BENEFIT BULLETIN: RETIREES

For those with extended health care benefits who have retired after June 6th, 2000

This update is effective January 1st, 2019 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

Who do I call?

Inquiries related to:
- Claim status
- Claim declination
- Coverage questions
- Predetermination of benefits

Contact:
Great-West Life

Website:
www.greatwestlife.com

Customer Support:
1-800-957-9777
Monday-Friday: 7:00AM-6:00PM

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

Contact:
University of Waterloo

Website:
www.uwaterloo.ca/human-resources

Human Resources help:
hrhelp@uwaterloo.ca
(519)-888-4567 x35935
Benefit Plan Maxima Changes  
Effective January 1st, 2019

The Pension & Benefits Committee recently reviewed the benefit plan maxima and the following changes have been approved effective January 1st, 2019:

<table>
<thead>
<tr>
<th>Affected Service</th>
<th>New Maxima:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramedical</td>
<td>$704</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>$21,344</td>
</tr>
<tr>
<td>Out-of-Pocket Cap Maximum: Single/Family</td>
<td>$127/$256</td>
</tr>
</tbody>
</table>

What does this mean?

The amount of benefit available for reimbursement has increased to the new maxima outlined above. For example, the benefit for physiotherapy would now have a maximum benefit of $704 that can be paid to the plan member, instead of $701 (these amounts are per calendar year, Jan. 1-Dec. 31).

Please visit the annual benefits maxima section of the Human Resources website for further information:

[https://uwaterloo.ca/human-resources](https://uwaterloo.ca/human-resources)

Changes to Retiree Life Insurance:

On December 9, 2016, the Pension and Benefits Committee reinstituted the historical practice of applying indexation to the post-retirement life insurance benefit. For eligible employees who retire on or after January 1, 2019, the retiree life insurance benefit will be $5,600.

Travel to Cuba:

If you are traveling to Cuba please notify Human Resource at 519-888-4567 Ext. 35935 to obtain written proof of coverage prior to leaving Canada. Cuba is currently the only country with this requirement.

Ontario Drug Benefit Plan:

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.
**Annual Benefit Maxima** for 2019:

Paramedical Services: Paramedical practitioners must have recognized credentials and licenses in order for services to be eligible for reimbursement. Please contact Great-West Life prior to receiving services to verify if your practitioner will be covered.

<table>
<thead>
<tr>
<th>Service:</th>
<th>Coverage Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>The plan covers 100% of ambulance charges.</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>$704 - Chiropractic fees are reimbursed at 80% of $12.00 per visit for the first 15 visits of the calendar year and at 80% of reasonable and customary charges thereafter, subject to the $704 maximum</td>
</tr>
<tr>
<td>Counsellor ²</td>
<td>$704</td>
</tr>
<tr>
<td>Dietician, Registered ³</td>
<td>$704</td>
</tr>
<tr>
<td>Fertility Drugs</td>
<td>$3,000 per lifetime</td>
</tr>
<tr>
<td>Hearing Aids as authorized by the Assistive Devices Program</td>
<td>$704 per ear every 5 years</td>
</tr>
<tr>
<td>Massage Therapist, Registered ³</td>
<td>$704</td>
</tr>
<tr>
<td>Naturopath</td>
<td>$704</td>
</tr>
<tr>
<td>Orthopedic Appliances, custom made orthotics as recommended by a Podiatrist/Doctor</td>
<td>$704. Please see notes for claim requirements.</td>
</tr>
<tr>
<td>Orthopedic Footwear ³, custom made</td>
<td>Reasonable and Customary charges for 3 pairs every 2 years. Please see page 5 for claim requirements.</td>
</tr>
<tr>
<td>Osteopath ⁷</td>
<td>$704</td>
</tr>
<tr>
<td>Physiotherapist Therapist</td>
<td>$704</td>
</tr>
<tr>
<td>Podiatrist ⁴</td>
<td>$704</td>
</tr>
<tr>
<td>Speech Therapist ³</td>
<td>$704</td>
</tr>
<tr>
<td>Private Duty Nursing ⁵,⁶</td>
<td>The plan pays 80% on the first 10 days, 100% thereafter to an annual maximum of $21,344</td>
</tr>
<tr>
<td>Semi-Private Hospital ⁶</td>
<td>The plan pays for 80% for the first 5 days in each calendar year, 100% thereafter. Semi-private at Donwood/Homewood is limited to a lifetime maximum of 60 days.</td>
</tr>
<tr>
<td>Medical Equipment and Supplies</td>
<td>Please contact Great-West Life prior to purchasing items to verify coverage and required medical documentation.</td>
</tr>
</tbody>
</table>

