

# Extended Health Care Plan



**Urban Postal Operations**

## **This benefit booklet**

This booklet is one of six booklets about benefits. In each one, we have summarized what's covered under a particular plan and explained how to use the benefit.

Here is a list of the booklets, along with who is eligible for the different plans.

- Extended Health Care Plan (Urban Postal Operations)
- Vision and Hearing Plan (Urban Postal Operations, and Rural and Suburban Mail Carriers)
- Dental Care Plan (Urban Postal Operations)
- CPC Basic Life Insurance Plan and Paid Death Benefit (Urban Postal Operations)
- Disability Insurance Plan (Urban Postal Operations)
- CUPW Life Insurance Plan (all members in good standing of CUPW)

For more information, talk to your steward or a local officer. Or contact Great-West Life, or Human Performance Management (HPM), formerly called Pay and Benefits.

## **This booklet is not a legal document**

This booklet summarizes the group benefits to which you are entitled. Its purpose is to provide information about your plan. It is not a legal document. In the event of a question or dispute, the terms and entitlements of plan document number 51391 will prevail.

## **Do you have suggestions?**

Please let us know if you found these booklets useful. More important, be sure to let us know how you think they could be improved. Is there additional information that you think should be included, or a question you think a particular booklet should answer?

If you have any questions or suggestions on how to improve these publications, please send them to:

Benefits Booklets  
Canadian Union of Postal Workers  
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Ottawa ON  
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Or, send an e-mail to: [feedback@cupw-sttp.org](mailto:feedback@cupw-sttp.org). Please include the word "benefits" in the subject line.

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CUPE-SCFP

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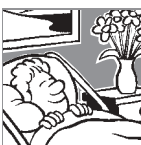
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# Introduction to this plan



## What is it?

The Extended Health Care Plan (EHCP) offers coverage for medical care, drugs and hospitalization expenses that aren't covered under your provincial or territorial health plan.

It's called "Extended Health Care Plan no. 51391" and the company that looks after it is Great-West Life.

In the contract, it's under Clause 30.02.



**Note:** This plan is optional.



## Who is eligible for coverage under this plan?



### Eligible

- Regular employees in the urban operations bargaining unit are eligible for EHCP coverage from the date they were hired as regular employees, or become regular employees. A regular employee is a permanent employee, full-time or part-time.
- Temporary employees working in Group 3 (maintenance) positions are eligible.
- Retirees are eligible.



### NOT eligible

- Temporary employees, except for those working in Group 3 (maintenance) positions, are not eligible. When temporary employees become regular (permanent) employees, they become eligible for the plan.
- Rural and Suburban Mail Carriers (RSMCs) are not eligible for this plan. Note: RSMCs are eligible for the Vision/Hearing Plan, starting January 1, 2005.



## If I am covered by this plan, who else is covered?

The Extended Health Care Plan covers you, your spouse and your children.



# Introduction to this plan

Your **spouse** is defined as:

- the person to whom you are married and with whom you live, or
- the person to whom you were (or are) legally married and whom you support, or
- the person with whom you have been living in a common-law relationship for at least one year



**Note:** The one-year requirement does not apply to common-law relationships where a child is born of the relationship. See Clause 5.05 of the CUPW-CPC collective agreement for a more detailed definition of common-law spouse.



**Note:** Same-sex couples are included under this definition of spouse.

**Children** must be unmarried and financially dependent on you for support and (unless they are full-time students) under the age of 21. A child who is a full-time student is covered up to the age of 25. There is no age limit for offspring who are disabled and unable to support themselves, provided they were disabled and covered (as children under age 21, or as full-time students under age 25) when coverage would otherwise have ended.



**Note:** The EHCP covers children up to the age of 21. Children are covered under the Dental and Vision/Hearing Plans until they are age 22.

**Full-time students** are covered up to age 25 on all three plans, with the exception of orthodontic coverage on the Dental Plan, which only continues until age 22.



## Enrolment



### Is this plan mandatory? Do you need to enrol (sign up)?

This plan is optional. You must enrol if you want to be covered.



### How do I enrol?

You fill out an **Extended Health Care Employee Application Form**.

The Extended Health Care Plan covers medical care, drugs and basic hospitalization services/expenses. The plan also offers **optional** extra hospitalization coverage. To get the optional coverage, check "Medical Coverage" in box #7 on the Extended Health Care Employee Application Form, and then check either "Option A" or "Option B". The





# Introduction to this plan

additional coverage will cost you a bit more in premiums. For details on the optional hospitalization coverage, see the *Upgraded hospital accommodation* section of this booklet.

If you have a spouse and/or children, you must also fill out a **Dependent Information Form**.



**Note:** Great-West Life administers the Extended Health Care, Vision/Hearing and Dental Plans. The company uses the same Dependent Information Form for all three plans, so you only need to fill out one form.



**Important:** If your spouse is a postal worker who is entitled to benefits, **both** of you must fill out the Extended Health Care Employee Application Form. To coordinate your EHCP benefits — a process that will enable you to get more money back from Great-West Life — both of you must be covered as members (employees) with **family** coverage.



**Note:** Retirees who retire after November 30, 2003 can coordinate their EHCP benefits. If you retired before this date, you cannot coordinate benefits between two Canada Post EHCP plans. You can, however, coordinate benefits if one spouse is covered by benefits from a different employer.



## Other coverage issues

### When does coverage start?

Coverage begins on the day the Human Performance Management\* (HPM) office **receives** your application. It can take anywhere from a few days to a couple of weeks for the HPM office to put you on the plan, but your coverage will be backdated to the actual day HPM received your application.

Great-West Life (GWL), the company that looks after the benefit, will mail you two cards:

- an Extended Health Care Card, which is your ID card for the plan
- your Assure Health/Pay Direct Drug Card, for you to use at the drug store when buying prescription drugs



**Note:** GWL will also send you a drug card for your spouse.



### How do I find out if my coverage has started?

To confirm that you are covered, call the HPM\* office or check your on-line file on Canada Post's ESS (SAP) system.

\*Human Performance Management (HPM) is the new name for Pay and Benefits.



## When does coverage end?

EHCP coverage for you, your spouse and your children ends at the end of the month in which the following happens:

- when your employment ends
- when you are on strike
- when you die (your spouse/child may apply to continue coverage)
- when you retire, unless you apply to continue coverage as a retiree
- the month in which your last premium is paid



**Example:** If you quit on May 14, your coverage ends on May 31.



**Note:** Your spouse or child may lose coverage earlier than you do if they are no longer eligible.



**Note:** See below for a couple of exceptions to the coverage rules.



## Are there special circumstances under which my coverage can continue?

**Yes, due to disability.** If your coverage terminates for any reason other than retirement and you, your spouse or any of your children is disabled at that time, coverage will continue for up to six months (during the period of disability). You will be asked to provide proof of disability.

**Yes, due to pregnancy.** If your employment terminates while you are pregnant, or if you die and your widow is pregnant at the time, coverage may be extended until the end of the month in which the pregnancy terminates or in which the child is born. However, if your widow is eligible to apply for coverage under the plan in her own right, this continuation does not apply.



## Does my coverage continue when I am off work (on leave)?

Sick Leave (paid or unpaid), and Disability Insurance



Coverage continues. You pay your share of the premiums when you return to work.

Maternity, Parental and Adoption Leave



Coverage continues. You pay your share of the premiums when you return to work.

Other leaves of absence without pay (Care and Nurturing Leave, Education Leave, Personal Leave, Relocation Leave, Sabbatical Leave, or leave for other reasons)



Coverage will continue UNLESS you cancel it. If you decide to continue coverage, you must pay BOTH shares of the premium (yours and the employer's) when you return to work.



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**Note:** CPC used to require employees to pay all their premiums in advance, before they went on leaves such as Care and Nurturing and Education. This is no longer the case: now, premiums owing are recovered when you return to work.



**Important:** Before going on any type of leave, you should check with your steward to confirm your entitlements, and ensure that both the employer and the HPM\* office are informed.



## When I return from leave, when will premium arrears (money I owe to CPC) be recovered?

When you return to work, Canada Post will deduct the money owing from your pay, for a period twice as long as the period of your leave.



**Example:** You return from five months of leave and owe a total of \$350 in premiums for the time you were on leave (five months x \$70). Canada Post will deduct the \$350 over a period that's twice as long as your five-month leave (ten months). You'll pay back the premiums at the rate of \$35 a month.



## Can I cancel my EHCP coverage?

EHCP is an optional plan. You can cancel your coverage at any time, including during a period of a leave of absence, but if you cancel your coverage during a leave of absence you cannot re-apply until you return to work.

You apply to reinstate your coverage by filling out a new Extended Health Care Employee Application Form. Your coverage will resume when the Human Performance Management (HPM)\* office gets your application. It can take anywhere from a few days to a couple of weeks for your coverage to begin again.



## Can I continue my coverage after retirement?

You are eligible to continue your coverage:

- if you are a retiree with 10 years of continuous service who is entitled to receive an immediate pension, or
- if you are a retiree who deferred your pension for no more than five years



**Note:** In either case, you must apply to continue your coverage within 60 days of receiving your first pension cheque.

\*Human Performance Management (HPM) is the new name for Pay and Benefits.



## Where to get forms and what to do with them

<b>At work</b>	→ If you need forms for CUPW-CPC benefits, ask your supervisor, Local Area Manager or steward. Forms are available in most Canada Post workplaces — you just have to find out where they are kept.
<b>On-line</b>	→ You can download forms from the CUPW website, or from the Canada Post ESS (SAP) website.
<b>By phone</b>	→ If you are not at work, you can get forms mailed to you by calling Human Performance Management (HPM)*. Be sure to have your Canada Post employee number (HRID number) on hand when you call.



**For more information:** See the *Contact information* section at the end of this booklet for telephone numbers, street addresses and Internet addresses.



## What do I do with the forms?

Extended Health Care Employee Application Form — You should **give** your Extended Health Care Employee Application Form to your supervisor or Local Area Manager. He or she will pass it on to the Human Performance Management (HPM)\* office.

Dependent Information Form — You should **mail** the Dependent Information Form to Great-West Life. The address is on the form and at the end of this booklet.



**Note:** The Dependent Information Form goes to a different P.O. box than the one to which you send claims.

## New baby? Death in the family? Kids going to college?

Keep your dependant information up-to-date. For example, if you have a new baby, or someone covered under the plan dies, be sure to fill out a new **Dependent Information Form** and send it to Great-West Life.



**Important:** You need to let GWL know if you have children over age 21 covered under your plans who are full-time students. You need to sign them up on a new Dependent Information Form **EACH** year: if you don't, Great-West Life will remove them from your plans.

\*Human Performance Management (HPM) is the new name for Pay and Benefits.



## What do I do if my family status changes?

If your status changes from single to family (or from family to single), you need to notify:

- **Great-West Life** — Fill out a Dependent Information Form, as described above.
- **Canada Post** — Tell the HPM\* office or make the change on-line on ESS (SAP).
- **Your provincial or territorial health care plan** — Once you notify CPC of your change of status, the HPM\* office will send you a letter reminding you to update your provincial or territorial coverage.



## What are the costs?

Premiums for employees and newer retirees are shown below. There are no deductibles for employees and for newer retirees.

Extended Health Care Plan (EHCP) Premiums					
			When it begins	Percentage of premiums you pay	Deductibles
Employees	Single	\$3.36	Jan. 1/05	5%	No
	Family	\$6.33	Jan. 1/05	5%	No
Retirees who retired after Sept. 30/03	Single	\$23.20	Jan. 1/05	25%	No
	Family	\$43.88	Jan. 1/05	25%	No



**Note:** People who live in Ontario and Quebec pay sales tax on their premiums.



**Note:** The premiums for the optional *Upgraded hospital accommodation* coverage are listed in the section that describes this benefit, beginning on page 42.

\*Human Performance Management (HPM) is the new name for Pay and Benefits.



