change your health plan option on April 1 of each year during your retirement.</p>
<b>Dental benefits</b>	<p>If you had coverage as an active employee, you may choose one of two coverage options available to retirees and their dependents. You will receive details upon retirement.</p> <p>You will have an opportunity to change your dental plan option on April 1 of each year during your retirement.</p>
<b>Disability benefits</b>	<p>Coverage will end at retirement or age 65, less the waiting period, whichever is earlier.</p>
<b>Travel benefits</b>	<p>If you had coverage as an active employee, you may continue your travel coverage for you and your <b>dependents</b> upon retirement.</p>

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If you choose to end your health, dental or travel coverage at retirement because you are covered under your **spouse's** plan, you may join the Retiree benefits plan if coverage under your spouse's plan ends, provided you apply for coverage within 31 days of your spouse losing coverage.

### What to Do

1. When you know your retirement date, call the City of Charlottetown Human Resources Department at (902) 629-4123, at least 6 weeks before your retirement date. They will provide you with all the details you need about the coverage available to you and to your family during retirement.
2. If you have any outstanding claims for eligible health and dental expenses, you have 90 days after your termination date to submit a claim form to Canada Life.
3. When you retire, visit the PSGIP Retiree benefits website for ongoing information about your plan. Go to [mybenefitplan.ca](http://mybenefitplan.ca) or consult the PSGIP Retiree Benefits Booklet.

## DEATH

### If You Pass Away

If you pass away, your beneficiary will receive the following death benefits:

- Basic life insurance
- Plus, if the death was as a result of an accident
- Basic AD&D insurance

Basic life insurance and AD&D insurance are not available if you are a seasonal CUPE 501 employee or a part-time or seasonal CUPE 830 employee.

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**BENEFITS COVERAGE FOR YOUR FAMILY**

Your **dependents'** health, dental and travel coverage will continue, provided they pay the full cost of coverage. Your surviving **spouse** has 31 days after your death to choose to continue coverage. If your spouse is over age 65, they may choose to have coverage under the retiree plan, but will not be able to continue coverage under the employee plan.

Coverage for your eligible dependents will continue until the earliest of the following dates:

- the date your surviving spouse passes away,
- the date your dependents no longer meet the definition of eligible dependents, and
- the date this plan terminates or this coverage has ended.

For life insurance, your spouse can convert their coverage into individual policies. If an application for conversion is made within 31 days of your death, no proof of insurability will be required. Your spouse can apply for conversion by calling the City of Charlotte Human Resources Department at (902) 629-4123.

**WHAT TO DO**

If you pass away, someone will need to inform the City of Charlotte Human Resources Department of your death. A Human Resources department representative will then provide the necessary information and documentation.

**If Your Spouse or Child Passes Away**

If your spouse or **child** passes away, you will receive the basic life insurance benefit.

**WHAT TO DO**

If your spouse or child passes away, you need to inform the City of Charlotte Human Resources Department of your dependent's death. A Human Resources department representative will then provide the necessary information and documentation.

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## Health, Travel and Dental Claims

### HEALTH, TRAVEL AND DENTAL

You have two main options for submitting most of your health, travel and dental claims – online and paper claim form.

*Deadline for Submitting Claims*

You must submit your claim and receipts within the following deadlines or they will not be reimbursed:

<b>Online claims</b>	Within 6 months after incurring the expense
<b>Paper claims</b>	Within 12 months after incurring the expense

### Online Claims

If you register for Canada Life’s GroupNet for Plan Members online secure site and for direct deposit, you will be able to submit a number of health and dental claims online and receive your reimbursement faster. To register, go to [canadalife.com](http://canadalife.com) and click on GroupNet for Plan Members. Then follow the links to register.

Once your access has been set up, complete the online form with the details of the service or expense; you don’t need to send your receipts. Canada Life assesses your claim and deposits your payment to your bank account and sends you an email notifying you of the payment. **You are responsible for keeping your original receipts for 12 months following the date you submitted your claim online, in case Canada Life later requests them as part of an audit.**

Get your claims reimbursed faster when you submit your claims online and enrol for direct deposit. Be sure to sign up for Canada Life’s Group Net for Plan Members.

