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

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

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**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. We will cover 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 we’re assessing claims individually. Benefits are limited to persons who experience a medical emergency, it’s important to know that expenses incurred when not experiencing symptoms, whether under quarantine or not, are not covered.

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**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](mailto: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
# Extended Health Coverage as of January 1, 2022

As of January 1, 2022, the annual deductible for single coverage is $58 and $115 for family coverage. The annual deductible will be taken from your first claim(s) submitted to Canada Life. Thereafter the plan pays 100% of eligible expenses, up to the benefit maximum.

<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)<em>&lt;br&gt;➢ Registered Massage Therapist</em>&lt;br&gt;➢ Chiropractor&lt;br&gt;➢ Naturopath&lt;br&gt;➢ Osteopath&lt;br&gt;➢ Podiatrist/Chiropodist**&lt;br&gt;➢ Physiotherapist&lt;br&gt;➢ Speech Therapist</td>
<td>50% coverage up to the annual maximum of $561 for Psychologist and Counsellor claims&lt;br&gt;100% coverage up to the annual maximum of $561 for Massage, Chiropractor, Naturopath, Osteopath and Podiatrist/Chiropodist claims&lt;br&gt;100% coverage up to the annual maximum of $671 for Physiotherapy and Speech therapy&lt;br&gt;*Medical referral required&lt;br&gt;**OHIP maximum must be reached prior to claiming</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>As authorized by the Assistive Devices Program (ADP)</td>
<td>$671 per ear every 5 years</td>
</tr>
<tr>
<td>Semi-private hospital</td>
<td>➢ Applicable to public hospitals in province of residence&lt;br&gt;➢ Does not apply to rehabilitation or long-term care facilities, or services deemed custodial by insurance carrier</td>
<td>No maximum&lt;br&gt;Donwood and Homewood are limited to a lifetime maximum of 60 days</td>
</tr>
<tr>
<td>Medical Services and Supplies</td>
<td>➢ Some medical supplies may also be covered in part by Government Provincial plans under Assistive Device Programs (ADP)&lt;br&gt;➢ Examples of commonly covered items include wheelchairs, hospital beds, walkers and oxygen&lt;br&gt;➢ Reasonable and customary charges apply</td>
<td>Please contact Canada Life directly prior to purchasing items to verify coverage and required medical documentation&lt;br&gt;Must be prescribed in writing by a physician&lt;br&gt;Predetermination of benefits is recommended</td>
</tr>
</tbody>
</table>
### Extended Health Coverage Continued

<table>
<thead>
<tr>
<th>SERVICE TYPE</th>
<th>DESCRIPTION</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedic Footwear and Appliances</td>
<td>➢ Custom made foot orthotics, including repairs</td>
<td>100% coverage up to $273 per year for custom-made foot orthotics including repairs</td>
</tr>
<tr>
<td></td>
<td>➢ On written recommendation of a physician</td>
<td>Two pairs of custom made footwear every year, reasonable and customary charges apply</td>
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<tr>
<td></td>
<td>➢ Predetermination of benefits must be submitted prior to incurring the claim</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Custom made footwear</td>
<td></td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>➢ Medical documentation and physician's written referral is required</td>
<td>100% coverage up to a maximum of $11,197 per year</td>
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<td></td>
<td>➢ Must be provided in the home by registered nurse or restorative nurse assistant (not a relative)</td>
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<tr>
<td></td>
<td>➢ Does not apply to rehabilitation or long-term care facilities, or services deemed custodial by insurance carrier</td>
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<tr>
<td></td>
<td>➢ Out-of-pocket cap does not apply to this benefit</td>
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<tr>
<td>Prescription Drugs</td>
<td>➢ Prescriptions that have &quot;no substitutions&quot; or no generic drug equivalent available will be reimbursed at the cost of brand name</td>
<td>100% coverage</td>
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<tr>
<td></td>
<td>➢ Excludes weight loss and smoking cessation</td>
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<td></td>
<td>➢ Trial prescription program available</td>
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<td></td>
<td>➢ Prior authorization process applies for some medications</td>
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</tbody>
</table>

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).

### Ontario Drug Benefit (ODB)

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.
Out-of-Country Coverage

Your benefit plan allows for 6 months per 12 month period of coverage per trip up to a lifetime maximum of $1,000,000*. 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:

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.
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.

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 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

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

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.