A guide to the important aspects of the various group plans for Retired Queen’s University Employees

October 2012
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Great-West Life Policy Number: 139046

If you require details on specific coverage, please contact Great-West Life toll free at 1-800-957-9777.

Your Group Policy Number is 139046.
Dependents

Covered dependents of insured members include:

- a legal spouse;
- common-law spouse or partner;
- unmarried children, step-children and common-law children under 21 provided they rely fully upon the Insured for support and maintenance;
- unmarried children under 25 years of age and continuing to attend an accredited educational institution, college or university on a full time basis provided they rely fully upon the Insured for support and maintenance; and/or
- any mentally or physically disabled child past the maximum ages stated above (age 21 or age 25 if in school) provided that they became disabled prior to the maximum ages and the disability has been continuous. The child, upon reaching the maximum age, must still be incapable of self-sustaining employment and be completely dependent on the Insured for support and maintenance.

"Common-law spouse/partner" will mean a person with whom the Insured has been in a conjugal relationship and has cohabited with for 12 months. This relationship is characterized by
financial dependence and/or public representation of the relationship.

"Common-law child" will mean a child of the common-law spouse or partner from another relationship who resides with and is in the care and custody of the Insured and his/her common-law spouse or partner.

Dependent's coverage begins on the same date insurance starts or as of the date a dependent is acquired, unless the dependent (other than a newborn infant) is confined in a hospital on that date; in this case, coverage begins as of the date of discharge from hospital.

If dependents are acquired after being insured, the Human Resources Department must be notified within 31 days in order that coverage may be arranged.

SUPPLEMENTARY MEDICAL (HEALTHCARE)

The Supplementary Medical Plan (Healthcare) is designed to help cover the cost of necessary health care expenses, as described in the following pages, which are not currently covered by OHIP. This optional benefit provides for reimbursement of expenses, which are incurred by you, or your family and which, during any one calendar year, exceed the
deductible amount of $25. "Calendar year" means the period from any January 1st to the following December 31st.

When the deductible has been met, up to 100% reimbursement to early retirees (under age 65), and up to 80% reimbursement to retiree’s age 65 or older, will be made for reasonable and necessary charges for the services described on pages 5 through 13. The services must be deemed medically necessary and have been recommended and authorized by a physician or surgeon legally licensed to practice medicine.

For those over age 65, the Provincial Government currently pays most drug charges.

**HOW TO OBTAIN REIMBURSEMENT**

Claim forms are available from the Human Resources department as well as on our website at www.queensu.ca/humanresources/forms/claimform.pdf. Prompt payment can be made for all eligible expenses under the Supplementary Medical Plan if claims are submitted in the manner described below.

Since this is primarily a reimbursement plan, you must first pay the bills, and then submit original receipts to Great-West Life periodically throughout the year, or at the end of each calendar year.
Claims should not be accumulated for excessive periods beyond one year, and it is important to note that the carrier will deny claims that are not submitted before July 1st of the year following the calendar year in which charges are incurred. Each receipt must identify:

- the name of the patient,
- the actual date or dates when the medicines, supplies or services were received, and
- the nature of the products purchased or services rendered.

If the receipt is for medicine or drugs, the prescription number and the date it was filled should also be shown.

A letter of recommendation may be required from your physician.

When completing the Supplementary Medical (Healthcare Expenses Statement) claim forms:

- please complete the Employee's Statement in full,
- record the total amount of the receipts as requested,
- **complete your name and address section on the form, and**
- attach original receipts and mail this form to the Great-West Life Assurance Company, making sure you have affixed sufficient postage.
After the deductible amount has been satisfied, a cheque, payable to you, will be issued by the carrier and mailed to you. You should keep copies of completed claim forms and receipts, as Great-West Life does not return them.

**COVERED EXPENSES**

Reimbursement will be made for the following expenses as long as they are reasonable, deemed medically necessary and authorized by a physician or surgeon legally licensed to practice medicine.

1. Charges for:
   (a) drugs and serums that can only be obtained through a written prescription and certain life-supporting, non-prescription drugs, approved by Great-West Life,
   (b) vaccines used to prevent disease.

**Exceptions** (under 1(a) above)

Charges for the following items are not covered whether or not they have been prescribed for medical reasons:

- drugs not approved for legal sale to the general public in Canada,
- vitamins (except injectibles), minerals, food substitutes, health foods and dietary supplements such as proteins, infant food,
• medical soaps and creams, cosmetics, shampoos, skin-lotions, eye and contact-lens solutions, mouth washes,
• cough & cold preparations, antihistamines,
• laxatives, antidiarrhals (with approved exceptions),
• products commonly considered household remedies,
• anti-smoking treatments,
• anti-obesity treatments, and
• fertility drugs, other than those dispensed for one period of 6 consecutive menstrual cycles.