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**Paper Claims**

To submit a paper claim, complete the appropriate form (available on [mybenefitplan.ca](http://mybenefitplan.ca) or by contacting the City of Charlottetown Human Resources Department):

- Healthcare Expenses Statement form,
- Statement of Claim Out-of-Country Expenses form, or
- Standard Dental Claim form.

You can access the forms online or request paper copies of the form from the City of Charlottetown Human Resources Department.

To avoid any delays in processing your health or dental claim, be sure that all sections of your claim form are complete and that your receipts are attached.

Remember, always provide your group policy number (56531) and your identification number, which can be found on your pay-direct drug card.

It is important to indicate if you have benefits under another plan, such as your **spouse's** plan. If this information is not included, your claim cannot be processed.

Staple receipts and any other required documentation to your claim form before mailing. For drugs, be sure to include the pharmacy receipt. Don't forget to keep a copy for your records.

*Direct Deposit*

You can have Canada Life deposit your claim reimbursements directly into your bank account. It's a fast and convenient way to receive your health and dental reimbursements.

To sign up for direct deposit, go to [canadalife.com](http://canadalife.com), click on GroupNet for Plan Members and follow the steps online. Alternatively, you can contact Canada Life directly and a representative will talk you through the steps for signing up. Canada Life will not take banking information over the telephone. You will need to submit this information by mail.

The initial set-up takes one to two weeks. Afterward, deposits should take only one to two days.

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**Helpful Tips for Submitting Claims**

The steps for making a claim will depend on the eligible expense you are claiming. See the expense below for specific instructions.

If you have a question about a health claim, contact Canada Life at 1 800 957-9777.

<p><b>Prescription drugs</b></p>	<p><b>Paying with Your Pay-Direct Drug Card</b></p> <ul style="list-style-type: none"> <li>• Give your pay-direct drug card to the <b>pharmacist</b>.</li> <li>• The pharmacist will enter the data on your card and your prescription into their system.</li> <li>• Within seconds, this data is electronically processed, and the system will indicate your portion of the cost.</li> <li>• You pay for only your portion of the cost.</li> <li>• Your claim is submitted automatically, which means you do not need to submit a claim form to Canada Life.</li> <li>• If you also have coverage under your <b>spouse's</b> plan, you may use your drug card for that plan too.</li> </ul> <p><b>If You Don't Have Your Pay-Direct Drug Card</b></p> <ul style="list-style-type: none"> <li>• Pay the total cost up-front and ask for a receipt.</li> <li>• Complete an online claim or submit a paper claim form to Canada Life.</li> </ul> <p><b>Note:</b> Your receipt must show the prescription number and the name of the drug or the Drug Identification Number (DIN).</p>
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#### Paramedical practitioners

- Pay the total cost up-front and ask for a receipt.

#### Vision care

- Complete an online claim or submit a paper claim form to Canada Life.

#### Out-patient services and supplies

#### Ambulance services

#### Hospital accommodations

- You have no claim form to complete. Simply provide the plan's policy number and your certificate number, which you can obtain from your pay-direct drug card or from the City of Charlottetown Human Resources Department.
- The **hospital** will invoice Canada Life directly.
- If you have chosen a private room, the hospital will bill you directly for the portion of your expenses not covered by the plan.

#### Private-duty nursing

- Obtain written confirmation from your doctor that the service is **medically necessary**.
- Obtain approval from Canada Life prior to receiving any private nursing care.
- Once you are receiving nursing care, you must obtain a claim form from Canada Life specifically for this purpose.
- Complete the claim form and submit it to Canada Life.

#### Medical equipment and supplies

- Where applicable, before you incur an expense, ask Canada Life to approve the expense.
- Pay the total cost up-front and ask for a receipt.
- Complete an online claim or submit a paper claim form to Canada Life.

**Note:** For diabetic supplies, you can simply use your pay-direct drug card.

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**Accidental dental treatment**

- Submit a treatment plan within 180 days of the impact for treatments scheduled to occur more than 180 days following the impact.
- Pay the total cost up-front and ask for a receipt.
- Complete a claim form. Indicate on the form that the expense is the result of an accident. Canada Life will require details of the accident and possibly X-rays.
- Submit the claim form and your receipt to Canada Life.

