SUPPLEMENTARY HEALTH CARE PLAN FOR CBC/RADIO-CANADA PENSIONERS

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CBC Radio-Canada

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The Supplementary Health Care Plan helps with medical expenses, supplementing your provincial/territorial plan coverage.

About Canada Life

Canada Life Assurance Company provides administrative services only for the Supplementary Health Care Plan under plan number 51089.

Your coverage includes a pay-direct drug card. With your drug card, eligible drug expenses are reimbursed automatically when you fill your prescription at the pharmacy.

For claims and coverage inquiries, contact Canada Life at 1-877-340-9082 or visit GroupNet for plan members.

Canada Life Online Services for Plan Members

As a Canada Life plan member, you can also register for GroupNet™ for Plan Members at www.greatwestlife.com/login. Follow the instructions to register. Make sure to have your plan and ID numbers available before accessing the website.

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

- your benefit details, claims history and claim status
- your pay-direct drug card and personalized claim forms
- online claim submission for many of your claims
- confirm if you prescription drug will be covered with Drug Search

Eligibility

You, your spouse and your children are eligible for Supplementary Health Care Plan (SHCP) coverage when you retire with an immediate pension and you and your dependents all reside in Canada.

You, your spouse and your children are eligible for SHCP coverage when you begin receiving a deferred pension, as long as you apply for coverage no more than 60 days after your pension begins. You will have to prove that you were covered under another employer's group health care plan between the time you left CBC/Radio Canada and the date you apply for SHCP coverage.

Surviving spouses

If you have family coverage under the SHCP and your spouse becomes eligible for a CBC/Radio-Canada survivor pension, your spouse and eligible children may maintain their coverage after your death. If your spouse is not eligible for a CBC/Radio-Canada survivor pension, only your spouse will continue to be covered after your death. Any children or your spouse's new spouse would not be eligible for coverage.

Who qualifies as an eligible family member?

Your spouse is:

- the person to whom you are legally married, or
- the person who has been represented as your spouse and living with you for at least one year.

A former spouse may be covered under the plan if required by court order; however, only one spouse is eligible for coverage at any one time.

Your children are:

- Unmarried children (including a stepchild, an adopted child, a foster child, a child for whom you or your spouse has been appointed legal guardian, or a child born to your unmarried minor female dependent):
    - under age 21 and working less than 30 hours a week,
    - under age 25 (under age 26 if residing in Québec, and only for coverage of drugs eligible under the provincial drug plan) if full-time students studying 15 or more hours a week, or
    - disabled children, as long as they depend totally on you for support and were covered by this plan immediately before their 21st birthday.

Enrolling for coverage

Starting your coverage

When you retire, you can apply for coverage under the SHCP no more than 60 days after your retirement date.

If you retire with a deferred pension, to be eligible for coverage under the SHCP you will have to provide proof that you and your eligible dependents have been covered under a group health care plan since leaving CBC/Radio-Canada.

You can join the SHCP if you opted out because you were covered under another employer's group health care plan (your own or your spouse's) and you lose that coverage. You can join no more than 60 days after that coverage ends and you will have to prove that you were covered under another employer's group health care plan between the time you opted out and the date you apply for SHCP coverage.

If you have been covered while outside Canada by another employer’s group health care plan and that coverage ends upon your return to Canada, you may rejoin the SHCP only if you meet the criteria mentioned above. If you do rejoin the SHCP, the services and supplies normally eligible for reimbursement by the provincial health care plan will not be covered by the SHCP during the provincial health care plan’s waiting period.

Opting out of your coverage

You can opt out of the SHCP at anytime, except in Québec (see Requirements specific to Québec residents).

Changing your coverage

If you have single coverage, you can only change to family coverage after certain life changes, no more than 60 days after the life change. The following life changes would make you eligible to change coverage:

- marrying or having your common-law spouse become eligible,
- birth, adoption or legal guardianship of a child, and
- loss of your spouse's coverage under another employer's group plan. You will have to prove that your spouse was covered under another employer’s group health care plan between the time you changed to single coverage and the date your spouse’s coverage ended.

To register your dependent(s) or make changes to dependent information use the *Make Benefits Changes* tool (under My Tools) on the CBC/Radio-Canada Pension Administration (PAC) website. Note that Canada Life will only process claims for your eligible dependents (for drug and non-drug expenses) if they have been registered with PAC.

