This update is effective January 1, 2022 and contains important information from Human Resources about your benefits; please keep it for your records.

Future communications will be made online at

https://uwaterloo.ca/human-resources/support-employees/benefits*

*Major benefit plan changes will continue to be communicated through mail outs

Other Benefit Updates...

Out-of-country (OOC) changes due to COVID-19

Travel to regions with travel advisories or travel bans, including those due to illnesses such as COVID-19, do not exclude a claimant from coverage under standard Canada Life group benefits plans. Our usual plan parameters and provisions apply, and we will not exclude coverage for someone solely and exclusively based on the fact they’ve travelled to a region with a travel advisory or ban.

If you’re OOC and are experiencing a medical emergency such as having contracted COVID-19, your usual OOC and Travel Assistance coverage will apply. Coverage is available for medical treatments related to the initial medical emergency in accordance with plan provisions as well as follow up treatment if you’re unable to get home prior to the end of the trip. Your claim won’t be denied just because it’s related to COVID-19 – it’ll be treated like any other claim. However, plans vary, so that’s why claims are assessed individually.

Who do I call?

Inquiries related to:
- Change of address
- Change of dependent information
- Exceptional claim issues
- Lost benefits ID card

Contact:
Human Resources help: hrhelp@uwaterloo.ca
(519)-888-4567 x 45935

Inquiries related to:
- Claim status
- Declined claims
- To determine if a certain drug, procedure or item is covered
-Predetermination of benefits

Contact:
Canada Life Customer Support:
1-800-957-9777
Monday-Friday: 7:00AM-6:00PM
An out of pocket maximum applies and enables reimbursement to increase from 80% to 100% for eligible extended health expenses. As of January 1, 2022, the out of pocket maximum is $133 for single coverage and $267 for family coverage.