**Travel**

- When you travel, be sure to carry your travel assistance card at all times.
- If you become ill or injured, you or your representative should immediately call the number on the card.
- If a medical provider or **hospital** bills you directly, send the bill along with your claim form to:  
Assistance Centre – Claims Department  
P.O. Box 97, Station A  
Mississauga, ON L5A 2Y9
- You must submit your claim form within 12 months after incurring the expense.
- If you have any claim questions or require an out-of-country claim form, please call the Canada Life Customer Care Centre toll free at 1 800 957-9777.

**Claims for Referrals**

Before you incur eligible expenses, you must provide Canada Life with:

- Full details from the **physician** regarding the treatment, and
- A statement from the provincial health plan that describes what it will cover.

After you have incurred an eligible expense and the provincial plan has already paid its portion, complete an online claim or submit a paper claim form for the unpaid portion to Canada Life.

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<b>Dental</b>	<ul style="list-style-type: none"> <li>• Ask your <b>dentist</b> if they can bill Canada Life directly.</li> <li>• If your dentist bills Canada Life directly:             <ul style="list-style-type: none"> <li>– Pay only your portion of the cost. You have no claim form to submit.</li> </ul> </li> <li>• If your dentist does NOT bill Canada Life directly:             <ul style="list-style-type: none"> <li>– Pay the total cost up-front and ask for a receipt.</li> <li>– Complete an online claim or submit a paper claim form to Canada Life.</li> </ul> </li> </ul>
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### COORDINATION OF BENEFITS

If you and your **spouse** both have family coverage, you may submit your claims to both plans and get reimbursed for up to 100% of your covered expenses.

The steps to follow will depend on who incurred the expenses:

<b>Your expenses</b>	The City of Charlottetown plan is the first payer.
<b>Your spouse's expenses</b>	Your <b>spouse's</b> plan is the first payer.
<b>Your children's expenses</b>	Submit a claim to the plan of the parent whose birthday falls first in the calendar year. For example, if your birthday is March 11 and your spouse's birthday is July 8, submit claims for your <b>children's</b> expenses to the City of Charlottetown plan first, and then to your spouse's plan. <b>Be sure to keep copies of your receipts.</b>

### Coordination of Benefits with Pay-Direct Drug Cards

If you and your **spouse** both have family coverage and your spouse has a drug card under their plan, the **pharmacist** can use your drug card to electronically process claims under both your plan and your spouse's plan, right on the spot.

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#### If You Pass Away

- Someone must inform the City of Charlottetown Human Resources Department of your death by calling (902) 629-4123. A representative will then provide the necessary information and documentation.
- To submit a claim, your beneficiary must complete the applicable claim form and submit it along with proof of death as soon as possible. A Human Resources department representative will advise you of all documents that must be submitted. There are important deadlines to be aware of to ensure continuation of coverage for your **dependents**.

#### If Your Spouse or Child Passes Away

- Inform the City of Charlottetown Human Resources Department of your dependent's death. A Human Resources department representative will then provide the necessary information and documentation.

#### If You Suffer a Loss, Other Than Loss of Life, as a Result of an Accident

- Report the claim by calling the City of Charlottetown Human Resources Department at (902) 629-4123. A Human Resources department representative will provide you with a claim form and a list of any other required documents.
- Complete and return the claim forms and supporting documents to the City of Charlottetown Human Resources Department within 30 days of the accident. Your claim will still be valid if it is not reasonably possible for you to provide the written notice or proof within the 30-day deadline. However, you must provide notice or proof no later than one year after the accident.

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When you realize you may not be able to return to work, or at least six to eight weeks prior to the end of the qualifying period, call the City of Charlottetown Human Resources Department at (902) 629-4123 to notify them of your LTD, even if you are applying for workers' compensation benefits. They will send you the necessary information, the LTD claim form, and the waiver of premium claim form for life (if applicable) and accident insurance.

- Complete the forms. Your attending **physician** must also complete a portion of the forms.
- You have six months from the end of the qualifying period to submit a claim, but you are encouraged to send the completed forms in during the first 10 weeks of your disability.