# Overview of the plan



## A summary of what the Extended Health Care Plan covers

### Prescription Drugs

80% reimbursement, in some cases 50%, or 71.5% \*

\* The 71.5% rate is set by RAMQ, the Quebec public drug plan, and is subject to change.



**For more info:**  
see *Drugs*, page 10.

### Medical Coverage (other than drugs)

**Medical services, equipment and supplies** — 80% reimbursement, with certain maximums, for:

- vision care\*\*
- therapy (examples: physiotherapist, psychologist)
- paramedical expenses (examples: masseur, chiropractor)
- private nursing
- dental care\*\*\* (dental care required due to an accident; some dental surgeries)
- ambulance service
- hearing aids\*\*
- orthopedic shoes
- medical supplies
- prostheses (artificial body parts)
- oxygen
- medical equipment (examples: wheelchair, apnea machine)
- some doctors' services

\*\*You have vision and hearing coverage under both the EHCP and the Vision/Hearing Plan and can claim benefits from the two plans.

\*\*\*Dental care required due to an accident, and some dental surgeries, are covered under this plan; other dental services are covered under the Dental Plan.

**Out-of-province or territory hospitalization** — reimbursement of 100% (doctor's referral required)

**Hospital Accommodation (basic)** — reimbursement of 100%, with a \$60 a day maximum, for hospital room charges



**For more info:**  
see *Medical coverage*,  
page 25.



## Upgraded Hospital Accommodation

**Option A** — 100% reimbursement of up to \$70 per day for hospital room charges (the \$70 is in addition to your basic \$60 a day coverage)

**Option B** — reimbursement of 100% of up to \$140 per day for hospital room charges (the \$140 is in addition to your basic \$60 a day coverage)

Note: Upgraded Hospital Accommodation is optional extra coverage for which you pay additional premiums (except that people covered before June 1, 2003 won't have to pay premiums during the term of the CUPW-CPC contract).



**For more info:**

see *Upgraded hospital accommodation*, page 42.

## Travel Coverage

100% reimbursement for out-of-province or territory medical emergencies, up to a maximum of \$100,000



**For more info:**

see *Travel coverage*, page 45.



## What's NOT covered?

There are a lot of exclusions (things not covered under this plan). Some examples are:

- contraceptives other than oral
- experimental products and treatments
- items or services purchased primarily for athletic or cosmetic use



**For more information:** See *The fine print* section on page 50 for a complete list of exclusions.



# Drugs

## Why a new drug plan?

The cost of prescription drugs is increasing dramatically. As drug prices increase, so do the costs of employee drug plans. In the most recent round of bargaining, CUPW (like many unions) faced employer proposals for huge premium increases, the elimination of some drugs from coverage, and reduced coverage overall for the workers on the plan. In order to continue to provide members with comprehensive drug coverage at reasonable cost, the union agreed to a three-level drug plan based on a drug list.

## The new drug plan: three levels of reimbursement

Under the old plan, you were reimbursed (paid back) 80% of the cost of prescription drugs. Under the new plan, drugs fall into one of three categories. The drugs in each category are reimbursed at a different rate.

Generally, the new plan reimburses the more expensive drugs for a particular medical condition at lower rates than less expensive drugs for the same medical condition. Encouraging the use of less expensive drugs keeps the overall costs of the drug plan lower.

## Drugs on the Level 1 list are reimbursed at 80%

The Level 1 list contains at least one drug for every disease category. Generally, the cheaper versions of each drug are on the Level 1 list, but the Level 1 list also includes some very expensive drugs. Sometimes the same drug will be on different levels of the plan — the only difference being the size of the dosage.

## Drugs on the Level 2 list are reimbursed at the rate of the Quebec public drug plan, currently 71.5%

The Level 2 rate is the same as that of the Quebec public drug plan, the RAMQ (Régie de





l'assurance-maladie de Québec). Any drug on the Level 3 list that is also on the RAMQ list will be reimbursed at the RAMQ rate, which is currently 71.5%. This rate applies to everyone covered by the plan, no matter where they live. However, if a RAMQ drug is on the Level 1 list, it will still be reimbursed at 80%.



## Drugs on the Level 3 list are reimbursed at 50%

Drugs on the Level 3 list are alternatives to the drugs reimbursed at 71.5% or 80%. More expensive drugs for particular diseases, including name-brand drugs, are likely to be found on the Level 3 list. Their cheaper equivalents are likely to be on the Level 1 list.



**For more information:** See *I was only paid 50% for my drug? Is there anything I can do?* on page 20.

## A summary of what the drug plan covers

Level 1 — reimbursed 80%	
 What's covered	 Notes
At least one prescribed drug for every disease category	
Injectable vitamins and minerals, and vitamins and minerals prescribed for a chronic disease	
Approved life-sustaining drugs, and drugs needed to deal with the side effects of life-sustaining drugs	For a definition of life-sustaining drugs, we use the following statement in Canada Post's drug plan brochure: "A drug is life-sustaining because of its important clinical benefits."
Diabetic supplies such as needles, test strips and lancets (but not other diabetic supplies)	You must pay up front for insulin pumps and blood glucose monitors, and appliances used with other drugs
Certain medications requiring pre-authorization by Great-West Life	See <i>How do I know when a drug must be pre-authorized by Great-West Life?</i>
Medically necessary vitamins for special needs children	Parents who are part of the CUPW Special Needs Program and who have authorized the release of information on their children to Great-West Life are approved to claim for them; other parents of special needs children should contact CUPW
"Lifestyle drugs": medication for smoking cessation, weight loss and erectile dysfunction	Annual maximum of \$500 for each covered person, for each drug [actual maximum you can claim: \$500]
Fertility drugs	Lifetime maximum of \$5,000 [actual maximum you can claim: \$5,000]



## Level 2 (RAMQ — Quebec Drug Plan) reimbursed 71.5%



### What's covered

Any drug on the Level 3 list that is on the Quebec Drug plan or RAMQ list will be reimbursed at the RAMQ rate, currently 71.5%.



### Notes

Applies to everyone on the plan, even if you don't live in Quebec. The amount paid under the RAMQ (Régie de l'assurance-maladie de Québec) is set by the Quebec government and is subject to change.

## Level 3 — reimbursed 50%



### What's covered

Prescribed drugs which are alternatives to the drugs reimbursed at 80% and 71.5%



### Notes

If you are unable to take the "life-sustaining" drug on the Level 1 list for your condition and your doctor completes a Drug Plan Medical Certificate stating that a drug on the Level 3 list is the only one you can take, the drug on the Level 3 list will be reimbursed at 80%.

## Different words for the same thing

The drug plan has three categories. In this booklet we talk about the Three-**Level** drug plan. In earlier union and Canada Post materials it was called a Three-**Tiered** drug plan, and the collective agreement refers to the Base, RAMQ and Supplementary Drug Plans.

The on-line drug list is titled *Listing of Drug Products covered under Each Tier*, but when you search for a drug, or download the entire list (also called the drug **formulary**), you'll find three **levels**.

## Here is a summary of the different words used

In the collective agreement (Clause 30.02), it's called...

Base Drug Plan

Régie de l'assurance-maladie de Québec (RAMQ) – the Quebec public drug plan

Supplementary Drug Plan

In most Canada Post benefits materials and in this booklet, it's called...

Level 1

Level 2

Level 3

In the drug list, it's (mostly) called...

Level 1

Level 2 current RAMQ

Level 3

Amount you will be paid (reimbursed) for drugs in the drug category

80% reimbursement

71.5% reimbursement (subject to change)

50% reimbursement



## Life-sustaining drugs have a special status

In this plan, life-sustaining drugs have a special status. We use the definition in CPC's drug plan brochure: "A drug is life-sustaining because of its important clinical benefits."

**If you are being reimbursed at 50% for a life-sustaining drug** and it is the **only** drug you are able to take, you should be able to get your drug paid at 80%. See *I was only paid 50% for my drug. Is there anything I can do?*, on page 20.



## How do I find the drug list? How can I find out if a drug is at Level 1, 2 or 3?

The drug list is on the Internet. You can search the list by the drug name or by the drug identification number (DIN). You can also download the entire 250-page list. The paper version of the list is organized alphabetically, by the name of the medical condition or disease for which particular drugs are recommended.

There are three ways you can look up the on-line drug plan:

**1**

look for the link on CUPW's website at: [www.cupw-sttp.org](http://www.cupw-sttp.org)

**2**

look for the link on Canada Post's ESS (SAP) site at: <http://mysite.canadapost.ca>



**Note:** You'll need a password. See the *Contact information* section at the end of this booklet.

**3**

go to this Internet address:

<http://www.canadapost.ca/tools/BenefitsEAP/DFC/DrugName.aspx?strLanguage=english>

There are more than 10,000 drugs on the plan, which covers nearly all prescription drugs. Over 6,000 drugs are at Level 1, around 1,000 are at Level 2 and the remaining 3,000 are at Level 3.



**Note:** In some cases, the same drug will be on the Level 1 (80%) list for, say, 5 mg capsules, but at Level 3 (50%) for 10 mg capsules.

A detailed description of the types of drugs that are covered under this plan is in *The fine print* section of this booklet. Both prescription drugs and drugs that "do not legally require a prescription but are considered life-sustaining" are included. You must get a prescription for a drug to be reimbursed under this plan, even if it does not legally require a prescription.



## CANADA POST CORPORATION LISTING OF DRUG PRODUCTS COVERED UNDER EACH TIER

DISEASE NAME	TRADE NAME	MOLECULAR NAME	DIN/PIN	LEVEL 1 80%	LEVEL 2 CURRENT RAMQ 71.5%	LEVEL 3 50%
Angina	NOVO-VERAMIL 80MG TABLET	VERAPAMIL HCL	00812331	Y		
Angina	NOVO-VERAMIL SR 240MG TABLET	VERAPAMIL HCL	02211920	Y		
Angina	NU-DILTIAZ 30MG TABLET	DILTIAZEM HCL	00886068	Y		
Angina	NU-DILTIAZ 60MG TABLET	DILTIAZEM HCL	00886076	Y		
Angina	NU-DILTIAZ-CD 120MG CAPSULE	DILTIAZEM HCL	02231052	Y		
Angina	NU-DILTIAZ-CD 180MG CAPSULE	DILTIAZEM HCL	02231053	Y		
Angina	NU-DILTIAZ-CD 240MG CAPSULE	DILTIAZEM HCL	02231054	Y		
Angina	NU-NIFED 10MG CAPSULE	NIFEDIPINE	00865591		Y	
Angina	NU-NIFEDIPINE PA 10MG TABLET	NIFEDIPINE	02212102		Y	
Angina	NU-NIFEDIPINE PA 20MG TABLET	NIFEDIPINE	02200937	Y		
Angina	NU-VERAP 120MG TABLET	VERAPAMIL HCL	00886041	Y		
Angina	NU-VERAP 80MG TABLET	VERAPAMIL HCL	00886033	Y		
Angina	NU-VERAP SR 240MG TABLET	VERAPAMIL HCL	02249812	Y		
Angina	PENTA-VERAPAMIL 120MG TABLET	VERAPAMIL HCL	02229598	Y		
Angina	PENTA-VERAPAMIL 80MG TABLET	VERAPAMIL HCL	02229597	Y		
Angina	PERITRATE/PHENOBARB TAB SA	PETN/PHENOBARBITAL	00476617			Y
Angina	PLENDIL 10MG ER TABLET	FELODIPINE	00851787	Y		
Angina	PLENDIL 2.5MG ER TABLET	FELODIPINE	02057778	Y		
Angina	PLENDIL 5MG ER TABLET	FELODIPINE	00851779	Y		

Page 25 of the January 2005 version of the drug plan, showing drugs recommended for angina. Most are at Level 1 (80%). Two are at Current Level RAMQ (71.5%) and one is at Level 3 (50%).



## Where did the drug list come from?

The drug list, or “formulary”, is a 250-page list of drugs that was put together by Great-West Life and BCE Emergis, the company that manages the drug plan.