Requirements specific to Québec residents

Please note that the Régie de l'assurance maladie du Québec (RAMQ) requires that all Québec residents under the age of 65 be enrolled under a health care plan offered by an employer. If you retire before the age of 65, you will automatically be enrolled for single coverage. If you wish to opt out because you are covered under a spousal plan, use the *Make Benefits Changes* tool (under My Tools) on the CBC/Radio-Canada Pension Administration (PAC) website.

Dependent confirmation – if you have family coverage

Pensioners with family coverage need to maintain current information about their eligible dependents in order for dependent claims to be processed. Use the *Make Benefits Changes* tool (under My Tools) on the CBC/Radio-Canada Pension Administration (PAC) website whenever you need to:

- add a dependent (spouse or child) for coverage,
- terminate coverage for a dependent (a spouse or a child who no longer meets the definition of eligible dependent),
- change information regarding your spouse's health coverage with another plan, or

You will have to certify the student status of any eligible child turning 21 years of age and reconfirm it annually thereafter. The CBC/Radio-Canada Pension Administration Centre (PAC) will contact you.

Cost

You pay the cost of the plan and the premiums are deducted from your monthly pension. Premiums are reviewed annually.

If your premium is higher than the amount of your pension, PAC will send you a bill for the remaining premium once a year. That bill will need to be paid by the date communicated by PAC otherwise your coverage will be terminated.

Coverage

The SHCP covers the medical services and supplies listed in this section.

All of the following conditions must be met:

- You must participate in the SHCP. If your spouse or child incurred the expense, you must have family coverage.
- The expense must be reasonable and customary and medically necessary.
- Claims for expenses eligible under provincial or territorial health care plans or programs must be submitted to the governmental entity before being submitted under the SHCP.
- The medical service or supply must be prescribed by a person legally authorized to prescribe in Canada.

The SHCP does not cover expenses incurred outside Canada or expenses that are eligible for reimbursement under a government assistance program or provincial health plan. Be sure to ask your health care provider whether such a program exists in your province.

The SHCP covers:

- eligible expenses incurred in Canada while temporarily out-of-province if these expenses were incurred as a result of an emergency or a sudden unexpected illness and provided the expenses would have been covered by your provincial health care plan had they been incurred in your province of residence.
- eligible expenses incurred in Canada, outside your province of residence, for reasonable and customary treatment that is not readily available in your province of residence and that would have been paid by the provincial health care plan had the treatment been rendered in your province of residence.

Each benefit year runs from January 1 to December 31.

Drug expenses	All other eligible expenses
The SHCP pays 75% of the first $8,000 * of **eligible drug expenses** for each covered person in each benefit year	The SHCP pays 100% for eligible hospital (including convalescent care) and out-of-province expenses
Then	And
100% of **eligible drug expenses** for the remainder of that benefit year	80% for **all other eligible expenses**

* Québec residents will receive 100% reimbursement for drugs after having reached the yearly out-of-pocket maximum, which is determined annually by RAMQ.

Pharmacy Network Value Plan (Costco)

Drug expenses at a Costco Pharmacy	Canada Life and Costco Wholesale have an arrangement under which plan members pay lower-than-average prescription drug costs. Your reimbursement rate will be 10% higher (i.e., 85% of the eligible drug expense instead of 75%) when you fill your prescriptions at a Costco pharmacy or order them online at costcopharmacy.ca. **This program is not available in the province of Québec due to the laws governing pharmacy practice.** In general, prescription drug costs and their dispensing fees are lower at a Costco pharmacy, providing both you and the SHCP with additional savings.
The SHCP pays 85% of the first $8,000 of **eligible drug expenses** for each covered person in each benefit year	
Then	
100% of **eligible drug expenses** for the remainder of that benefit year	

Prescription drugs

The SHCP covers medication that legally requires a physician's (M.D.) prescription, is listed under the Controlled Drug Formulary* and is dispensed by a licensed pharmacist, or other person entitled by law to dispense it, including the following:

- insulin, self-injection syringes and insulin-related supplies (disposable needles for use with non-disposable insulin injection devices, lancets and test strips),
- limited over-the-counter medication judged by Canada Life to be life-sustaining,
- injectable drugs**,
- smoking cessation: Up to $600 lifetime, and
- fertility drugs: Up to $36,000 lifetime.

