BENEFIT BULLETIN: RETIREES
For those with extended health care benefits who have retired prior to January 1st, 1996

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/benefits/retiree-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

In this update...
- Benefit Maxima and Out-of-Pocket Cap for 2019
- Out-of-Country coverage
- Canadian Residency Requirement changes
- Orthotic requirements
- Spousal Benefits
- Answers to common questions
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>Listed on page 3</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>10,270</td>
</tr>
<tr>
<td>Deductible: Single/Family</td>
<td>$55/$111</td>
</tr>
</tbody>
</table>

What does this mean?

The amount of benefit available for reimbursement has increased to the new maxima outlined on page 3.

The annual deductibles are $55 or single coverage and $111 for family coverage. The deductible will be taken from your first claim (s) submitted to Great-West Life. Thereafter the plan pays 100% of expenses, up to the benefit maxima (unless otherwise indicated).

Changes to the Canadian Residency Requirements:

Effective October 28th, 2014 the lifetime medical maximum for Pensioners living outside of Ontario, but within Canada, has been removed. The Pension & Benefits Committee reviewed this stipulation of our plan and the cap has been removed.

Any persons that reached the plan maximum prior to October 28th, 2014 will on a go forward basis from this date, have the lifetime cap removed. For these individuals, claims prior to October 28th, 2014 are not eligible for reimbursement.

Questions can be directed to GWL 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.
### Annual Benefit Maxima\(^1\) 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>$514 per calendar year</td>
</tr>
<tr>
<td>Counsellor (^2)</td>
<td>50% coverage up to $514</td>
</tr>
<tr>
<td>Dietician, Registered (^3)</td>
<td>$257</td>
</tr>
<tr>
<td>Hearing Aids as authorized by the Assistive Devices Program</td>
<td>$616 per ear every 5 years</td>
</tr>
<tr>
<td>Massage Therapist, Registered (^3)</td>
<td>$514 per calendar year</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>
<tr>
<td>Naturopath</td>
<td>$514 per calendar year</td>
</tr>
<tr>
<td>Orthopedic Appliances, custom made orthotics as recommended by a Podiatrist/Doctor</td>
<td>$273 per calendar year</td>
</tr>
<tr>
<td>Orthopedic Shoes (^3), custom made</td>
<td>2 pairs in a calendar year, at a reasonable and customary charge.</td>
</tr>
<tr>
<td>Osteopath (^7)</td>
<td>$514 per calendar year</td>
</tr>
<tr>
<td>Physiotherapist or Occupational Therapist</td>
<td>$616 per calendar year</td>
</tr>
<tr>
<td>Podiatrist (^4)</td>
<td>$514 per calendar year</td>
</tr>
<tr>
<td>Private Duty Nursing (^5,6)</td>
<td>The plan limits in-home nursing to $10,270 per calendar year.</td>
</tr>
<tr>
<td>Semi-Private Hospital (^6)</td>
<td>No maximum. Semi-private coverage at Donwood and Homewood is limited to a lifetime maximum of 60 days.</td>
</tr>
<tr>
<td>Speech Therapist (^3)</td>
<td>$616 per calendar year</td>
</tr>
</tbody>
</table>

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.

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 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 of obtaining this documentation 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

Medical Equipment and Supplies

This plan covers a number of medical supplies and equipment prescribed in writing by a medical doctor.

Examples of commonly covered items include wheelchairs, walkers, hospital beds, diabetic supplies, oxygen and hearing aids. Some medical supplies may also be covered in part by government provincial plans “Assistive Device Programs (ADP)”.

Please contact Great-West Life at 1-800-957-9777 prior to purchasing expensive items to verify coverage and medical documentation needed from your doctor for the specific item you require.

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.
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/benefits/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.