2. Charges equal to 80% of expenses for the services of a registered nurse or registered nursing assistant at your residence provided that such person does not normally live in your residence, up to a maximum for each Insured of $10,000 per calendar year. However, the lifetime maximum will be $25,000 during the period from the first day of a calendar year coincident with or next following your 65th birthday until your death.

Exceptions (under 2 above)

The services will not be considered as eligible charges under this provision:

• while you (or your insured dependent) are residing in a nursing home, home for the
aged, rest home or any other facility providing similar care,
- if in Great-West Life's opinion they are for custodial care and do not require the skill of a registered nurse, or
- while you (or your insured dependent) are confined in a licensed hospital.

3. Charges for services furnished by a licensed hospital and supplies prescribed by a physician or surgeon which are obtained from an out-patient department of a licensed hospital or a surgical supply company, while you (or your insured dependent) are not confined to the hospital.

4. Charges for licensed ambulance service or other emergency service when used to transport you (or your insured dependent):
   - from the place where injury, disease or illness is suffered to the nearest hospital where adequate treatment can be rendered,
   - from one hospital to another hospital, and
   - from a hospital to your residence.

5. Charges for the following aids, services and supplies:
   - purchase of braces, crutches, artificial limbs or eyes and prosthetic devices approved by Great-West Life,
   - an initial breast prosthesis following a mastectomy plus a replacement every 2
calendar years and 2 surgical brassieres per calendar year,

- rental of a wheelchair, hospital bed or other approved durable equipment for temporary therapeutic use. (This equipment may be purchased subject to Great-West Life’s approval prior to the purchase. If such approval is not obtained, Great-West Life will pay only the equivalent of the rental cost of the equipment.),

- oxygen and blood serum,

- custom-made orthopaedic shoes prescribed by a podiatrist or physician up to a maximum of one pair per calendar year,

- 2 pairs of surgical stockings per calendar year,

- wigs and hairpieces, up to a lifetime maximum of $100 if necessary as a result of chemotherapy, or up to a lifetime maximum of $250 if necessary as a result of total hair loss from alopecia totalis, and

- charges for ostomy supplies.

6. Charges by a legally licensed dentist for dental treatment of injuries to natural teeth and the replacement of natural teeth as a result of an accident suffered while you are insured under this provision.

The Charge will be subject to all of the following conditions:
• treatment is necessitated by a direct accidental blow to your (or your insured dependent’s) mouth and not by an object or food placed knowingly or unknowingly in the mouth,
• the accidental blow occurs while you are insured under this provision,
• the treatment is the least expensive that will provide professionally adequate treatment, and
• treatment is received within 12 months after the accidental blow. If treatment is to be received more than 180 days after the accidental blow, a treatment plan must be submitted to Great-West Life within 180 days of the accident.

No payment will be made by Great-West Life for any part of the charge that exceeds the amount shown for the treatment in the current Dental Association Suggested Fee Guide for General Practitioners in your province or territory of residence.

7. Charges for the services of a qualified speech therapist, up to a maximum of $1,000 per calendar year for you and each of your insured dependents.

8. Charges for the purchase of hearing aids and for repairs, up to a maximum of $500 in each period of 4 consecutive years for each Insured.
9. Charges for the services of a qualified physiotherapist provided that such person does not normally reside in your home. Great-West Life will pay up to the following limits:

<table>
<thead>
<tr>
<th></th>
<th>Private Clinics</th>
<th>OHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial visit</td>
<td>$55.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>Subsequent visits</td>
<td>$35.00</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

* for assessment or re-assessment only, not for treatment

10. Charges for treatment by a legally licensed chiropractor, chiropodist, podiatrist, osteopath, or naturopath. Great-West Life will pay an amount equal to 50% of such medical expenses up to a maximum of $300 per practitioner per year for you and each of your insured dependents. Where applicable, no payment can be made until the provincial plans have paid their yearly maximum.

11. **Out-of-province/country coverage:** If you are temporarily out of the province or out of the country on vacation or business, you are covered for **emergency** health care provided that the care arises from a medical emergency and you and your dependant(s) are covered by the government health plan in your home province. A **medical emergency** is a sudden, unexpected injury or an acute episode of disease.
For travel within Canada there is a reciprocal agreement among provincial health care plans in all provinces except Quebec. In Quebec charges are higher than those in the other provinces and Great-West Life will pay the amount not paid by OHIP. Therefore, should you require emergency medical treatment in Quebec, you need to use the MEDEX toll free line to ensure appropriate processing of claims.