### Extended Health Coverage as of January 1, 2022

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>Ambulance charges to and from the nearest medical facility</td>
<td>100% coverage</td>
</tr>
<tr>
<td>Paramedical Practitioners</td>
<td>Counsellor (must be a Registered Psychologist, Registered Social Worker holding a Master’s degree in Social Work or a Registered Psychotherapist)</td>
<td>80 per cent per person, per calendar year up to $975 for counselling services and up to $768 for all other paramedical services. *OHIP maximum must be reached prior to claiming. **80% of $12.00 per visit for the first 15 visits; thereafter 80% per person, per calendar year up to $768 per year.</td>
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<tr>
<td></td>
<td>Dietician</td>
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<td></td>
<td>Massage Therapist</td>
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<td></td>
<td>Naturopath</td>
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<td></td>
<td>Osteopath</td>
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<td></td>
<td>Occupational Therapist</td>
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<td></td>
<td>Physiotherapist</td>
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<tr>
<td></td>
<td>Athletic Therapist</td>
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<tr>
<td></td>
<td>Podiatrist/Chiropodist*</td>
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<tr>
<td></td>
<td>Speech Therapist</td>
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<tr>
<td></td>
<td>Chiropractor***</td>
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<tr>
<td>Hearing Aids</td>
<td>As authorized by the Assistive Devices Program (ADP)</td>
<td>80% coverage up to $768 every 5 years</td>
</tr>
<tr>
<td>Semi-private hospital</td>
<td>Applicable to public hospitals in province of residence</td>
<td>80% coverage for the first 5 days in each calendar year; 100% thereafter</td>
</tr>
<tr>
<td></td>
<td>Does not apply to rehabilitation or long-term care facilities, or services deemed custodial by insurance carrier</td>
<td>Donwood and Homewood are limited to a lifetime maximum of 60 days</td>
</tr>
<tr>
<td></td>
<td>Out-of-pocket cap does not apply to this benefit</td>
<td></td>
</tr>
<tr>
<td>Medical Services and Supplies</td>
<td>Must be prescribed in writing by a physician</td>
<td>80% Coverage</td>
</tr>
<tr>
<td></td>
<td>Predetermination of benefits must be submitted</td>
<td></td>
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<tr>
<td></td>
<td>Some medical supplies may also be covered in part by Government Provincial plans under Assistive Device Programs (ADP)</td>
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<tr>
<td></td>
<td>Examples of commonly covered items include wheelchairs, hospital beds, walkers and oxygen</td>
<td></td>
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<tr>
<td></td>
<td>Reasonable and customary charges apply</td>
<td></td>
</tr>
<tr>
<td>SERVICE TYPE</td>
<td>DESCRIPTION</td>
<td>COVERAGE</td>
</tr>
<tr>
<td>------------------------------------</td>
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</tbody>
</table>
| Orthopedic Footwear and Appliances | ➢ Custom made footwear  
➢ Custom made foot orthotics, including repairs  
➢ On written recommendation of a physician  
➢ Predetermination of benefits must be submitted prior to incurring the claim | 80% coverage for appliances up to $768 per year  
Three pairs of custom made footwear every 2 years, reasonable and customary charges apply |
| Private Duty Nursing               | ➢ Medical documentation and physician's written referral is required  
➢ Must be provided in the home by registered nurse or restorative nurse assistant (not a relative)  
➢ Does not apply to rehabilitation or long-term care facilities, or services deemed custodial by insurance carrier  
➢ Out-of-pocket cap does not apply to this benefit | 80% coverage for the first 10 days in each calendar year; 100% thereafter up to a maximum of $23,271 |
| Prescription Drugs                 | ➢ Enhanced generic drug substitution  
➢ Trial prescription program available  
➢ Prior authorization process applies for some medications and may be subject to participation in a health case management program.  
➢ SMART drug plan available  
➢ Excludes weight loss and smoking cessation | 80% coverage  
The dispensing fee cap for prescription drugs is currently $7.00 |
| Vision                             | ➢ Eye examinations, including refractions, when they are performed by a licensed ophthalmologist or optometrist | 100% coverage up to $85 per person every two years |
| Glucose Monitors                   | ➢ Continuous glucose monitors (CGM)* and flash glucose monitors (FGM)**, coverage includes the monitors themselves as well as sensors and transmitters, patient must be insulin dependent to be eligible | 80% co-insurance to a maximum of $4,000 per calendar year per person (maximum applies to CGM and FGM on a combined basis)  
*A pre-treatment form (estimate) is required for machines and supplies  
** Prescribed by a physician  
FGM sensors will need to be paid for up front and then submitted to Canada Life. If purchased through the pharmacy via drug card, it will be declined |

The extended health benefit covers reasonable and customary charges for paramedical services and medical supplies. For paramedical claims to be eligible the service must be performed by a qualified paramedical practitioner who is licensed/registered with their governing body. All covered services and supplies must represent treatment (reasonable and customary charges apply).
For pensioners and their spouses over age 65, your pharmacist will coordinate your prescription drug submissions between the provincial plan and UW’s plan.

Example: Ontario Drug Benefit (ODB) has a $100 annual deductible and $7.00 dispensing fee which should be submitted to UW’s plan. Unsure if you qualify? Notify your pharmacist if you are 65 or over.

**Ontario Drug Benefit (ODB)**

Your benefit plan allows for 60 consecutive days coverage per trip up to a lifetime maximum of $5,000,000*. This is not trip cancellation insurance. Coverage applies to emergency medical services.

Routine visits or treatments relating to an unstable pre-existing condition are not covered. Pre-existing conditions would be any personal illness or health condition that was known and existed prior to travel, i.e. heart disease, high blood pressure, cancer, type 2 diabetes, and asthma are some examples.

A previously identified medical condition must be stable and controlled for a period of three months* immediately prior to the patient’s departure from Canada. In such cases the patient may be required to provide medical documentation showing there were no complications such as hospitalizations, medication changes or doctors’ visits, as well as no new or ongoing symptoms for that condition during the three month period immediately prior to their departure date. The cost associated with obtaining this information is solely the plan members.