For more detailed step-by-step instructions, see the guide [How to apply for long-term disability benefits](#) (available on [mybenefitplan.ca](http://mybenefitplan.ca) or by contacting the City of Charlottetown Human Resources Department).

**Note:** Long-term disability benefits will extend beyond your termination date provided you became disabled while you were still insured. Benefits will continue to be paid according to the contract provisions regardless of the subsequent termination of the group policy. Canada Life reserves the right to request proof of the continuance of total disability, and to have you submit to an examination by Canada Life's medical advisors when requested.

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You can print hard copies of all forms and documents from the benefits website at [mybenefitplan.ca](http://mybenefitplan.ca) or by contacting the City of Charlottetown Human Resources Department.

### FORMS

To enrol for benefits or make a change, such as adding a new dependent	<ul style="list-style-type: none"> <li>• Enrolment form</li> <li>• Group Coverage Change form</li> <li>• Medical questionnaire</li> </ul>
To submit a health claim	<ul style="list-style-type: none"> <li>• Healthcare Expenses Statement form</li> </ul>
To submit a dental claim	<ul style="list-style-type: none"> <li>• Standard Dental Claim form</li> </ul>
To submit an out-of-country expense claim	<ul style="list-style-type: none"> <li>• Statement of Claim Out-of-Country Expenses form</li> </ul>
To request coverage for a brand name drug	<ul style="list-style-type: none"> <li>• GWL's Request for Brand Name Drug Coverage form</li> </ul>

### DOCUMENTS

For information about the plan and rate changes	<ul style="list-style-type: none"> <li>• Benefit Notices                             <ul style="list-style-type: none"> <li>– Rate Notice issued March 2016</li> <li>– Benefits Notice issued March 2015</li> <li>– EAP Memo issued April 2015</li> </ul> </li> </ul>
For quick reference of your benefits coverage	<ul style="list-style-type: none"> <li>• Benefits At-a-Glance</li> </ul>
If you need a print copy of your benefits coverage	<ul style="list-style-type: none"> <li>• City of Charlottetown Employee Benefits Booklet</li> </ul>
For information about your travel coverage	<ul style="list-style-type: none"> <li>• TravelAssist brochure</li> </ul>
For information on benefits during retirement	<ul style="list-style-type: none"> <li>• Retiree Benefits Guide</li> </ul>
For information on how to apply for LTD benefits	<ul style="list-style-type: none"> <li>• How to apply for long-term disability benefits</li> </ul>

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### CITY OF CHARLOTTETOWN HUMAN RESOURCES DEPARTMENT

The City of Charlottetown Human Resources Department is your benefits resource and the plan administrator of all your benefits. This means that with respect to your benefits they:

- determine your eligibility for coverage,
- answer your questions,
- keep copies of employee benefit applications, and
- make sure you receive all necessary documents.

They handle claims for disability, AD&D and death benefits. When you call, be sure to specify the applicable policy number:

- Basic life, dependent life and disability: 159937
- Basic AD&D: GSR13652

#### *Keep Your Personal Information Up-to-Date*

Don't forget to contact the Human Resources Department if you have a change in your personal information, such as an address or to add or remove a dependent.

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**When to the City of Charlottetown Human Resources Department**

**For information about coverage or to make changes**

**To claim disability, AD&D or death benefits**

(Does not include inquiries related to claim reimbursements, which should be directed to Canada Life)

**City of Charlottetown Human Resources  
Department**

(902) 629-4123

Human Resources Department  
City of Charlottetown  
199 Queen Street,  
3<sup>rd</sup> floor City Hall  
P.O. Box 98  
Charlottetown, PEI C1A 7K2

Canada Life insures benefits in the event of disability or natural death, and SSQ Insurance Company Inc. insures benefits in the event of a serious accidental injury or accidental death.



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**CANADA LIFE**

Canada Life is the plan’s insurer and claim adjudicator for health and dental benefits.

When you call, be sure to specify the policy number (56531).