Every one of the thousands of drugs covered by the drug plan is on this list — or is supposed to be: let the union know if you notice any problems with the list.

The drug list was developed by a committee of pharmacists and health experts (none of whom is affiliated with insurance or drug companies). The committee looks at each drug approved by Health Canada. This group, whose official name is the ReVue Committee, decides if a drug belongs to Level 1 or Level 3. The list is always changing as new drugs come on the market, existing drugs are withdrawn, or new recommendations are made about drugs already in use.

The Internet addresses for the drug list are on page 13, as well as in the *Contact information* section at the end of this booklet.



## Why is the drug plan linked to the Quebec drug plan (RAMQ)?

The Quebec drug plan (RAMQ) was chosen because it provides the greatest coverage of all the provincial plans.

If your prescription is for a drug on the Level 1 list, you will be reimbursed 80%. If your drug is on the Level 3 list, you will be reimbursed 50%.

However, if a drug is covered by the Quebec public drug plan (RAMQ), then that drug will be reimbursed at 71.5% (**Level 2** of the drug plan). This payment goes to everyone covered by the plan, even if they don't live in Quebec.



**Note:** If the RAMQ benefits were to change, your reimbursement at Level 2 would be adjusted accordingly. RAMQ rates are adjusted each July 1st.



## How do I use the drug plan?

### Buying drugs: using the drug card

Your **drug card** is the main tool you use to buy prescription drugs. You take your **Assure Health/Pay Direct Drug Card** to the pharmacy, along with your prescription.

If your prescription is for a drug on the Level 1 list, the plan will pay 80% and you must pay the remaining 20% out of your pocket.

If your prescription is for a drug on the Level 2 list, the plan will pay the RAMQ rate (currently 71.5%) and you must pay the remaining 28.5% out of your pocket.

If your prescription is for a drug on the Level 3 list, the plan will pay 50% and you must pay the remaining 50% out of your pocket.



**Note:** You use your drug card to buy prescription drugs and basic diabetic supplies such as needles. You can't use your drug card to buy any other items covered by the Extended Health Care Plan. If it's not a drug or one of the diabetic items mentioned above, you must pay for it up front and file an Extended Health Care/Vision and Hearing Care Expense Statement Form to get your money back.

**Your spouse can buy drugs at the pharmacy** by using his or her own **Assure Health/Pay Direct Drug Card** issued on your plan, as long as he or she isn't covered by another drug plan.



**Note:** If your spouse is covered by another drug plan as an employee, he or she must use that plan first. See *Coordination of drug benefits* on page 16.

## Buying drugs: using a claim form

If you forget your card, or your card doesn't work for some reason, fill out an Extended Health Care/Vision and Hearing Care Expense Statement Form. Send it to Great-West Life, along with the **original** receipts. Be sure to keep a copy of what you send.



## Coordination of drug benefits

### Two plan, two-postie families

If both you and your spouse are postal workers and are on the EHCP as members/employees, you can coordinate your drug plan coverage. You will be able to get 100% of the cost of your drugs back.

Both spouses must be signed up on the EHCP as members/employees, with family coverage. Neither of you can be on the plan as a spouse.

If a drug is reimbursed at 80% (or 71.5%, or 50%), you will have to pay the difference out of your own pocket like everybody else — but you can get this money back by filing an Extended Health Care/Vision and Hearing Care Expense Statement Form **on your spouse's plan**.

To make this claim, your spouse should fill out an Extended Health Care/Vision and Hearing Care Expense Statement Form as a **member/employee**. In this case, you are the **spouse**. Send the form to Great-West Life, along with **original** receipts. Be sure to keep a copy of what you send.



**Tip:** Highlight the fact you have coordination of benefits on your claim form.

### Coordination when one spouse is covered by a different drug plan

When the prescription is for you, you first use your drug card at the pharmacy as usual. Then you file a claim on your spouse's plan for any eligible amount your drug card didn't pay. In this case, your spouse is the **member/employee**, and you are the **spouse**. Send a copy of the drug receipt and the claim to your spouse's insurance plan.



When the prescription is for your spouse, he or she first makes a claim for reimbursement through his or her plan. Once your spouse has received the reimbursement, he or she can claim any eligible amount that wasn't paid on your plan, using an Extended Health Care/Vision and Hearing Care Expense Statement Form. In this case, you are the **member/employee** and your spouse is, you guessed it, the **spouse**. Send a copy of the drug receipt and the claim form to Great-West Life.



**Tip:** Before claiming on your spouse's drug plan, check the policy to see if there are any special rules.

## Claims for children — which plan do we use?

The "birthday rule" was developed by insurance companies and applies to situations where children are covered by two benefit plans.

If you are part of a couple with children who are covered by two plans, you file the first claim on the plan of the spouse who has the earliest birthday in the year. By earliest birthday we mean the earliest birthday in the year, not the year of birth.



**Example:** Your spouse's birthday is March 23, 1963 and your birthday is June 3, 1964. You first apply under your spouse's plan, because March 23 comes before June 3.

The parent with the first birthday in the year buys the child's drug on his or her plan, using a drug card (if it's the Canada Post plan), or a claim form (if it's a different plan). If a claim form is used to buy the drugs, you must wait for the insurance company to mail you a cheque.

Then, the parent with the birthday that's later in the year files a claim on his or her plan for the amount of money that wasn't paid by the plan covering the parent who made the first claim.

To show how much the first insurance plan paid, you must include the paperwork from the pharmacy or insurance company. Be sure to keep a copy of what you send.



## Tips for using the drug plan

### Tell your doctor about your three-level drug plan

Make sure your doctor knows that you have a drug plan that reimburses at three different levels. Ask your doctor, or his or her staff, to put a note about the plan in your file, and in



the files of any family members who are covered by your plan. The idea is to encourage your doctor to prescribe drugs on the Level 1 list.

Here is a note we suggest you give your doctor, and the doctors of any family members who are on your plan. **Copies of this note are at the back of this booklet.**

A note about this patient's drug plan

\_\_\_\_\_ is covered by Canada Post's Three-Level Drug Plan.  
(name)

This plan reimburses drugs at 80%, 71.5% and 50%.  
At least one drug for each disease category is on the 80% list.  
Please consider the coverage when prescribing medication.

The drug plan is based on the Assure National Formulary® and can be found at:  
<http://www.canadapost.ca/tools/BenefitsEAP/DFC/DrugName.aspx?strLanguage=english>

Note: If a life-sustaining drug prescribed at 50% is certified by the physician to be the only drug a patient can take, the drug will be reimbursed at 80%. In its drug brochure, Canada Post defines a life-sustaining drug as follows: "A drug is life-sustaining because of its important clinical benefits." The Drug Plan Medical Certificate Form can be used by the physician in these circumstances.

## Consider checking out the drug list before going to the doctor

Download the drug list and look up your medical condition or disease — e.g., angina, asthma, cholesterol, ulcers. Print out pages that list the recommended drugs for your condition and take them with you to the doctor.

Be sure to have the Internet address with you, in case the doctor, or his or her staff, need to check the list.



**Note:** Some drugs are listed by a specific condition or disease, but others (all the ones on the list with a \* beside them) are organized in more general categories such as antibiotics, muscle relaxants, pain and nausea.

You can also search the list by drug name and by DIN (drug identification number).





## A summary of how to make drug claims



### Item(s) you need\*



### What you do

#### Prescription drugs

Assure Health/Pay Direct Drug Card (GWL will send you this card after you enrol in the plan)

Take the card with you to the pharmacy along with the prescription. The plan will pay you 80%, 71.5% or 50% of the cost of the drug. You'll have to pay the balance out of your pocket.

#### Payment for prescription drugs if you were unable to use your drug card

Extended Health Care/Vision and Hearing Care Expense Statement Form

Fill out the form and send it to Great-West Life, along with original receipts.

#### Coordination of drug plan benefits (when both spouses are on the EHCP as members, with family coverage)

First use your Assure Health/Pay Direct Drug Card to pay for the initial 80%, 71.5% or 50%. Then use the Extended Health Care/Vision and Hearing Care Expense Statement Form.

Fill out the form and send it to GWL. You claim the amount that the plan didn't pay from your spouse's plan.

#### If the only life-sustaining drug you can take for your condition is on the Level 3 (50% reimbursement) list

Drug Plan Medical Certificate Form

Ask your doctor to fill out this form. Send it to GWL, including a claim form and original receipts if you were reimbursed at 50%.

#### Pre-authorization for certain drugs (see page 22 of this booklet)

Request for Information (get this form from GWL)

You and your doctor fill out this form and send it to GWL.

#### Vitamins for special needs children

CUPW mails a form to all parents registered in the union's Special Needs Program.

You and your doctor fill out the form and return it to the union. The union informs Canada Post and GWL.

*\*Except as noted, forms are on both the CUPW and the Canada Post ESS (SAP) websites.*



**Important:** Always write your Canada Post employee number (HRID number) on any benefit form or application you fill out.



**Important:** Always keep a copy of anything you send to Great-West Life or Canada Post.



## Common questions and problems concerning the drug plan



### I was only paid 50% for my drug. Is there anything I can do?

The drug your doctor prescribes is on the Level 3 list and is reimbursed at 50%.

#### **Step 1: Find out if there is an equivalent drug on the Level 1 list.**

The first thing that you (or your doctor, or pharmacist) should do is **look for an equivalent drug on the Level 1 list**. If your doctor says there is an equivalent drug on the Level 1 list that's OK for you to take, then he or she can change your prescription to the Level 1 drug. You'll be reimbursed at 80% instead of 50%. Problem solved.

If the **only** drug you can take is on the Level 3 list, proceed to Step Two.

#### **Step 2: Your doctor says that a drug on the Level 3 list is the only one you can take. Ask your doctor if it's a "life-sustaining drug", as defined below.**

The definition of a life-sustaining drug we use comes from CPC's drug plan brochure, which says: "A drug is life-sustaining because of its important clinical benefits."



**Note:** A life-sustaining drug is a drug that is beneficial to your health. A life-sustaining drug doesn't have to be a drug that you need to stay alive.

If your doctor agrees that your drug is life-sustaining, and it is the only drug you can take, ask him or her to fill out a **Drug Plan Medical Certificate Form**.

On the form, the doctor certifies that your drug "is prescribed as a life-sustaining remedy and is the only option available to treat the patient's medical condition based solely on medical considerations."

You mail this form to Great-West Life. GWL will reimburse your next prescription at 80%.



If you have already been reimbursed 50% for a life-sustaining drug that is the only one you can take, fill out an Extended Health Care/Vision and Hearing Care Expense Statement Form and include it along with the Drug Plan Medical Certificate Form and the original receipt from the pharmacy. Be sure to keep a copy.

Be sure to keep a copy of the **Drug Plan Medical Certificate Form**, just in case you need to remind GWL.



## **3 What if the only life-sustaining drug I can take is on the Level 2 (RAMQ) list?**

The process outlined above applies to life-sustaining drugs on the Level 3 list only. If the only life-sustaining drug you can take is on the Level 2 list, you cannot get it reimbursed at the Level 1 rate, even with a doctor's note.



## **3 If my drug changes categories from Level 1 to Level 3, can I appeal?**

If your drug changes categories, it may be because a comparable drug has been added to the Level 1 list. If you are medically able to take the new drug, you will have to buy it to receive the 80% reimbursement.

If you are not able to take the new drug on the Level 1 list, and it is a life-sustaining drug, ask your doctor to fill out a **Drug Plan Medical Certificate Form**. See Step 2 of *I was only paid 50% for my drug. Is there anything I can do?* on page 20 for more information.



## **3 Are drugs prescribed to deal with the side effects of other drugs reimbursed at 80%?**

If you get side effects from a life-sustaining drug and have to take another drug to deal with them, that drug will be reimbursed at 80%, even if it is normally reimbursed at a lower rate.