*As new drugs become eligible, only those recommended by an independent board of professionals and approved by TELUS Health will qualify for coverage. TELUS Health is the largest Health Benefit Manager in Canada and offers electronic claims processing services for the largest insurer in the country, including Canada Life. To find out if a specific prescription drug will qualify for reimbursement under the SHCP, please consult the Drug Search on GroupNet for Plan Members. Or contact Canada Life.

**Injectable drugs administered by a physician are covered to a maximum of $15 towards the total cost of all drugs/injections provided on a single date of service at a clinic or doctor's office. If there are multiple drugs/injections provided during the same date of service, only $15 will be reimbursed. Additional fees charged for the administration of these drugs are not covered.

Pre-authorization

Certain prescription drugs require pre-authorization. Please go to GroupNet for the listing of the prior authorization drugs or contact Canada Life.

Coverage of generic versus brand-name drugs

Reimbursement of prescription drugs will be based on the cost of the lowest-cost generic alternative of the prescribed drug (if there is one) unless there is a medical reason that would prevent the use of a generic drug as attested by the patient's doctor.

If there is a medical reason why the patient cannot take the generic equivalent of the brand-name drug, the patient and the patient's doctor must complete and send to Canada Life the *Request for Brand Name Drug Coverage* form. Canada Life will assess the request and send a letter indicating if the request for brand-name drug coverage has been approved. The form is available on the Canada Life website or by contacting Canada Life by phone.

If there is no medical reason preventing you from using the generic equivalent of the brand-name drug prescribed, but you choose to ask for the brand-name drug, the SHCP will pay the cost of the lowest-cost generic alternative and your share of the cost will increase accordingly.

Pay-direct drug card

Always use your pay-direct drug card when paying for any prescription drugs or eligible diabetic supplies (such as syringes, needles, test strips and lancets). Canada Life will reimburse eligible expenses to the pharmacist directly and you only pay your share of the cost of each prescription.

If you don't use your drug card when purchasing a prescription, the pharmacist may charge you more than the established price and you may end up paying more.

You will not receive a new plastic drug card at retirement. If you received a drug card as an employee, you will continue to use the same card as a retiree. If you did not receive a drug card as an employee, or if you need a replacement card, you can print one by going to GroupNet for Plan Members.

Note: If your surviving spouse maintains coverage after your death, he/she will receive a new plastic drug card by mail.

Prescription drug quantities/limits

The quantity of medication that can be dispensed will vary depending on whether the medication is considered to be an acute or a maintenance medication.

- Acute medications, which include antibiotics and pain medications, are usually prescribed to treat one-time or short-term conditions. When you use the pay-direct drug card, you will be reimbursed up to a 34-day supply of these drugs, as prescribed by a physician. If you are taking an acute medication on a regular basis, you can request to increase the 34-day supply limit to a 100-day supply by calling Canada Life. They will note the new limit for that drug in their system, and the next time your prescription for this drug is filled, your pharmacist will be able to dispense the quantity your physician prescribed. Otherwise, if you purchase more than the recommended 34-day supply, you will have to submit a claim to Canada Life to be reimbursed for the difference.
- Maintenance medications are usually prescribed to treat chronic or long-term conditions, such as high blood pressure and high cholesterol; therefore, these drugs are used on a

long-term basis. When you use the pay-direct drug card, you will be reimbursed up to a 100-day supply of these drugs, as prescribed by a physician.

For Québec residents aged 65 and older

If you are under age 65 and your spouse is aged 65 or older, he or she will be automatically enrolled in the RAMQ Prescription Drug Insurance Public Plan. You may submit your spouse's drug receipts for any amount not covered by the RAMQ Plan to Canada Life.

On your 65th birthday, you will be automatically enrolled in the RAMQ Prescription Drug Insurance Public Plan. If you have a spouse who is covered under the SHCP who has not yet reached age 65, you will have to enroll them in the RAMQ Plan. All drugs will therefore be covered by RAMQ and you may submit your drug receipts for any amount not covered by the RAMQ Plan to Canada Life. All other benefits under the SHCP remain unchanged.

If, upon your death, your spouse is a Québec resident, your spouse and any eligible children must apply for drug coverage under the RAMQ, even if your spouse is under age 65.

For residents of other provinces aged 65 and older

Your provincial plan will be the first payer for prescription drugs once you or your spouse has reached age 65, and if your province of residence offers a provincial drug plan to residents age 65 and over. You will be able to coordinate any unpaid portion with the SHCP. The exceptions are in Nova Scotia and Prince Edward Island, where the SHCP does not cover drugs after age 65.