**When to Contact Canada Life**

<b>For questions about health and dental claims</b>	<p><b>Canada Life</b> 1 800 957-9777 8:30 a.m. – 4:30 p.m., Monday to Friday</p> <p>For online claims and benefits information, visit the Canada Life member website. Select “GroupNet for Plan Members” from the left menu to login.</p> <p><a href="http://canadalife.com">canadalife.com</a></p> <p>To submit a paper claim form: Canada Life PEI Benefits Payments 47C Beach Grove Road Charlottetown, PEI C1E 1K5</p>
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### Canada Life Online

Managing your health and dental claims is easy when you are registered on Canada Life's GroupNet for Plan Members' online secure site – [canadalife.com](https://canadalife.com). Once you've registered you can:

- arrange for direct deposit for claims reimbursement,
- submit many of your claims online,
- track your claims and review your claims history,
- get access to personalized information about your coverage,
- get personalized claim forms for paper claim submissions,
- view your benefits booklet and a benefits summary,
- print a copy of your benefits card, and
- access extensive health and wellness content.

### GROUPNET TEXT

Get instant answers to many of your benefit coverage questions with GroupNet Text. Simply text certain keywords like PHYSIO or DENTAL to (204) 289-1667 from your mobile device to access detailed plan information, including:

- coverage details,
- reimbursement amounts,
- benefit maximums, balances, and
- plan and member identification numbers.

### GROUPNET MOBILE APP

Download Canada Life's free GroupNet Mobile app from the App Store on your phone and access the convenience of GroupNet for Plan Members from your smartphone, including submitting many of your claims online and accessing personalized coverage and claims information right from your phone.

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**ASSURED ASSISTANCE INC. – TRAVEL ASSISTANCE PROVIDER**

Assured Assistance Inc. is the plan’s travel assistance provider.

When you call, be sure to specify the policy number (335337).

**When to Contact Assured Assistance Inc.**

**For questions about claims and coverage information**

**Assured Assistance Inc.**

In the event of an emergency:  
Toll free: 1 866 530-6024, from Canada or the United States  
Collect: (905) 816-1901

For general inquiries regarding claims or coverage:  
Toll free: 1 800 957-9777 (Canada Life)

To submit a claim form:  
Assured Assistance Inc.  
Assistance Centre – Claims Department  
P.O. Box 97, Station A  
Mississauga, ON L5A 2Y9

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**HUMANACARE – EMPLOYEE ASSISTANCE PROVIDER**

HumanaCare is the City of Charlottetown’s provider for EAP services.

**When to Contact HumanaCare**

**For questions about the EAP or to schedule services**

**HumanaCare**

1-800-661-8193

Available 24 hours a day, seven days a week

[HumanaCare](#) (access code: humanacare)

GLOSSARY

## Glossary

<b>Accommodation</b>	Lodging in the vicinity of the hospital where you are confined.
<b>Child/children</b>	<p>Your natural, legally adopted, step or other eligible child* who meets all of the following requirements:</p> <ul style="list-style-type: none"> <li>• unmarried,</li> <li>• totally dependent on you for support and maintenance,</li> <li>• one of the following ages:             <ul style="list-style-type: none"> <li>– under age 21,</li> <li>– under age 26 if a full-time student at an accredited college or university (under age 25 for life and accidental death coverage**),</li> <li>– of any age if physically or mentally disabled, provided they became disabled while covered by the plan and you provide satisfactory proof that your child is incapable of self-support as a result of the disability***,</li> </ul> </li> <li>• living in Canada, unless a full-time student elsewhere, and</li> <li>• not in the armed forces (except for optional and dependent life insurance coverage).</li> </ul> <p>For AD&amp;D coverage:</p> <ul style="list-style-type: none"> <li>• Any natural born child, legally adopted child, step-child, common-law child for whom you have legal custody, or any other child dependent upon you for support and maintenance in a parent-child relationship as defined under the <i>Income Tax Act</i>, provided the child is unmarried and under age 25.</li> </ul> <p>* The plans can also include your common-law spouse's child (for health, dental and travel coverage). For life insurance coverage, the plan can also include any child who lives with you and totally depends on you or your spouse for support within the terms of the <i>Income Tax Act</i>.</p> <p>** For life insurance coverage, the child must be a regular, full-time student at an accredited institute of learning.</p> <p>*** For life insurance coverage, the child must also be incapable of self-sustaining employment and totally depend on you for support and maintenance.</p>