When travelling outside of Canada, you have 100% coverage if you are a retiree under age 65. For retirees 65 or older, 80% of the charges for emergency treatment will be paid. Therefore, if your coverage level is 80%, you may wish to purchase additional out-of-country insurance for the 20% not covered.

The following services are included:
- room and board in a hospital up to the hospital's standard ward rate for each day that you (or your insured dependent) are confined in the hospital,
- hospital services and supplies furnished by a hospital, and
- diagnosis and treatment by a physician or surgeon legally licensed to practice medicine.

**MEDEX Assistance Corporation** must be notified within 48 hours, or when reasonably possible,
following an Emergency. Claims may be denied or reduced if contact is not made with MEDEX Assistance Corporation within 48 hours of admission to hospital.

If, in the opinion of a physician or MEDEX Assistance Corporation, the patient can be returned home or to another medical facility for immediate or continuing treatment and the patient chooses not to for whatever reason, coverage under the charge will be denied.

A medical emergency is one that arises from:
1. A sudden or unexpected injury, or
2. A new medical condition that was not identified or being treated prior to your departure from Canada, or
3. A previously identified medical condition that was stable and controlled for a period of three months immediately prior to your departure from Canada. In cases where a claim is made, you may be required to provide medical documentation showing that there were no complications. For example, you may be required to demonstrate that there were, within the three month period prior to your departure, no:
   - Hospital or doctor visits, other than the regular, scheduled hospital or doctors
visits, or doctors visits made solely to obtain a refill on a prior prescription, or;

- Medication changes other than anticipated reductions in medication as a result of recovery or stabilization, or;
- New or uncontrolled symptoms that have emerged.

"Hospital" means an institution having diagnostic facilities that provides active, chronic care or emergency treatment with physicians and registered nurses in attendance 24 hours a day and is so licensed by the appropriate governmental authority. It does not include an institution providing convalescent care, a nursing home, home for the aged, a rest home or any other facility providing similar care.

EXCLUSIONS

No amount of benefit will be payable for any charge that resulted either directly or indirectly from, or was in any manner or degree associated with, or occasioned by, any one or more of the following:

- any cause of which you may apply for and receive indemnity or compensation under any Workers' Compensation Act,
- intentionally self-inflicted injury,
- war, insurrection or hostilities of any kind, whether or not you were a participant in such actions,
participating in any riot or civil commotion,
committing or attempting to commit a
criminal offence or provoking an assault,
an examination by, or the services of, a
physician or surgeon if required solely for
the use of a third party,
any treatment that has as its purpose the
correction of temporomandibular joint
dysfunction,
any service or treatment which you would
receive without being charged if you were
not insured under this provision,
cosmetic surgery, and
eye examinations for the purpose of
obtaining glasses and the cost of glasses or
fitting thereof.

Contact Great-West Life toll free at 1-800-957-9777
if you have questions on specific coverage.

**Your policy number is 139046.** Your
identification number is the staff number assigned
to you by Queen’s either as an employee or a
survivor.

**SEMI-PRIVATE HOSPITALIZATION**

Semi-Private Hospitalization benefits pay the full
difference between semi-private hospital charges
and standard ward rates. Your provincial health
program pays standard ward rates.
If you (or your insured dependent) are hospitalized due to an emergency treatment occurring outside Canada, the plan will reimburse you for semi-private hospitalization at the rate that would have been applied had the hospitalization occurred in Canada.

**BASIC LIFE INSURANCE**

The Basic Life Insurance Plan was designed to provide protection and security for you and your family in case of death. You were entitled to insure up to three times your salary while you were employed at Queen’s. Now that you have retired your insurance coverage has changed.

**Coverage after Retirement**

If you retire early you may continue to pay premiums and retain your basic life coverage equal to 100% of your salary in effect at retirement (see “Conversion Privileges” to retain lost coverage).

After you reach your Normal Retirement Date, Queen’s University pays the full cost of life insurance.

On the July 1st coincident with or next following your Normal Retirement Date, the amount of your insurance coverage is set at 100% of the salary in effect at retirement. This automatically reduces to
80% on the following July 1st and on subsequent July 1st's to 60%, 40%, 20% and 10% respectively (minimum of $3,000). In each case, it is rounded up to the next highest $1,000. The 10% coverage level will remain in effect thereafter.

Individuals who retire after age 65 will have life insurance based upon the reduction scale above, and their actual retirement date.