## Which drugs require pre-authorization by Great-West Life?

The following drugs require pre-authorization:

- Anti-obesity drugs
- Botox
- Fludara
- Gleevec
- Thyrogen
- Remicade/Kineret/Enbrel
- Fuzeon

The list of drugs and accompanying authorization forms are on the Great-West Life website, under Forms & Cards. Or you can phone GWL and ask to be sent an authorization form.

In the case of Anti-obesity drugs and Botox, the authorization form says the information is needed to “ensure the drugs are being used as approved by Health Canada.”



**Note:** Botox, like all other drugs covered by this plan, will not be covered if its use is for cosmetic purposes.

In the case of Fuzeon, Fludara, Gleevec, Thyrogen and Remicade/Kineret/Enbrel, the form says: “for coverage to apply, the drug must represent reasonable treatment of the disease or injury upon which the claim was based.”

Once you get the form, ask your doctor to fill it out. Then mail it to GWL.

**If you can't wait for pre-authorization of your drug**, which will take about two weeks, you should buy it anyway. You'll have to pay for it out of your pocket. Once you receive approval for the drug (Great-West Life will mail you confirmation that the drug is authorized), you can fill out an Extended Health Care/Vision and Hearing Care Expense Statement Form and send it to GWL for reimbursement. You will be able to use your drug card to fill any future prescriptions.



## Are vitamins covered?

Under special circumstances, prescription vitamins and minerals can be reimbursed at 80%.

**Injectable vitamins and minerals** are reimbursed at 80%.

**Vitamins and minerals prescribed for treatment of a chronic disease** are reimbursed at 80%.



**Medically necessary vitamins for special needs children** are reimbursed at 80%. If you have children who are registered with CUPW's Special Needs Program, you can buy vitamins for them without any special authorization from Great-West Life, as long as you have signed the CUPW release form. The union sends this form to all parents of special needs children in its program.

The CUPW form authorizes the release of the following information to Canada Post and Great-West Life: your name, the name of your child(ren) with special needs, and the name of the vitamins and drug identification number (DIN) — even if they aren't on the drug list. The DIN is on the vitamin pill container. You need a doctor's prescription for the vitamins, even if you can buy them over the counter.

If you have special needs children who are not in the program, or you need further information, contact the CUPW Special Needs Program at (800) 840-5465.



## **Are remedies prescribed by a naturopath covered?**

No. Naturopaths' services can be claimed, but the homeopathic and herbal remedies they prescribe aren't covered under the drug plan. Under Appendix "GG" of the contract, CUPW and Canada Post are conducting a pilot study on paramedical services. We tried to make it possible for naturopathic remedies to be reimbursed as part of this study, but it wasn't possible.



## **The pharmacy rejected my drug card! Why?**

Here are some of the reasons drug cards get rejected:

- A spouse or child wasn't enrolled in the EHCP (check with GWL by phone or on-line to see if a spouse or child is missing; fill out a Dependent Information Form and send it to Great-West Life to put them on the plan).
- Information inputted at the pharmacy doesn't match GWL's database (a wrong birth date, for example).
- You don't have a prescription: some over-the-counter drugs (e.g., aspirin) are covered only if they are considered "life-sustaining" and prescribed by a doctor.
- The prescription is for more than a one-month supply (the drug plan covers 34-day prescriptions for "acute" drugs and 100 days for maintenance drugs).
- the prescription is for someone who is covered by two drug plans, and he or she is supposed to file with the other plan first. See *Coordination of benefits* on page 16.



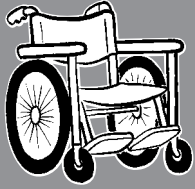
## **I lost my drug card. How do I get another one?**

Call Great-West Life. As always, have your Canada Post employee number (HRID number) handy.



## **What do I do if I think Great-West Life made a mistake?**

See page 48.



# Medical coverage (other than drugs)

## Using the medical benefits part of the EHCP

In addition to drugs, the Extended Health Care Plan covers various medical services, equipment and supplies. They are described in the next few pages.



**Important:** If different options are available for a service or an item, the plan pays for the cheapest option (unless there is a medical reason for a more expensive option). Your expenses must be “reasonable compared with prices generally charged in the area where the expenses are incurred.”



**Important:** Most services and purchases must be prescribed by an “accredited medical specialist”, i.e., a doctor or other certified practitioner. With a very few exceptions you need a doctor's referral, prescription or note.



**Important:** Medical and paramedical practitioners must be licensed and registered in the province or territory where they work, in accordance with Great-West Life's rules. If you're not sure, check with GWL.

### Drug administration equipment — 80% reimbursed

#### Coverage details

- No maximum
- Equipment must be necessary to administer life-sustaining drugs

#### Notes

- Prescription required

### Replacement therapeutic nutrients — 80% reimbursed

#### Coverage details

- No maximum
- Nutrients, when needed for the treatment of an injury or disease, when prescribed by a doctor

#### Notes

- Pre-authorization from GWL required
- Nutrients cannot be for allergies or esthetic ailment

*(continued)*



## Diabetic supplies — 80% reimbursed

### Coverage details

- Needles, syringes, and chemical diagnostic aids are covered — and, unlike all the other items listed in this section, you can use your drug card to buy them — no maximum
- Insulin pumps and associated equipment, and blood glucose monitors are covered and you must use a claim form for these — no maximum
- Repair or replacement of equipment at least 60 months (5 years) after purchase — no maximum

### Notes

- Prescription required

## Asthma treatment — 80% reimbursed

### Coverage details

- No maximum
- Drug delivery devices for asthma medication, when approved by Great-West Life
- Aerochambers with masks, for the delivery of asthma medication

### Notes

- Prescription required

## Vision care — 80% reimbursed

### Coverage details

- Maximum amount each covered person can claim in a two-year calendar year period: \$200 [maximum you can be reimbursed for a claim of this amount: \$160]
- The two-year calendar year periods are:

January 1, 2003 – December 31, 2004  
January 1, 2005 – December 31, 2006  
January 1, 2007 – December 31, 2008

### Notes

- You can also claim benefits under the Vision/Hearing Plan. You only have to fill out one claim form: Great-West Life will calculate payments from both plans
- See *Examples of using the medical part of this plan*, on page 34.



Always check this calendar before buying glasses or contacts!

- Covers eye examinations, prescription glasses or contact lenses, including repairs, and medically required contact lenses
- Also covers purchase of glasses or contact lenses needed because of surgery or an accident, provided they're bought within 6 months of the surgery or accident

(continued)





# Medical coverage

## Therapy — 80% reimbursed

	Coverage details	Notes
<b>Physiotherapist</b>	<ul style="list-style-type: none"> <li>No maximum</li> </ul>	<ul style="list-style-type: none"> <li>Doctor's referral required</li> </ul>
<b>Speech language pathologist</b>	<ul style="list-style-type: none"> <li>Maximum amount each covered person can claim per calendar year: \$500 [maximum you can be reimbursed for a claim of this amount: \$400]</li> </ul>	<ul style="list-style-type: none"> <li>Doctor's referral required</li> </ul>
<b>Psychologist or social worker</b>	<ul style="list-style-type: none"> <li>Maximum amount each covered person can claim per calendar year: \$1,000 [maximum you can be reimbursed for a claim of this amount: \$800]</li> </ul>	<ul style="list-style-type: none"> <li>Doctor's referral required</li> <li>Social worker must have MSW (Master of Social Work)</li> </ul>
<b>Acupuncturist</b>	<ul style="list-style-type: none"> <li>Maximum amount each covered person can claim per calendar year: \$400 [maximum you can be reimbursed for a claim of this amount: \$320]</li> </ul>	<ul style="list-style-type: none"> <li>Doctor's referral required</li> <li>Can be performed by a doctor or a qualified acupuncturist</li> </ul>
<b>Electrologist, or electrolysis performed by a doctor</b>	<ul style="list-style-type: none"> <li>Maximum amount each covered person can claim per visit: \$20 [maximum you can be reimbursed for a claim of this amount: \$16]</li> </ul>	<ul style="list-style-type: none"> <li>Psychiatrist's or psychologist's prescription required: person must "suffer severe emotional trauma as a result of having the hair"</li> </ul>

## Paramedical expenses\* — 80% reimbursed

	Coverage details	Notes
<b>Massage therapist, Osteopath, Naturopath, Podiatrist, Chiropractist</b>	<ul style="list-style-type: none"> <li>Maximum amount each covered person can claim per calendar year, for each type of practitioner: \$400 [maximum you can be reimbursed for a claim of this amount: \$320]</li> </ul>	<ul style="list-style-type: none"> <li>No doctor's referral required</li> </ul>
<b>Chiropractor</b>	<ul style="list-style-type: none"> <li>Maximum amount each covered person can claim per calendar year: \$600 [maximum you can be reimbursed for a claim of this amount: \$480]</li> </ul>	<ul style="list-style-type: none"> <li>No doctor's referral required</li> </ul>
<b>Midwife services</b>	<ul style="list-style-type: none"> <li>Maximum amount each covered person can claim per calendar year: \$400 [maximum you can be reimbursed for a claim of this amount: \$320]</li> </ul>	<ul style="list-style-type: none"> <li>No doctor's referral required</li> <li>can only be claimed by people living in a province or territory where these services are regulated</li> </ul>

\* Some provincial or territorial health care plans cover visits to paramedical practitioners. For each practitioner, the provincial/territorial plan generally reimburses a maximum amount for each visit, to an annual maximum. EHCP will reimburse expenses, but only after the annual provincial or territorial maximum has been reached. Also, different provincial/territorial plans reimburse over a different benefit year (e.g., July 1 to June 30). Check with your practitioner or Ministry of Health for details.

(continued)



## Private-duty nurse — 80% reimbursed

### Coverage details

- Maximum amount each covered person can claim per calendar year: \$15,000 [maximum you can be reimbursed for a claim of this amount: \$12,000]
- Covers services of a registered nurse or nursing assistant, licensed practical nurse, or certified nursing assistant in your own home

### Notes

- Must be medically required for the treatment of disease or injury
- You must fill out an assessment form

## Dental care required due to accident, and some surgeries — 80% reimbursed

### Coverage details

- No maximum
- Services of a dental surgeon (including charge for dental prosthesis) required for treatment of a fractured jaw or injuries to natural teeth resulting from an external, violent, and accidental injury or blow
- Treatment of cysts, lesions, abscesses, fractures and dislocations, gingival and alveolar procedures, removal of teeth or roots, and other oral surgical procedures

### Notes

- No doctor's referral required
- The Dental Plan covers other dental services
- Treatment must happen within 12 months of the accident (before age 18, if injury occurs to a child under 17 years of age)

## Ambulance service — 80% reimbursed

### Coverage details

- No maximum
- Ground ambulance (or emergency air ambulance service) to the nearest hospital equipped to provide the necessary service

### Notes

- When medically required

## Orthopedic shoes — 80% reimbursed

### Coverage details

- Maximum amount each covered person can claim per calendar year: \$150 [maximum you can be reimbursed for a claim of this amount: \$120]
- Custom-made orthopedic shoes or part of a brace, including modifications

### Notes

- Must be prescribed by a podiatrist, chiroprapist or doctor

(continued)



# Medical coverage

## Hearing aids — 80% reimbursed

### Coverage details

- Maximum \$500 for each covered person in any 60-month (5-year) period for purchase of hearing aids, and repairs, including hearing aids required because of surgery or an accident, provided they're bought within 6 months of the surgery or accident [maximum you can be reimbursed for a claim of this amount: \$400]
- Does not cover hearing tests or batteries (but batteries are covered under the Vision/Hearing Plan)

### Notes

- You can also claim benefits under the Vision/Hearing Plan. You only have to fill out one claim form to get benefits from both plans.
- Some provincial or territorial governments provide funding for hearing aids. Check with your doctor, Ministry of Health or Great-West Life. You must claim the benefits available from your provincial/territorial plan first, and then claim with GWL.