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**GLOSSARY**

<b>Dentist</b>	A doctor of dental surgery or a doctor of dental medicine licensed to practice and prescribe in the area where services are rendered.
<b>Dependents</b>	Your eligible spouse and children. <b>Note:</b> The definition of spouse and dependent child varies slightly in the event of accidental injury or death.
<b>Earnings</b>	The current annual salary paid by the employer, which excludes overtime pay, bonuses, commissions and shift differentials. If you have less than one year of service, your earnings will be calculated based on your regular pay from the employer.
<b>Hospital</b>	A facility that is licensed to provide active treatment for sick or injured patients. It does not include rehabilitation hospital, mental institution, convalescent hospital or home, an institution used primarily for treatment of a specific illness or disease, a nursing home, a chronic care facility, a home for the aged, a rest home or any other facility that provides similar care. Beds set aside for chronic care in a hospital are not covered.  For AD&D coverage:  Hospital means an institution licensed as a hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of one or more physicians available at all times and which continuously provides 24-hour nursing service by graduate registered nurses. It provides organized facilities for diagnostics and surgery, is an active treatment hospital and not primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment. For the purposes of this definition, physicians and nurses can include a member of the immediate family.
<b>Immediate family</b>	A person at least 18 years of age, who is your child, parent, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the previous include natural, adopted and step relationships), spouse, grandchild or grandparent.

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<b>Life event</b>	<p>Qualifying life event includes:</p> <ul style="list-style-type: none"> <li>• A change in your marital status, either a marriage or common-law relationship, or a divorce or separation,</li> <li>• The birth or adoption of a child,</li> <li>• The death of a dependent, or</li> <li>• The loss of benefits coverage under a spousal program.</li> </ul> <p>If you experience a life event, you have 31 days to register the event and make your benefit changes.</p>														
<b>Loss</b>	<p>Loss means with regard to:</p> <table border="1"> <tr> <td>Hands and feet</td> <td>Actual severance through or above the wrist or ankle joint</td> </tr> <tr> <td>Arms and legs</td> <td>Actual severance through or above the elbow or knee joint</td> </tr> <tr> <td>Thumbs and fingers</td> <td>Actual severance through or above the metacarpophalangeal joints</td> </tr> <tr> <td>Toes</td> <td>Actual severance through or above the metatarsophalangeal joints</td> </tr> <tr> <td>Eyes</td> <td>Entire and irrecoverable loss of sight</td> </tr> <tr> <td>Speech and hearing</td> <td>Entire and irrecoverable loss of speech and/or hearing</td> </tr> <tr> <td>Paralysis</td> <td>Total and irreversible paralysis</td> </tr> </table>	Hands and feet	Actual severance through or above the wrist or ankle joint	Arms and legs	Actual severance through or above the elbow or knee joint	Thumbs and fingers	Actual severance through or above the metacarpophalangeal joints	Toes	Actual severance through or above the metatarsophalangeal joints	Eyes	Entire and irrecoverable loss of sight	Speech and hearing	Entire and irrecoverable loss of speech and/or hearing	Paralysis	Total and irreversible paralysis
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<b>Medically necessary</b>	<p>A service or supply provided or prescribed by a health care professional to prevent, diagnose, or treat an injury, disease, or disability that is:</p> <ul style="list-style-type: none"> <li>• consistent with the treatment of symptom(s) or diagnosed injury, disease, or disability,</li> <li>• not primarily prescribed or provided for convenience,</li> <li>• the most appropriate, safe, and cost-effective service or supply, and</li> <li>• generally recognized as accepted medical practice.</li> </ul> <p>When the plan refers to a health care professional, it means a person who is legally licensed to practice their profession where services are rendered, and includes physicians, pharmacists, dentists, and other professionals as approved by the plan.</p>
<b>Nurse/Nurse practitioner</b>	<p>A nurse practitioner of medicine who is legally licensed to prescribe drugs and administer medical treatment within the scope of their license.</p> <p>Nurse in the case of AD&amp;D coverage:</p> <p>A graduate registered nurse (R.N.) or nurse who is licensed to practise nursing service by a governmental agency having jurisdiction over such licensing. The nurse can be neither you nor a member of your immediate family.</p>
<b>Participating in a non-practice emergency alarm</b>	<p>Includes travelling directly to or returning directly from an emergency alarm, along a normal and reasonable route, without delay or stopover.</p>
<b>Permanently and totally disabled</b>	<p>Under AD&amp;D insurance coverage, permanently and totally disabled means your complete inability to engage in any occupation for which you are qualified by education, training, or experience for the rest of your life.</p>
<b>Pharmacist</b>	<p>A pharmacist who is legally licensed to prescribe drugs within the scope of their license.</p>