**Conversion Privileges on Retirement**

Coverage over 100% of salary under the basic group life insurance plan ceases 31 days after retirement from Queen's. However, during this 31-day period, you are entitled to purchase personal life insurance up to the amount of the lost coverage regardless of personal health condition. Application and premium payment must be made to the Great-West Life Assurance Company during this 31-day period. The maximum amount that you can convert is $200,000 for basic and optional life combined.

**Beneficiary**

Any beneficiary, including an estate, may be named and can be changed at any time subject to the laws governing such matters. If a child under 18 years old is named as beneficiary, you should also name a trustee, because if you die before the child is 18 and no trustee is named, the proceeds may have to be
paid to the Province's official guardian and held in trust. You are urged to check your beneficiary designation periodically to ensure that it reflects current estate requirements.

**In the event of your death, your family members or your Executor should contact Human Resources at Queen’s University (613-533-2070).**

**OPTIONAL LIFE INSURANCE**

If you were enrolled in the basic life insurance plan, you may have chosen to take out additional Optional Life Insurance to increase your life insurance coverage. This coverage will cease upon termination of the basic coverage, at the time of early or normal retirement, or on the July 1st coincident with or next following your Normal Retirement Date, whichever occurs first. If you have additional Optional Life Insurance you may convert some or all of it (as with basic life insurance).

**Conversion Privileges Retirement**

Within 31 days of retiring from the University you may contact Great-West Life and convert the coverage to a standard individual policy without providing evidence of good health. The maximum amount that can be converted is $200,000 for basic and optional life combined.
Limitations

Optional life insurance is not payable if an individual commits suicide while sane or insane within two years of the effective date of the coverage or effective date of increase in coverage (for increase only). Coverage is also voided if a person has provided any material misrepresentation or non-disclosure in answering the questions on the insurability questionnaire. The beneficiary under the optional life insurance may or may not be the same as under the basic group life insurance.

SURVIVOR BENEFITS

The family of a deceased member of the plan may be entitled to retain certain benefits. In addition, your survivors would normally be entitled to death benefits under the Queen's Pension Plan and the Canada Pension Plan. For information about these and any other benefits to which your survivors might be entitled, please contact the Queen’s Department of Human Resources, Pension, Benefits and Insurance Unit at (613) 533-2070.

Queen's Pension Plan

If a member of the Queen's Pension Plan dies before retirement, the monies in his or her Money Purchase Account plus any voluntary or special lump sum
contributions with interest will be paid to the designated beneficiary. The same would apply if the individual had left the University but had left monies in the Queen's Plan for a deferred pension.

If death occurs after your pension has started, any death benefits will be determined in accordance with the pension option selected.

**Canada Pension Plan**

When a contributor to the CPP dies and has made the necessary contributions to establish eligibility, certain survivor benefits may be available as follows:

- a lump sum death benefit payable to the estate of the deceased contributor,
- a monthly pension payable to the surviving spouse, or
- monthly benefits for the dependent children of the deceased contributor

Application for any benefits must be made to a district or local office of the Canada Pension Plan.
**FUTURE CHANGES**

The University’s goal is to ensure that the plan continues to provide reasonable protection of healthcare expenses and continues to be financially viable for both the University and its retirees. However, Queen’s reserves the right to amend, modify, revoke or terminate the plan, in whole or in part, at any time. The authority to make any such changes to the plan rests entirely with Queen’s University.

As the Ontario government adjusts OHIP coverage, the Queen’s University supplementary medical plan becomes an increasingly important component of a retiree’s financial security. The University will continue to carefully review all future adjustments to OHIP.

The benefit plans will not automatically assume payment for services, treatment or supplies when the Government Medicare plan discontinues payment or partial payment or allows payment or partial payment not previously insured, but Queen’s reserves the right to determine if the services, treatments or supplies will be considered eligible.
If you require details on specific coverage, please contact Great-West Life toll free at 1-800-957-9777.

Your Group Policy Number is 139046.

To ensure that your benefit entitlements are appropriately recorded with Great-West Life, it is important that you notify Queen’s University, Human Resources immediately if there is any change in your personal or family status, including:

- change of address or name
- marriage, marriage breakdown or divorce
- coverage for a common-law spouse/partner
- birth or adoption of a child
- death of your spouse or any other covered family member
- if you wish to change the beneficiary of your group life insurance

Human Resources
Fleming Hall, Stewart-Pollock Wing
Queen’s University
K7L 3N6
613-533-2070
This booklet describes the principal features of the group benefit plan sponsored by Queen’s University, but Group Policy No. 139046 issued by Great-West Life is the governing document. If there are variations between the information in the booklet and the provisions of the policy, the policy will prevail. Contact Queen’s University Human Resources Department if you require any additional information.