## Medical supplies — 80% reimbursed

	Coverage details	Notes
<b>Trusses, crutches, splints, casts, and cervical collars</b>	• No maximum	• Prescription required
<b>Orthotics</b>	• No maximum • One pair of orthotics for each covered person per calendar year	• Prescription required
<b>Elasticized support stockings and elasticized apparel for burn victims</b>	• No maximum	• Prescription required
<b>Bandages and surgical dressings for open wounds or ulcers</b>	• No maximum	• Prescription required
<b>Braces containing either metal or hard plastic</b>	• No maximum	• Prescription required • Does not cover dental braces or braces for athletic use
<b>Orthopedic brassieres</b>	• Maximum amount each covered person can claim per calendar year: \$100 [maximum you can be reimbursed for a claim of this amount: \$80]	• Prescription required
<b>Wigs</b>	• maximum amount each covered person can claim per calendar year: \$500 [maximum you can be reimbursed for a claim of this amount: \$400]	• Prescription required • Must be required as the result of total hair loss caused by an illness
<b>Colostomy, ileostomy and tracheotomy supplies; catheters and drainage bags</b>	• No maximum	• Prescription required • For incontinent, paraplegic and quadriplegic patients

(continued)



# Medical coverage

## Prostheses (artificial body parts) — 80% reimbursed

	Coverage details	Notes
<b>Breast prostheses, including replacement</b>	<ul style="list-style-type: none"> <li>No maximum, but replacement must be bought 24 months (2 years) after earlier purchase</li> </ul>	<ul style="list-style-type: none"> <li>Prescription required</li> <li>Must be following a mastectomy</li> </ul>
<b>Temporary artificial limbs</b>	<ul style="list-style-type: none"> <li>No maximum</li> </ul>	<ul style="list-style-type: none"> <li>Prescription required</li> </ul>
<b>Artificial eyes</b>	<ul style="list-style-type: none"> <li>No maximum</li> </ul>	<ul style="list-style-type: none"> <li>Prescription required</li> </ul>
<b>Permanent artificial limbs to replace temporary artificial limbs</b>	<ul style="list-style-type: none"> <li>No maximum</li> </ul>	<ul style="list-style-type: none"> <li>Prescription required</li> </ul>
<b>Replacement of artificial eyes and permanent artificial limbs</b>	<ul style="list-style-type: none"> <li>No maximum</li> </ul>	<ul style="list-style-type: none"> <li>Prescription required</li> <li>Must be bought at least 60 months (5 years) after the earlier purchase (12 months, for children under age 22)</li> <li>Medical proof of need for earlier replacement required if purchase made before 60 months</li> </ul>

## Oxygen (including equipment for its administration) — 80% reimbursed

Coverage details	Notes
<ul style="list-style-type: none"> <li>No maximum</li> </ul>	<ul style="list-style-type: none"> <li>Prescription required</li> </ul>

## Medical equipment — 80% reimbursed

	Coverage details	Notes
<b>Walkers, hospital beds, apnea monitors, and alarm systems for enuretic patients and other medical or therapeutic equipment</b>	<ul style="list-style-type: none"> <li>No maximum</li> <li>Great-West Life decides if the equipment should be rented or bought</li> </ul>	<ul style="list-style-type: none"> <li>Prescription required</li> <li>Some provincial or territorial governments provide funding for these items, in which case you must claim those benefits first</li> <li>Check with your doctor, Ministry of Health or Great-West Life</li> </ul>
<b>A non-motorized wheelchair, or a motorized wheelchair if it's medically proven that a motorized one is required</b>	<ul style="list-style-type: none"> <li>No maximum</li> <li>Repairs and replacement included</li> <li>Replacement must be bought at least 60 months (5 years) after the earlier purchase</li> </ul>	<ul style="list-style-type: none"> <li>Prescription required</li> <li>Some provincial or territorial governments provide funding for these items, in which case you must claim those benefits first</li> <li>Check with your doctor, Ministry of Health or Great-West Life</li> </ul>

(continued)



## Doctors' services (not covered where you live but covered by another province's or territory's plan)

### Coverage details

- No maximum

### Notes

## Hospitalization (your hospital room charges above ward accommodation)

### Coverage details

- Maximum of \$60 a day [maximum you can be reimbursed for a claim of this amount: \$60 – the full amount]

### Notes

- You can sign up for additional coverage of \$70 or \$140 a day. See the Upgraded Hospital Accommodation section of this booklet

## Out-of-province hospitalization (your costs for staying at a hospital in another province or territory)

### Coverage details

- Maximum amount of \$25,000 for each covered person for any one illness [actual maximum you can claim: \$25,000]

### Notes

- Must be referred by a doctor in the province or territory where you live for services not available there



## How do I claim for medical benefits?

In most cases, your purchase or service must be authorized by the appropriate health professional. If this is the case, be sure to get a copy of any doctor's referral, prescription or note. Look up your item or service on *Using the medical benefits part of the EHCP* on pages 25 to 31 to see what's required. Check with Great-West Life if you're not sure.

You will have to pay up front for the service and/or item and apply to be paid back under the plan. Make sure you get a receipt.

In most cases, you need to fill out an **Extended Health Care/Vision and Hearing Care Expense Statement Form**. (The few exceptions are listed in *A summary of how to make claims for medical services, equipment and supplies*, on the next page.)

Fill out the Extended Health Care/Vision and Hearing Care Expense Statement Form. Be sure to write your Canada Post employee number (HRID number) on it.



Be sure to fill out the Coordination of Benefits section if you are covered by more than one plan: you'll get more money back.



**Tip:** Highlight the fact you have coordination of benefits on your claim form.

**Mail** the form to Great-West Life, along with the bills or receipts, and any other medical information that's needed. Be sure to **make a copy** of everything you send. The address is on the form and also at the end of this booklet.



## What do I do if I think Great-West Life made a mistake?

See page 48.

## A summary of how to make claims for medical services, equipment and supplies



### Item(s) you need\*



### What you do

#### Most medical services, equipment and supplies covered under this plan

[examples: therapy, paramedical services, vision care, hearing aids, ambulance, orthopedic shoes, wheelchairs, splints]

Extended Health Care/Vision and Hearing Care Expense Statement Form

Fill out the form and send it to Great-West Life, along with receipts. Most items or services must be prescribed by a health professional and in some cases you must also send a copy of some additional medical documentation to GWL.

#### Private Nursing

Nursing Care Assessment Form (get this form from GWL)

You and your doctor fill out this form and send it to GWL.

#### Hospitalization (in your home province or territory)

Extended Health Care I.D. card (GWL will send you this card after you enrol in the plan)

Show to the admitting clerk at the hospital. Most hospitals will bill GWL directly.

#### Doctors' services (for services not covered where you live but covered by another province's or territory's plan)

Extended Health Care/Vision and Hearing Care Expense Statement Form

Fill out the form and send it to GWL. You must also enclose a receipt.

*\*Except as noted, forms are on both the CUPW and the Canada Post ESS (SAP) websites*



### Tips for using the medical part of this plan

- BEFORE making a purchase or starting medical treatment, confirm with Great-West Life that the company will cover the item or service you are considering.
- Check the maximums and the calendar. (You can check by phoning Great-West Life. You can also go to the GWL website and log on using your plan number and Canada Post employee number (HRID number). You can look up GWL's records of the claims filed by you and other family members covered by your plans.) If you have already spent the maximum, or close to it, you may be able to postpone non-urgent medical services or purchases until the new maximum is available.
- If your spouse is a postal worker and entitled to benefits, make sure that you are both signed up on the EHCP as members, with family coverage, so you can coordinate your benefits (and get up to 100% reimbursed for your claims). See *Coordination of benefits*, page 36.
- Be sure to put your Canada Post employee number (HRID number) on your claim, and be sure to keep a copy of whatever you send to Great-West Life.
- DON'T delay sending in your claim. Claims more than 12 months old will not be accepted.

### Maximums

Benefit plans set a limit on the amount of money you will be reimbursed (paid back) for various purchases and services: maximums. Just what a "maximum" is differs from plan to plan, and sometimes even within the same plan.

Under the Extended Health Care Plan, the maximum for massage therapy is \$400 a year, but if you claim \$400 in one year you will only get \$320 back. That's because you are reimbursed 80% of this particular maximum. Most maximums under the EHCP are reimbursed at 80%, and the only way you can get more than 80% is to be covered by a second benefit plan.

In many cases, the maximum amount is allotted for a one-year period (such as for para-medical services such as acupuncture), or a two-year period (eyeglasses). Some limits are for five years (e.g., hearing aids, wheelchairs), and a few are lifetime maximums (e.g., wigs for cancer patients).

Under the Vision/Hearing Plan, for example, you get 100% of the maximum amounts under the plan. Under the Dental Plan, you can get 100% of a maximum if you spend enough.



## Examples of using the medical part of this plan



### Farid sees a podiatrist, buys shoes

Farid is on the Extended Health Care Plan. He spends \$250 on treatments from a podiatrist. The podiatrist prescribes orthopedic shoes, which cost \$150. Farid files a claim, as explained in *How do I claim for medical benefits?* on page 31. Assuming Farid's \$250 bill from the podiatrist was all spent in one calendar year, he will be able to get 80% of the \$250 back — \$200. (The yearly limit that Farid can spend on podiatrist services is \$400.)

Farid's orthopedic shoes cost \$150. The yearly maximum for shoes is \$150, but he doesn't get \$150 back. He gets \$120, which is 80% of \$150. This is the way most of the maximums work under the EHCP: the most you can get is 80% of the maximum, no matter how much you spend. For example, if Farid spent \$188 on orthopedic shoes (80% of \$188 is \$150) he would still get only \$120, i.e., 80% of the maximum.

FARID'S CASE			
Purchase or service	Cost	What the Extended Health Care Plan pays	Maximum for this item/amount remaining, if any
Podiatrist treatments	\$250	80% of \$250 = \$200	Maximum is \$400 per year. Farid could be reimbursed another \$200, if he spent another \$250.
Orthopedic shoes	\$150	80% of \$150 = \$120	He has spent the yearly maximum of \$150.

Farid could get more treatments from his podiatrist in this calendar year. He could claim another \$250 worth of treatments, for which he would be reimbursed \$200.

He spent \$150 on orthopedic shoes, his limit for this year. Next year he could buy another pair and be reimbursed.



### Maria and Ramon use both the EHCP and the Vision/Hearing Plan

Maria and Ramon are both postal workers in the urban operations unit, but because Ramon is a temporary worker he is not entitled to Canada Post benefits coverage. They are both covered by Maria's Vision/Hearing Plan and her Extended Health Care Plan.

#### Maria's eye exam and glasses

Maria's eye examination costs \$80. Under the EHCP, she is entitled to 80% of \$80 for her





eye exam (\$64). Then the Vision/Hearing Plan kicks in the balance (\$16), for 100% reimbursement of the cost of the eye exam. The plan(s) will pay 100% of the cost of an eye exam every two years. There is no set maximum but the expense must be what's considered reasonable in her province.

Maria's glasses cost \$300. She gets \$130 from the Vision/Hearing Plan. The benefits from the two plans add up to \$290; she gets \$290 towards her \$300 claim.

Maria files a claim, as explained in *How do I claim for medical benefits?* on page 31.

MARIA'S CASE					
Purchase or service	Cost	What the Extended Health Care Plan paid (Maria's plan)	What the Vision/Hearing Plan paid (Maria's plan)	Total amount reimbursed (paid) by the two plans	Maximum for this item/amount remaining, if any
Eye examination	\$80	80% of \$80 = \$64	\$16	\$80	The plan will pay for the cost of one eye exam every two years. No maximum.
Glasses	\$300	80% of \$200 = \$160	\$130	\$290	Maria has spent the maximum under both plans for the two-year period.



**Note:** When you are reimbursed (paid back) by both the Extended Health Care Plan and the Vision/Hearing Plan, the EHCP benefits are always paid first.

You can only claim one eye exam every two years.

Maria got a total of \$290 reimbursement for the \$300 she claimed for her glasses. She was reimbursed the maximum amount to which she is entitled every two calendar years for glasses. She will have to wait for the next two calendar year period to get money back for another pair of glasses or contacts.