## GLOSSARY

<b>Physician</b>	<p>A doctor of medicine who is legally licensed to prescribe drugs, administer medical treatment, and perform surgery within the scope of this license.</p> <p>In the event of accidental injury or death, a physician refers to a doctor of medicine (other than you or a member of your immediate family) licensed to practice medicine by:</p> <ul style="list-style-type: none"> <li>• a recognized medical licensing organization where the treatment is given, provided they are a member in good standing of the licensing body, or</li> <li>• a government agency having jurisdiction over the licensing body where the treatment is given.</li> </ul>
<b>Post-secondary institution</b>	Any university, CEGEP, trade school or college, as defined in the place where you lived prior to your death.
<b>Professional counsellor</b>	A therapist or counsellor who is licensed, registered or certified to provide the applicable treatment or counselling.
<b>Proof of good health</b>	Medical questionnaire that you must complete to show the status of your health. Depending on your answers, Canada Life can require a medical examination and any other information.
<b>Reasonable and customary</b>	<p>Canada Life reimburses expenses based on Reasonable and Customary charges. Generally this is the lowest of the following:</p> <ul style="list-style-type: none"> <li>• Representative pricing in the area where the treatment is provided.</li> <li>• Prices shown in the applicable professional association fee guide and the maximum prices established by law.</li> </ul>
<b>Regular care and attendance</b>	Medical treatment to the extent necessary under existing standards of medical practice for the condition causing disability or hospital confinement, or requiring such treatment.

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<b>Seat belt</b>	A belt that forms a restraint system, and includes infant and child restraint systems when properly used with a seat belt.
<b>Spouse</b>	<p>The person to whom you are legally married, or the person of the same or opposite sex with whom you have been living in a common-law relationship for at least one year.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• Your spouse must live in Canada, unless they are a full-time student elsewhere.</li> <li>• The plan does not cover any spouse in the armed forces (dependent life insurance coverage).</li> <li>• The plan covers only one spouse at a time.</li> <li>• The definition of spouse varies slightly in the event of accidental injury or death, as described below.</li> </ul> <p>For AD&amp;D coverage:</p> <p>The person under age 70 to whom you are legally married through an ecclesiastical or civil ceremony, or your common-law spouse, provided you have submitted a written designation to your employer.</p>

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<p><b>Totally disabled/ total disability</b></p>	<p>During the qualifying period and the following 24 months of disability, illness or accidental injury must render you physically or mentally incapable of performing the essential duties of your normal occupation.</p> <p>After this period of disability, illness or accidental injury must render you physically or mentally incapable of performing the essential duties of:</p> <ul style="list-style-type: none"> <li>• your normal occupation,</li> <li>• any occupation, job or work for which you are or may become qualified by education, training or experience, considered collectively or separately, and</li> <li>• any occupation, job or work that pays 75% or more of the current monthly earnings for your normal occupation.</li> </ul>
<p><b>Usual cost</b></p>	<p>The usual cost of covered services and supplies that are medically necessary to treat an illness, injury or pregnancy.</p> <p>The plan will only cover:</p> <ul style="list-style-type: none"> <li>• the amount that is usually charged for the service or supplies in the area in which the charge is made,</li> <li>• services and supplies that are needed to diagnose or treat an illness, injury or pregnancy and that are recognized by the Canadian Medical Association as effective and appropriate and based on accepted standards of the Canadian health care,</li> <li>• services and supplies that the plan is legally allowed by the government to cover. The plan will not cover services or supplies that are covered by the government plan in the insured person's home province,</li> <li>• charges for services and supplies that are incurred while the person is insured,</li> <li>• charges for services and supplies for the least expensive treatment that is medically adequate.</li> </ul>