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**Paramedical Notes:**

1. Maxima values indicate maximum paid claim amount per covered person per calendar year unless otherwise indicated.

2. Provider must be a registered psychologist or, with written authorization of a physician, a registered social worker holding a Master’s degree in Social Work (MSW).

3. On written recommendation of a physician.

4. After OHIP maximum has been reached.

5. Must be provided in the home by a Registered Nurse (RN) or Registered Nursing Assistant (RNA) who is not a relative, with a physician’s written referral.

6. Does not apply to rehabilitation or long-term care facilities, or services deemed custodial by insurance carrier; single/family cap does not apply to this benefit. Long-term care expenses (i.e. Nursing home) are not covered.

7. Osteopath must be a member of an accepted osteopathic association—please call GWL for confirmation.
Out-of-Country Coverage:

Your benefit plan allows for 60 consecutive days 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 GWL at 1-800-957-9777 and ask to speak with someone in the ‘Knowledge Centre’.

*Exceptions may apply, please confirm with GWL prior to travelling

Out-of-Pocket and Dispensing Fee Caps for 2019:

For the 2019 calendar year the plan member pays 20% of eligible medical expenses up to an out-of-pocket cap of $127 if you have single coverage or $256 if you have family coverage. This means that you will have submitted claims totaling $635 if you have single coverage or $1,280 if you have family coverage, before reaching the out-of-pocket cap. Thereafter, the plan pays 100% of eligible expenses, subject to the benefit maxima.

The dispensing fee cap for prescription drugs is currently $7.00. If the dispensing fee for a prescription or refill is greater than $7.00 you are responsible for the difference between the $7.00 cap and whatever your pharmacist charges. The difference does not apply to your out-of-pocket cap.

Spousal Coverage:

If you are covered under your spouse’s benefit plan as well as the UW plan you may be eligible for additional coverage.

Claims for yourself should be submitted to the UW plan first and your spouse’s plan second. Claims for your spouse should be submitted to his/her plan and then to the UW plan.

Claims for eligible dependent children should be submitted first under the parent with the birthday earlier in the year.

Example: If your birthday is February 1st and your spouse’s birthday is June 1st claims for your dependent children should be submitted under your benefit plan first.

Note: Since November 1, 2012 coordination of benefits for couples where both individuals are employees or retirees of the University has been in effect.
Orthotic Claims:

**Prescription Requirement:** written prescription from a physician (MD), chiropodist, podiatrist, or orthopaedic surgeon as reasonable treatment of disease or injury. This prescription must include a medical diagnosis. **Custom-fitted or pre-fabricated (off the shelf) orthopaedic 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 orthopaedic 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 GWL 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 Great-West Life for eligible expenses.

Paper claims must be submitted with original receipts and physician’s written authorization as required. The mailing address is on the form, and all forms are available on the Human Resources website at https://uwaterloo.ca/human-resources/forms

Claims can 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. GroupNet registration is available by navigating to www.greatwestlife.com and clicking ‘GroupNet for Plan Members’ followed by ‘Register now’.

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

Quick Info:

- **Basic Information:**
  - Plan Number: 57130
  - My Certificate Number: ____________________ (your six-digit employee ID number (on benefit card))

- **Is ______ covered?**
  To determine if a specific service, procedure, drug or item will be covered, as well as how much of it will be covered or for pre-determination or estimates for expensive claims, please contact Great-West Life directly at 1-800-957-9777.

- **I lost my benefits card.**
  How do I get a new one?
  Contact Human Resources at 519-888-4567 Ext. 35935 to order a replacement card.

  Please note that replacement cards typically take three weeks to arrive in Human Resources.