**Note:** The two calendar years are specific two-year periods. For the schedule of two-year periods for vision care, see page 26.

## Ramon's hearing aids

Ramon buys hearing aids, which cost \$2,000. He files a claim, as explained in *How do I claim for medical benefits?* on page 31. He's entitled to be reimbursed 80% of \$500 (\$400) from the EHCP. Under the Vision/Hearing Plan, he can be reimbursed up to \$600. The benefits from the two plans add up to \$1,000. The Vision/Hearing Plan entitles Ramon to be reimbursed the full amount for his hearing aid batteries, \$10 in this case.



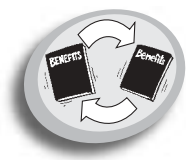
# Medical coverage

Ramon got a total of \$1,000 reimbursement for the \$2,000 he claimed for his hearing aids. He was reimbursed the maximum amount to which he is entitled every five years for hearing aids.



**Note:** Some provincial or territorial health plans provide funding for hearing aids. If this is the case, you must apply for these benefits first, and then claim any unpaid amount from Great-West Life.

Ramon's case					
Purchase or service	Cost	What the Extended Health Care Plan paid (Maria's plan)	What the Vision/Hearing Plan paid (Maria's plan)	Total amount reimbursed (paid) by the two plans	Maximum for this item/amount remaining, if any
Hearing aids	\$1,600	80% of \$500 = \$400	\$600	\$1,000	Ramon has spent the maximum under both plans for the five-year period.
Hearing aid batteries	\$10	\$0 (not covered)	\$10	\$10	The V/H Plan pays for the cost of hearing aid batteries. No maximum or time limit, but the expense must be reasonable.



## Coordination of benefits

Here is an example of how you get benefits under both the Vision/Hearing Plan and the EHCP — and coordinate these benefits. This is about as complicated as it gets — two postal worker spouses claiming benefits from the two EHCP plans and two Vision/Hearing Plans that cover them.



*Just how much reimbursement you get when you coordinate benefits under the medical part of the EHCP is the subject of a dispute between the union and Canada Post. As soon as this issue is resolved we will update these pages.*



Ming and

Ming and L... covered by the Extended Health Care Plan as employees with family coverage, and like all regular employees they are covered by the Vision/Hearing Plan. Here's how much money they get back with coordination of benefits for the same glasses and hearing aids example as noted for Maria and Ramon, above.



## Ming's glasses

Ming spends \$300 on glasses. He files a claim, as explained in *How do I claim for medical benefits?* on page 31, making sure to highlight that he has coordination of benefits.

Ming got a total of \$300 reimbursement for the \$300 he claimed for his glasses (100%) — \$160 from Ming's EHCP and \$140 from Lily's EHCP.

If Ming decided to buy another pair of glasses or a pair of contact lenses in the same two calendar year period, he will be reimbursed 80% of \$150, or \$120, from Lily's EHCP. For a claim of \$130 he will be reimbursed 80% of \$130, or \$104, from Lily's V/H Plan. *Just how much reimbursement you get when you coordinate benefits under the medical part of the EHCP is the subject of a dispute between the union and Canada Post. As soon as this issue is resolved we will update these pages.*

**Note:** The two calendar years are specific two-year periods. For the schedule of the two-year periods for vision care, see page 26.

MING'S CASE							
Purchase or service	Cost	What the Extended Health Care Plan paid (Ming's plan)	What the Vision/Hearing Plan paid (Ming's plan)	What the Extended Health Care Plan paid (Lily's plan)	What the Vision/Hearing Plan paid (Lily's plan)	Total amount reimbursed (paid) by the two plans	Maximum for this item/amount remaining, if any
Glasses	\$300	80% of \$200 = \$160	\$130	\$10		\$300	Ming could be reimbursed \$150 from Lily's EHCP and \$130 from Lily's V/H for another pair of glasses or contacts in the same two-year period.

## Lily's hearing aids

Lily buys hearing aids, which cost \$2,000. She files a claim, as explained in *How do I claim for medical benefits?* on page 31, making sure to highlight that she has coordination of benefits. She's reimbursed 80% of \$500 (\$400) from her EHCP plan. Under her Vision/Hearing Plan, she's reimbursed \$600. Then she gets \$400 from Ming's EHCP (the maximum) and \$600 from Ming's V/H Plan (the maximum). The benefits paid by the plans add up to \$2,000, 100% of her claim.

Lily has spent her maximum for hearing care for the five-year period. The Vision/Hearing Plan entitles Lily to be reimbursed the full amount for her hearing aid batteries (\$10) and is not part of her maximums.



**LILY'S CASE**

*Just how much reimbursement you get when you coordinate benefits under the medical part of the EHCP is the subject of a dispute between the union and Canada Post. As soon as this issue is resolved we will update these pages.*

Purchase or service	Cost	What the Extended Health Care Plan paid (Lily's plan)	What the Vision/Hearing Extended Health Care Plan paid (Lily's plan)	What the Vision/Hearing Extended Health Care Plan paid (Lily's plan)	Total amount reimbursed (paid) by the two plans	Maximum for this item/amount remaining, if any
Hearing aids	\$1,000	80% of \$1,000 = \$800	\$200	\$200	\$1,000	Lily has claimed the maximum from all four plans for the next five years.
Hearing aid batteries	Covered	Covered				The V/H Plan pays for the cost of hearing aid batteries. No maximum or time limit, but the expense must be reasonable.

To coordinate EHCP benefits, both spouses must be entitled to the EHCP and signed up for it as members, with family coverage. See *How do I enroll?*, on page 2.

## Ming and Lily: example #2

Here is another example of coordination of benefits for Ming and Lily, two postal workers who are both on the EHCP as employees, with family coverage.

### Ming gets therapy

Ming spends \$1,500 on therapy from a social worker. He files a claim, as explained in *How do I claim for medical benefits?* on page 31, making sure to highlight that he has coordination of benefits. Under the Extended Health Care Plan, Ming can claim \$1,000 a year on his plan for the services of a social worker or psychologist (for which he will be reimbursed 80%, \$800). As required by Great-West Life, he gets a referral from his doctor, and makes sure that the therapist has an MSW (Master of Social Work). Ming gets \$800 from his EHCP and \$700 from Lily's plan.

**MING'S CASE**

Purchase or service	Cost	What the Extended Health Care Plan paid (Ming's plan)	What the Extended Health Care Plan paid (Lily's plan)	Total amount reimbursed (paid) by the two plans	Maximum for this item/amount remaining, if any
Social worker	\$1,500	80% of \$1,000 = \$800	\$700	\$1,500	Ming could be reimbursed another \$100 for a social worker or psychologist in the same year.



Ming claims \$1,500. He gets 80% of \$1,000 (\$800) back from his plan as well as \$700 back from Lily's plan. You might wonder why \$1,000 was paid at 80% from his plan but Lily's plan pays \$700 (rather than 80% of the remaining amount of the claim, \$500, which is \$320).

The rules and how you coordinate benefits under the medical part of the EHCP is the subject of a dispute between the union and Canada Post. As soon as this issue is resolved we will update these pages.

First, benefits are calculated based on the cost of the claim. Great-West Life calculates how much Lily's plan would pay for a claim like Ming's (\$800). But you can't get more than what you paid for. Lily's plan has a \$1,000 claim. He gets \$800 from his plan and \$700 from Lily's — which adds up to \$1,500, 100% of his claim.

## Lily gets home nursing

Lily becomes ill and needs home nursing. It ends up costing \$26,000 for private-duty nursing. Under the two EHCP plans, Lily is reimbursed a total of \$24,000.

LILY'S CASE					
Purchase or service	Cost	What the Extended Health Care Plan paid (Lily's plan)	What the Extended Health Care Plan paid (Ming's plan)	Total amount reimbursed (paid) by the two plans	Maximum for this item/amount remaining, if any
Home nursing	\$26,000	80% of \$15,000 = \$12,000	80% of \$15,000 = \$12,000	\$24,000	The yearly maximum for this illness has been spent.

Lily is reimbursed \$24,000 of the \$26,000 cost of the home nursing services. Lily's doctor certified that she needed nursing care at home and filled out the form that Great-West Life sent him. The maximum reimbursement possible for this illness in this calendar year is \$24,000.



## Which plan do we use?

### Two-plan, two-postie families

Both Ming and his spouse, Lily, have coverage under the Extended Health Care Plan. Their daughter, May, breaks her foot and gets a cast and crutches. But whose plan should they use to claim these expenses — Ming's or Lily's? It depends on whose birthday comes first in the year. Because Ming's birthday falls earlier in the year, he makes the claim on his plan.



Ming fills out the Extended Health Care/Vision and Hearing Care Expense Statement Form as the member, and adds information about Lily in the Coordination of Benefits section, and encloses a copy of the receipt for the cast and crutches, and the prescription that authorized their purchase. If Lily's birthday came earlier in the year than Ming's they would file the claim on her plan, with Ming's information in the Coordination of Benefits section.

Great-West Life will reimburse the claim for May's cast and crutches with benefits from both parents' plans. Her parents only need to fill out one claim form.

### **Two-plan families where only one partner is a postal worker (spouses' claims)**

If your family is covered by two different benefit plans, you must file two separate claims — but the claims must be filed one at a time. You must wait for the first claim to be processed by the insurance company before filing the second one. The first claim is filed on the plan that covers the person as an employee, the second one on the plan that covers the person as a spouse.

In your case, you first file a claim on the plan that covers you as a member/employee — the Canada Post-GWL plan. When the cheque and paperwork come back from Great-West Life, you then file a second claim for whatever money GWL didn't pay. You file the second claim on the plan that covers you as a spouse — your spouse's plan. When you send in the second claim, you must include a copy of the paperwork that came with the cheque to show how much the first plan paid.

In the case of your spouse, he or she files the first claim with the plan that covers him or her as a member/employee. The second claim should be filed with the plan that covers him or her as a spouse — the Canada Post-GWL plan.

### **Two-plan families where only one parent is a postal worker (claims for children)**

The "birthday rule" was developed by insurance companies and applies in situations where children are covered by two benefit plans.

If you are part of a couple with children who are covered by two plans (only one of which is with CPC), you file a claim on both plans — but the claims must be filed one at a time. The first claim should be filed on the plan covering the spouse with the earliest birthday in the year (the actual birthday, not the year of birth).

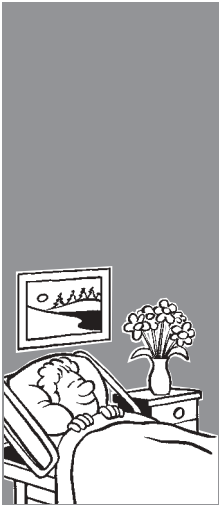


## Medical coverage



**Example:** Your spouse's birthday is March 23, 1963 and your birthday is June 3, 1964. You first apply under your spouse's plan, because March 23 comes before June 3.

You wait for the insurance company to process the claim and send a cheque. Any amount not paid for by the first claim can be submitted to the other spouse's plan. When you send in the second claim, you must include a copy of the paperwork that came with the cheque to show how much the first plan paid.



# Upgraded hospital accommodation

## Hospital coverage — basic and optional

Under the EHCP (Extended Health Care Plan), you are covered for up to \$60 a day for the cost of hospital accommodation beyond ward accommodation in your province or territory. You can buy more coverage than the \$60 per day maximum. You can choose from two options:





- an additional \$70 worth of coverage a day, or
- an additional \$140 worth of coverage a day

The costs involved vary from province or territory, and the type of accommodation available varies from hospital to hospital. The money can be spent on accommodation only — a semi-private room or private room. It does NOT cover items such as TV or telephone rental.

## Many people on this plan pay no premiums

If you were covered by the plan as of June 1, 2003, you will pay NO premiums during the term of the CUPW-CPC contract, which expires on January 31, 2007.

If you are a new member on the plan, you will have to pay premiums. If you are currently on a premium holiday (not paying premiums) and upgrade your coverage from Option A to B, you will have to start paying premiums.