Medical services and supplies

Canada Life maintains a list of services and supplies that require prior authorization. Prior authorization is intended to help ensure that the price being charged and the treatment are reasonable. Contact Canada Life for an estimate of what will be reimbursed.

A claim for a service or supply that was purchased from a provider that is not approved by Canada Life may be declined. The covered expense for a service or supply may be limited to that of a lower cost alternative service or supply that represents reasonable treatment.

Eligible expenses:

Ambulance	Licensed ground or air ambulance to the nearest centre where essential treatment is available.
Blood products	Blood transfusions and other blood products.

Chronic care	Confinement in a hospital or qualified nursing home, to a maximum of $20 a day: • for a chronically ill person in relatively stable condition who has reached the limits of recovery and who needs daily professional nursing care and medical supervision, • for a chronically ill person for a short period (e.g., two weeks) as respite care to allow that person's caregiver some time to rest, provided that the caregiver lives with the patient and is not paid for his/her services. Combined reimbursement for chronic care and out-of-hospital private-duty nursing is $15,000 for each covered person in any one benefit year, in addition to the limits indicated within each benefit description.
Dental treatment	Treatment required as a result of an accidental injury to natural teeth, provided that treatment is received outside hospital, begins within 60 days of the accident and is completed within 12 months of the accident.
Hearing aids	Hearing aids prescribed by a physician or audiologist, to a maximum of $500 for each covered person every 60 consecutive months.
Hospitalization	Hospitalization and related services and supplies, above provincial health care coverage, including care in a convalescent hospital, to a maximum of 120 days in any one benefit year, provided that the hospitalization is recommended by a doctor and follows a hospitalization of at least three days in an active treatment hospital for the same condition: • the difference between charges for standard ward and semi-private accommodation, and • out-patient supplies and services not covered by the provincial plan Private accommodation in a hospital will be reimbursed to the reasonable and customary expenses of a semi-private room.

Hospital and medical expenses outside the province of residence	Eligible expenses incurred while in **another Canadian province**, provided that some portion of the expense is payable by the provincial plan or would be eligible under the provincial plan if incurred in the province of residence, subject to Canada Life's evaluation, for • emergency hospitalization and medical services while temporarily out-of-province on business, vacation or for furthering education, and • hospital charges and medical expenses for treatment not readily available in the patient's province of residence.
Medical supplies	**Compression hose**, prescribed by a physician and medically required (patient's medical diagnosis must be provided on the physician's prescription). Benefits will be determined according to the compression factor of the hose, which is measured in millimeters of mercury (mmhg). The compression factor must be at least 15 mmhg. The limit is four pairs/calendar year. A prescription is valid for 12 months. Rental or, at Canada Life's option, purchase of a **wheelchair**, **hospital bed**, **iron lung** or **positive-pressure breathing machine**. Includes Continuous Positive Airway Pressure machine (CPAP), Nasal Constant Positive Airway Pressure machine (NCPAP) and Automatically Adjusting Positive Airway Pressure machine (APAP), (including maintenance and replacement), once any government assistance plan maximums have been reached. **Splints**, **trusses**, **braces** with rigid supports (excluding lumbar supports), **crutches** or **casts**.

Orthopedic shoes	Both custom made and off the shelf orthopedic shoes are eligible when medically required for the treatment of a disease or injury. The receipt must include: • the brand name and model of the footwear, • a description of the modifications made to the footwear, and • a breakdown of the cost of the footwear and the modifications. Must be prescribed by a physician, orthopedic surgeon, podiatrist or chiropodist (patient's medical diagnosis must be provided on the prescription). Limited, for adults, to one pair every 12 consecutive months, including repairs and modifications to existing orthopedic shoes. Reasonable and customary limits will apply.
Orthotics	Must be prescribed by a physician, orthopedic surgeon, podiatrist or chiropodist or Nurse Practitioner. (The patient's medical condition must be provided on the prescription.) Must be custom designed and made for the patient.
Oxygen	Including costs associated with its administration.
Paramedical services (no doctor's prescription needed)	Services of licensed and qualified: • chiropractors • osteopaths • podiatrists or chiropodists • naturopaths • acupuncturists • psychologists • social workers • massage therapists • physiotherapists and athletic therapists once any provincial plan maximum has been reached to an **annual maximum of $1,150 for all services combined**.