Your decision to travel should be supported by your medical records and your doctor. If you have specific questions about your Out-of-Country coverage and a pre-existing condition, please call Canada Life at 1-800-957-9777 and ask to speak with someone in the ‘Knowledge Centre’.

*Exceptions may apply, please confirm with Canada Life prior to traveling

**Traveling to Cuba?**

If you or any covered dependents are traveling to Cuba, you may need to provide proof of benefit coverage. Proof might include:

- your benefits ID card
- an insurance policy
- an insurance certificate
- a medical assistance card (photocopies are accepted)

For more information please visit the Government of Canada’s website for entry/exit requirements to Cuba: https://travel.gc.ca/destinations/Cuba.

**Contact Information for emergency medical assistance**

United Healthcare Global Assistance (UHCG) is the provider that Canada Life partners with for emergency medical assistance when outside of Canada. If you have a medical emergency, you must call UHCG using the helpline numbers as soon as possible. The helpline numbers are available for use anywhere in the world, 24 hours a day seven days a week, to obtain assistance. Always travel with your benefits ID card, which includes your policy number, employee ID number and the necessary emergency contact numbers.

**Co-ordination of Payments**

Depending on the nature of your emergency, UHCG will be able to co-ordinate direct billing on your behalf (Canada Life pays provider directly). However, there are some items that may require you to pay for the expense first, and receive eligible reimbursement afterwards, such as; eligible medical expenses less than $300 (Canadian), eligible prescription...
drugs, cost of medical appliances, return of a deceased member and transportation of a family member to the bedside of a sick or injured person.

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**Claim submission requirements for orthopedic shoes and custom-made foot orthotics**

**Prescription Requirement:**
Orthopedic shoes and custom-made orthotics are generally covered under the benefits plan when they are considered to be reasonable treatment of disease or injury and when prescribed by one of the following health care providers: Physician (MD), Chiropodist, Podiatrist, or Orthopedic surgeon. The prescription must set out the medical diagnosis necessitating the supply prescribed. **Custom-fitted or pre-fabricated (off the shelf) orthopedic shoes** will also be required to include the brand name and model of the shoes; a description of each modification made to the shoes (if applicable); and a breakdown of the cost of the shoes and each modification (if applicable). **Custom-made orthopedic shoes** also require a lab bill that includes details of the casting technique used; and a description of the process and material used to fabricate the shoes. **Custom-made orthotics** also require a copy of a detailed biomechanical examination or gait analysis; details of the casting technique used; a detailed description of the type of orthotic provided; and a breakdown of the charges for the orthotic.

We highly recommend you call Canada Life at 1-800-957-9777 to confirm coverage details and submit a pre-determination of benefits before purchasing your items.

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**How to make a claim**

If you are unable to use your benefit card at the point of sale/service you can submit either a paper or electronic claim to Canada Life for eligible expenses.

Paper claims must be completed with the Policy number (57130), certificate number (employee ID) and signature of plan member before submission. Original receipts and physician's written authorization as required is also required when submitting paper claims. Claim forms are available on the Human Resources website at [https://uwaterloo.ca/human-resources/forms](https://uwaterloo.ca/human-resources/forms) or can be printed off your GroupNet account.

Paper claims can be mailed to:
Canada Life  
London Benefit Payments  
PO Box 5064 Station B  
London ON, N6A 0C4

Claims can also be submitted electronically using GroupNet, which allows users to review the status of claims, register for direct deposit reimbursement, review extensive health and wellness information, and much more. To register for GroupNet, visit: [https://groupnet.greatwestlife.com/public/signin/register/registerstep1.public](https://groupnet.greatwestlife.com/public/signin/register/registerstep1.public)

Claims must be made within 12 months from the end of the year in which expenses are incurred to be eligible for reimbursement.

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**Survivor Benefits**

Extended healthcare benefits continue at the time of your death for your surviving spouse and/or eligible dependent children for the remainder of your surviving spouse's lifetime.