Monthly premiums for optional hospitalization insurance — OPTION A				
	Employees		Retirees	
	Single 	Family 	Single 	Family 
New subscribers	\$0.35	\$0.66	\$1.22	\$2.30
People covered on June 1, 2003	"premium holiday" — no premiums during the life of the contract (expires on January 31, 2007)			





# Upgraded hospital accommodation

## Monthly premiums for optional hospitalization insurance — OPTION B

	Employees		Retirees	
	Single	Family	Single	Family
New subscribers	\$1.58	\$2.98	\$6.44	\$12.44
People covered on June 1, 2003	"premium holiday" — no premiums during the life of the contract (expires on January 31, 2007)			
People covered on June 1, 2003 who switch from Option A to B	\$1.23	\$2.32	\$5.22	\$9.84



**Note:** The EHCP provides you with \$60 a day hospitalization coverage. Options A and B provide additional coverage over and above the \$60 a day amount.



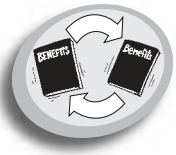
## Using the hospitalization part of this plan

To use this benefit, show your EHCP card when you are admitted to hospital. Most hospitals will bill Great-West Life directly. If the hospital won't bill directly, you will have to pay up front and file an Extended Health Care/Vision and Hearing Care Expense Statement Form.



## What if I want to change from single to family coverage, or if I want to increase or decrease my hospital coverage?

You can fill out an Extended Health Care Employee Application Form, or you can make these changes on-line on the ESS (SAP) system. Give the form to your supervisor or Local Area Manager, who will pass it on to the Human Performance Management (HPM)\* office. It can take anywhere from a few days to a couple of weeks for your change in coverage to begin. To ensure that the change you requested has been made, you should call the HPM office or check your on-line employee file, or call Great-West Life.



## Coordination of benefits

**If both spouses are postal workers** covered by the same level of optional hospital insurance, you can coordinate the benefits. You must both be on the plan as members, with **family coverage**.

\*Human Performance Management (HPM) is the new name for Pay and Benefits.



## Upgraded hospital accommodation

Normally, hospitals bill Great-West Life directly. If your plan doesn't pay the full cost of your hospital stay, you can file a claim for the outstanding amount on your spouse's plan.

Great-West Life will send you a summary of what the plan paid (and a cheque, if the hospital would not bill GWL directly and you had to pay up front). You file the claim for the unpaid amount on the plan that covers you as a spouse — your spouse's plan. You send the claim form to GWL along with a copy of the summary of what the plan paid, being sure to keep a copy.

If both you and your spouse have family optional hospital coverage, as members you will be entitled to an **additional** \$70 a day for Option A. Option B entitles you to an additional \$140 a day.

**If your spouse has hospital benefits from another employer**, you can also coordinate benefits. The amount of money you can claim may be different under your spouse's plan, but the process is the same.

You make the first claim on the Great-West Life plan. Great-West Life will send you a summary of what the plan paid (and a cheque, if the hospital would not bill GWL directly and you had to pay up front).

You then file a claim on your spouse's plan. In addition to whatever form the insurer requires, you also need to include a copy of the summary of what GWL paid. Be sure to keep a copy of what you send.



**Tip:** Before you file on your spouse's plan, check to see if there are any special rules.

### Claims for children — whose plan do you use?

As with all benefits that apply to two-plan families with kids, you apply the "birthday rule". The parent whose birthday comes first in the year uses his or her hospital card when the child is admitted to hospital.



**Example:** Your spouse's birthday is March 23, 1963 and your birthday is June 3, 1964. You first apply under your spouse's plan, because March 23 comes before June 3.

If the first parent's plan doesn't cover everything, the other parent (the parent whose birthday is later in the year) files a claim on his or her plan. In addition to whatever form the insurer requires, you also need to include a copy of the summary of the benefits paid on the first plan. Be sure to keep a copy of what you send.



# Travel coverage

The Extended Health Care Plan includes insurance for travel outside your home province or territory. Anyone who is covered by the EHCP gets this coverage at no extra cost.

You are entitled to a maximum of \$100,000 for each covered person during any period of travel outside your home province or territory for up to 40 days. You will be reimbursed 100% for your expenses, subject to certain maximums. Here is a list of the expenses that the plan covers.

This plan is for medical emergencies. It does not cover non-urgent medical expenses, things you could have taken care of before you left, or could wait until you return.



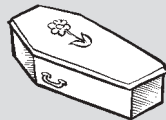
## Medical evacuation

If facilities are not suitable in the area where the emergency occurred, Great-West Life may approve evacuation to the nearest hospital that can provide appropriate care, or transportation back to Canada.



## Medical cost advances

The plan will verify your coverage and pay the doctor or hospital on your behalf. (You sign a form authorizing the plan to recover any benefits payable under your provincial or territorial health care plan.)



## Death and repatriation (maximum \$3,000)

If you or another person covered by the plan dies, the plan will pay for the preparation and shipping of the remains to your home province or territory.

*(continued)*



## **Family assistance (maximum of \$2,500 for any one emergency)**

### **Assistance for unattended children**

If you or your spouse is hospitalized and children under age 16 are left unattended, the plan will pay for their trip back home. The plan will pay for economy airfare and an escort, if necessary.

### **Visit of a family member**

If you (or another family member covered under the plan) is hospitalized for more than seven days, the plan will pay for economy class airfare, accommodation and \$150 a day for meals for one family member to join you. The same also applies if a family member must identify the body of a deceased family member before it is released.

### **Transportation reimbursement**

If a patient and family member miss pre-arranged and pre-paid return transportation home as a result of the hospitalization, the plan will pay the cost of comparable return transportation home.

### **Meals and accommodation**

If someone covered by the plan is hospitalized, the plan will pay meal and accommodation costs of up to \$150 a day for an accompanying family member (who must also be covered).



## **What's NOT covered**

- non-emergency medical treatment
- medical emergencies arising from war, insurrection, or voluntary participation in a riot
- a medical emergency that happens after 40 consecutive days after you leave your home province or territory



## **Using the travel coverage part of this plan**

As soon as there is a problem or a medical need, call the **travel emergency number** on your EHCP identification card (your Extended Health Care Plan Identification card, not your drug card).

The emergency number is a toll-free 24-hours-a-day help-line that will link you with people who can assist you with medical emergencies.



**Note:** This number will also connect you to people who can help you with legal and other travel-related problems.



In the case of medical emergencies, the plan will try to arrange for your provincial or territorial plan to pay your doctor and/or hospital expenses directly.

But if you end up paying for some medical expenses up front, send them to your provincial or territorial health plan, being sure to keep a copy of what you send. You wait for the provincial or territorial plan to pay you back. If the provincial or territorial plan doesn't pay all the expenses, send them to Great-West Life.

You should send the bills, the provincial or territorial plan's statement of account and a completed Extended Health Care/Vision and Hearing Care Expense Statement Form to Great-West Life. As always, keep a copy of what you send.



## Tips for travel

### You should carry these cards with you when you travel:

- your Extended Health Care Plan Identification Card (which has the emergency help-line number on it)
- your provincial or territorial health card
- your Canada Post employee ID (you may need your HRID number)

Make photocopies for the members of your family so that everyone has this information in case they need it.

### If there is a medical emergency, be sure to keep copies of all receipts for medical costs.



**Note:** The travel plan won't cover you after you've been out of your home province or territory for more than 40 days. If you are going on a longer trip, or would like to be covered for higher maximums than those provided for in the plan, you may wish to consider purchasing some additional coverage.



**Note:** You and your family can be reimbursed for emergency dental work done outside Canada when you are on vacation. As well, a dependent child studying outside Canada is eligible for dental plan coverage. See the Dental Plan booklet for details.



# Final questions



## When will I get my cheque from Great-West Life?

It normally takes about two weeks from when you mail your claim to when you will receive your cheque from Great-West Life.

If there is a problem with your claim, Great-West Life will send you a note saying what the problem is, and you will have to resolve it before the claim can be processed.

Possible problems:

- your Canada Post employee number (HRID number) is missing
- a family member does not show up as covered in GWL's records
- a required signature (e.g., yours, a medical practitioner's) is missing
- a receipt is missing
- an original receipt is required

If you want to check on the progress of your claim, you can call Great-West Life, or you can look up your on-line account on the GWL website. See *Contact information* at the end of this booklet for telephone numbers and Internet addresses.



## What do I do if I think Great-West Life made a mistake?

Possible scenarios:

- your cheque is smaller than you think it should be
- you were denied reimbursement for something you are sure is covered by your plan



## Final questions

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Here's what to do if you think Great-West Life made a mistake:

- Call GWL and ask for clarification. If you don't agree with the answer you get, put your complaint in writing. Mail your complaint to Great-West Life, being sure to keep a copy of what you send.
- If you aren't satisfied with the response you get from GWL, check with your local to see if a grievance is possible.



# The fine print

## Types of drugs that are covered under the EHCP

Drugs (including oral contraceptives and injectable drugs) that:

- are prescribed by a doctor or dentist and dispensed by a doctor, dentist or pharmacist, listed in the current *Compendium of Pharmaceuticals and Specialties*, that
  - legally require a prescription or are identified as narcotics or controlled drugs and are listed in the Monographs section
  - do not legally require a prescription but are considered life-sustaining, and appear in the Therapeutic Guide section as:

anti-anginal agents  
anti-arrhythmic agents  
anticholinergic preparations  
antihyperlipidemic agents  
antiparkinsonism agents  
bronchodilators  
glaucoma therapy

hyperthyroidism therapy  
insulin preparations  
oral fibrinolytic agents  
parasympathomimetic agents  
potassium replacement therapy  
topical enzymatic debriding agents  
tuberculosis therapy

- do not legally require a prescription but have a known therapeutic value in Great-West Life's opinion, are listed in the Monographs section, and are only available for purchase at an accredited pharmacy

## Exclusions (things not covered by this plan)

The following items are excluded from coverage under the EHCP:

- supplies or services provided by a Canadian doctor, if the covered person is eligible for coverage under a provincial or territorial health care plan
- co-insurance, user fees, or similar charges for hospital care





## The fine print

- expenses eligible for reimbursement under any government plan, or for which a government or government agency prohibits payment of benefits
- services and supplies prescribed or provided by a person who normally lives in the patient's home or is related to the patient by blood or marriage
- services or supplies for cosmetic purposes only, or for conditions not detrimental (harmful) to health
- supplies or services normally provided without charge
- medical examinations required by a third party
- products and treatments that are experimental, in Great-West Life's opinion
- any portion of charges that are the legal liability of any other party
- publicly advertised items or products that are considered household remedies
- contraceptives other than oral
- vitamins (other than injectable), except when prescribed for a chronic disease, and for special needs children
- minerals, protein supplements, and therapeutic nutrients (except when prescribed for a chronic disease)
- diets, dietary supplements, infant foods, sugar or salt substitutes
- lozenges, mouthwashes, non-medicated shampoos, contact lens care products, skin cleansers, protectives or emollients, surgical supplies, diagnostic aids, and drugs used for cosmetic purposes
- drugs used for a condition or conditions not recommended by the drug manufacturer
- accidental injuries to natural teeth resulting from acts such as cleaning your teeth, chewing, or eating
- the cost of batteries or recharging devices, or other such hearing aid accessories (note: batteries are not covered under the EHCP, but they are covered under the Vision/Hearing Plan)
- items purchased primarily for athletic or cosmetic use
- cosmetic surgery, except in some circumstances following an accident where plastic surgery is required (your doctor should send in a treatment plan to Great-West Life for pre-approval)
- expenses incurred outside the participant's province or territory of residence if required for emergency treatment of an injury or disease that occurred more than 40 days after the person left the province or territory of residence
- expenses incurred by a person who is temporarily or permanently residing outside Canada, or required for regular treatment of an injury or disease that existed before the person left the province or territory of residence



# Dictionary

## Base Drug Plan (also called Level 1 or Tier 1)

Base drugs, also known as Level 1 drugs, are reimbursed (paid) at 80%. For more information see *A summary of what the drug plan covers* on page 11, and *Different words for the same thing* on page 12.