Private-duty nursing	Services, outside hospital, of a graduate registered nurse, registered nursing assistant or licensed practical nurse not related to the patient, provided the care is not primarily custodial and cannot be performed by someone less qualified. Combined reimbursement for chronic care and out-of-hospital private-duty nursing is $15,000 for each covered person in any one benefit year, in addition to the limits indicated within each benefit description.
Prosthetic appliances/supplies	Artificial limbs or eyes and other prosthetic devices required after surgery, including repair and replacement (excluding myoelectrical limbs), once any government assistance plan maximums have been reached. Wigs, to a lifetime maximum of $300, for hair loss related to an underlying pathology or its treatment.

Exclusions and limitations

SHCP benefits are not paid when the patient is not under the continuing care of a physician. Benefits are not paid for supplies and services:

- received before the person was covered by this plan,
- covered by any government plan, including provincial health care, workers' compensation or provincial automobile insurance, or for which a government plan prohibits payment,
- generally provided without cost, or that the person would not have had to pay in the absence of this insurance,
- provided by a government hospital, unless you are required to pay for such services,
- provided by CBC/Radio-Canada, a mutual benefit association or any employee group,
- required as a result of an injury or disease resulting from voluntary participation in a war or any act of war, civil disorder, riot or insurrection.

In addition, no benefits are paid for the following:

- any injury sustained as a result of or in the course of any employment other than with CBC/Radio-Canada,
- a disability that the covered person chooses not to have treated by a doctor,
- treatments received while in the services of any armed forces,
- hospital services primarily provided for chronic or custodial care, unless specifically covered as an eligible expense,

- hospitalization in a detoxification centre for treatment of alcoholism or drug abuse,
- cosmetic surgery or treatment,
- doctors' mileage or travel time, transportation costs, or consultations by telephone or other means,
- pregnancy tests or routine medical checkups,
- dental expenses, unless specifically covered as an eligible expense,
- hearing or vision tests, eyeglass frames or lenses, or contact lenses,
- diabetic equipment (such as blood glucose monitoring machines, external insulin infusion pumps and needleless insulin jet injectors) and any supplies (other than disposable needles for use with non-disposable insulin injection devices, lancets and test strips),
- missed appointments, completion of forms or medical examinations for the use of a third party,
- medication prescribed or dispensed without respecting federal or provincial regulations, or services performed by unqualified practitioners,
- delivery charges or your mileage/travel expenses for treatment,
- preventative vaccines and immunization products,
- expenses incurred outside Canada, or
- drugs for erectile dysfunction.

Claims

For all expenses other than prescription drugs and eligible diabetic supplies, submit a paper claim to Canada Life or an e-claim via *GroupNet for Plan Members*.

Submit claims as soon as you can. The SHCP will not pay claims submitted more than 15 months after the expense is incurred.

Reimbursement under more than one plan

If you and your spouse are covered by more than one health care plan, you can claim benefits under both plans and you may receive reimbursement of up to 100% of your eligible expenses. Here's how you can coordinate benefits:

For expenses incurred by…	Submit your claim to...
You	❶ This Health Care Plan ❷ Then, to your spouse's plan, if a balance remains
Your spouse	❶ Your spouse's plan ❷ Then to this Health Care Plan, if a balance remains
Your dependent children	❶ The plan of the parent whose birthday falls earlier in the year ❷ Then to the plan of the other parent, if a balance remains

If you are separated or divorced with custody of your covered children, different rules apply. Contact Canada Life for details.

Legal Actions

No legal action to recover non-insured benefits under this plan can be introduced for 60 days after notice of claim is submitted, or more than two years after a benefit has been denied.

Appeals

You have the right to appeal a denial of all or part of the coverage or benefits described in this plan as long as you do so within two years after the denial. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

Benefit Limitation for Overpayment

If benefits are overpaid you are responsible for repayment within six months. If you fail to fulfill this responsibility, further benefits will be withheld until the overpayment is recovered. This does not limit your employer’s right to use other legal means to recover the overpayment.

This booklet summarizes the main provisions of the Supplementary Health Care Plan in effect as of January 2019. Actual benefits will be determined by the terms of the group plan document with Canada Life, which will govern in case of any discrepancy. For additional information, contact Canada Life.

The Supplementary Health Care Plan is reviewed regularly and coverage may be adjusted at any time.