## children

Your children are your natural or legally adopted children, stepchildren, or foster children of you or your spouse, who are unmarried and financially dependent on you for support, and who are:

- under age 21 (for the Extended Health Care Plan)
- under age 22 (for Vision/Hearing, and for Basic and Major Dental Plan coverage)
- under age 25, if full-time students (for the Extended Health Care Plan, Vision/Hearing Plan, and for Basic and Major Dental Plan coverage)
- any age, if they are mentally or physically disabled and incapable of self-sustaining employment, provided they were disabled and covered on the date that coverage would otherwise have ended (Vision/Hearing, Dental and Extended Health Care Plans)
- any age, if they are mentally or physically disabled and incapable of self-sustaining employment, provided the child remains dependent on you for financial support (CUPW Life Insurance Plan)

Exceptions:

- only children under 22 years of age qualify for orthodontic coverage under the Dental Plan
- only children under 15 years of age are covered for pit and fissure sealants under the Dental Plan (Basic services)
- to be covered by the CUPW Life Insurance Plan, a child must be at least 14 days old and cannot be a foster child

## coordination of benefits

You can coordinate benefits (and get up to 100% reimbursement for your claims) if you are covered by more than one plan for the same benefit. You can coordinate benefits if both you and your spouse are postal workers who are both eligible for coverage. You can also coordinate benefits when one spouse has CPC benefits and the other spouse is covered by different plans. (For more details, see the booklet on each benefit plan.)



## **CPC**

Canada Post Corporation

## **CUPW**

Canadian Union of Postal Workers

## **DIN**

Drug Identification Number — each drug approved for use by Health Canada is assigned a DIN. This number appears on the drug container.

## **EHCP**

Extended Health Care Plan

## **eligible expenses**

Eligible expenses are services or purchases that are covered under your plan.

## **Employee Self Service (ESS)**

Employee Self Service (ESS) is the Canada Post “SAP” website. You use a password and user number to access the electronic file containing your personal information. You can also obtain information about CPC benefits and download enrolment and claim forms at home or at work. Internet addresses and further information are at the end of this booklet.

## **first payer**

When someone is covered by more than one benefit plan, the first payer is the insurance carrier that the insured person files a claim with first. The first payer is the person’s primary plan, the one that covers him or her as an employee. For example, if you are covered by the CPC Dental Plan and your spouse’s (non-CPC) dental plan, you claim with the CPC Dental Plan first. (See also *second payer* and *coordination of benefits*.)

## **formulary**

A drug list; the official list of approved prescription drugs. You can download this list from the Internet (addresses at the end of this booklet).

## **Great-West Life (GWL)**

The insurance company that looks after the Dental, Vision/Hearing and Extended Health Care Plans



## Levels 1, 2 and 3 of the drug plan (also called Tier 1, 2 and 3)

Under the new drug plan, prescription drugs are reimbursed at three possible rates:

- Level 1 drugs, also known as Base Drugs, are reimbursed (paid) at 80%.
- Level 2 drugs, also known as RAMQ Drugs, are currently reimbursed (paid) at 71.5%.
- Level 3 drugs, also known as Supplementary Drugs, are reimbursed (paid) at 50%.

In the EHCP booklet, we talk about the Three-**Level** drug plan. In earlier union and Canada Post materials, it was called a Three-**Tiered** drug plan. The collective agreement refers to the Base, RAMQ and Supplementary Drug Plans.

## life-sustaining drug

The definition of a life-sustaining drug we use comes from CPC's drug plan brochure, which says: "A drug is life-sustaining because of its important clinical benefits."



**Note:** A life-sustaining drug is a drug that is beneficial to your health. A life-sustaining drug doesn't have to be a drug that you need to stay alive.

## maximums

Benefit plans set a limit on the amount of money you will be reimbursed (paid back) for various purchases and services: maximums. Just what a "maximum" is differs from plan to plan, and sometimes even within the same plan.

Under the Extended Health Care Plan, the maximum for massage therapy is \$400 a year, but if you claim \$400 in one year you will only get \$320 back. That's because you are reimbursed 80% of this particular maximum. Most maximums under the EHCP are reimbursed at 80%, and the only way you can get more than 80% is to be covered by a second benefit plan.

In many cases, the maximum amount is allotted for a one-year period (such as for paramedical services like acupuncture), or a two-year period (e.g., eyeglasses). Some limits are for five years (e.g., hearing aids, wheelchairs), and a few are lifetime maximums (e.g., wigs for cancer patients).

Under the Vision/Hearing Plan, for example, you get 100% of the maximum amounts under the plan. Under the Dental Plan, you can get 100% of a maximum if you spend enough. For more information, see the booklet on each plan.

## National Capital Region

The Ottawa-Gatineau area

## premium holiday

A period during which you don't have to pay premiums for a benefit



## RAMQ (Régie de l'assurance-maladie du Québec)

The Quebec public drug plan

## regular employee

A permanent employee, full-time or part-time. (urban operations unit)

## reimbursement

Money that you get back for expenses that you paid for out of your pocket

## Rural and Suburban Mail Carriers (RSMCs)

CUPW has two collective agreements with Canada Post. One contract covers one group of workers, the 6,000 Rural and Suburban Mail Carriers (RSMCs). The other contract, for urban postal operations, covers the 48,000 people who work as letter carriers, postal clerks, dispatchers, mail service couriers, mail handlers, technicians and mechanics.

## SAP

SAP stands for “Systems, Applications and Products in Data Processing” (translation from German). SAP is the software system used by Canada Post’s Employee Self-Serve (ESS) Intranet/Internet site.

## second payer

When someone is covered by more than one benefit plan, the second payer is the carrier that the insured person files a claim with second, usually the spouse’s plan. For example, if you are covered by both the Canada Post (Great-West Life) Dental Plan and your spouse’s (non-CPC) dental plan, you claim with the CPC Dental Plan first; CPC is the first payer. When you get your cheque from GWL you can file a claim with your spouse’s dental plan, the second payer. (See also *first payer* and *coordination of benefits*)

## spouse

A spouse is defined as:

- the person to whom you are married and with whom you live, or
- the person to whom you were (or are) legally married and whom you support, or
- the person with whom you have been living in a common-law relationship for at least one year



**Note:** The one-year requirement does not apply to common-law relationships where a child is born of the relationship. See Clause 5.05 for a more detailed definition of common-law spouse.



**Note:** Same-sex couples are included under this definition of spouse.



**Note:** A divorced spouse is not eligible for coverage under the CUPW Life Insurance Plan. A divorced spouse whom you support is eligible for coverage by under the Vision/Hearing, Dental and Extended Health Care Plans.



## student

A child is considered as a full-time student if he or she has been in registered attendance at an elementary school, high school, university, or similar educational institution for 15 hours a week or more sometime in the past six months. A child is not considered to be a full-time student if he or she is being paid to attend an educational institution.

## Supplementary Drug Plan (also called Level 3 or Tier 3)

Supplementary drugs, also known as Level 3 Drugs, are reimbursed (paid) at 50%. For more information, see *A summary of what the drug plan covers* on page 11, and *Different words for the same thing* on page 12.

## Tier 1, 2 and 3 drugs

In the EHCP booklet, we talk about the Three-**Level** drug plan. In earlier union and Canada Post materials it was called a Three-**Tiered** drug plan. The collective agreement refers to the Base, RAMQ and Supplementary Drug Plans.

For a list of the different names used for the three drug categories, see *Different words for the same thing* on page 12.

## urban postal operations (UPO)

CUPW has two collective agreements with Canada Post. The contract for urban postal operations covers the 48,000 people who work as letter carriers, postal clerks, despatchers, mail service couriers, mail handlers, technicians and mechanics. The union's other contract with CPC covers one group of workers, the 6,000 Rural and Suburban Mail Carriers (RSMCs).

## V/H Plan

The Vision and Hearing Plan, often called Vision/Hearing Plan



# Contact information

## Canadian Union of Postal Workers (CUPW) — your union

Your steward and others in your local or region can help you with your benefits questions or problems.

### My union contacts


## CUPW Special Needs Program (for children with special needs)

(800) 840-5465

The drug plan covers prescription vitamins for children who are registered in the program.

## Internet address

**[www.cupw-sttp.org](http://www.cupw-sttp.org)**

On this site, you can:

- download the latest version of this booklet, and other benefit booklets. (Check to be sure you have the latest version; the date is at the bottom of each page.)
- download forms for these Canada Post benefits: Dental, Vision/Hearing, Basic Life Insurance, and Extended Health Care Plans



### Canada Post Corporation (CPC)

#### Human Performance Management (HPM) Offices *(formerly called Pay and Benefits Offices)*

Canada Post operates HPM offices where you can get forms and information about your pay and benefits coverage. They are staffed by members of the Union of Postal Communications Employees (UPCE), a sister union in the post office. Some larger workplaces have HPM offices on-site.

Atlantic	(902) 494-4051
Quebec	(514) 345-7538
Rideau	(613) 734-1585
Head Office	(613) 734-8169
Toronto	(905) 214-9503
Huron	(519) 457-5318
Winnipeg	(204) 987-5536; (204) 987-5476
Calgary	(403) 974-2197; (403) 974-2034
Edmonton	(780) 944-3429; (780) 944-3219
Pacific	(604) 662-1542

Always have your Canada Post employee number (HRID number) at hand when you call. If you have problems with a particular claim, call Great-West Life.

#### Canada Post employee ESS (SAP) site

<http://mysite.canadapost.ca>

Use the above address to reach this site from home. At work, the site is accessible on the Intranet. On this site, you can:

- download forms and CPC's benefits information
- check your personal information to see if it's accurate

Notes:

- You need a user name and password to use the site. If you never got a password or it doesn't work, call (877) 411-8585
- The CPC employee site won't work if you have a Macintosh computer





## Canada Post drug list

There are three ways you can look up the on-line drug plan:

**1**

Look for the link on CUPW's website at: [www.cupw-sttp.org](http://www.cupw-sttp.org)

**2**

Go to Canada Post's ESS (SAP) site at: <http://mysite.canadapost.ca>

Go to "Employee Self Serve" by clicking on "Benefits", and then to "Three-Level Drug Plan".  
Click "yes" when asked: "Do you want to display non-secure items?"

**3**

Go to this Internet address:

<http://www.canadapost.ca/tools/BenefitsEAP/DFC/DrugName.aspx?strLanguage=english>

## Great-West Life

*This company looks after the Extended Health Care Plan, the Vision/Hearing Plan and the Dental Plan.*

### Mailing addresses

**For Quebec residents (for CLAIMS), except those in the National Capital Region:**

Great-West Life Health & Dental Benefits  
800, de la Gauchetière ouest, Suite 5800  
Montreal QC H5A 1B9

**For all other residents (for CLAIMS):**

Great-West Life Health & Dental Benefits  
P.O. Box 3050  
Winnipeg MB R3C 4E5

**To send in your Dependent Information Form (but NOT for claims):**

Great-West Life Assurance Company  
Member Administration  
P.O. Box 6000, Station Main  
Winnipeg MB R3C 9Z9



# Contact information

## Phone numbers

<b>Quebec residents (except those in the National Capital Region) — call the Montreal office:</b>	English and French: (800) 663-2817
<b>Montreal residents:</b>	(514) 878-1288
<b>All other residents — call the Winnipeg office:</b>	English and French: (800) 957-9777 TTY/TDD: (800) 990-6654

## Internet address

**[www.gwl.ca](http://www.gwl.ca)**

On this site, you can:

- Look up your claims history for the past two years for your Dental, Extended Health Care and Vision/Hearing Plans

Notes:

- You log onto the Great-West Life website using the number of a GWL plan and your Canada Post employee number (HRID number). You can pick your own password for future access. On the GWL site, you can check your electronic file, to check on the progress of a claim, for example.
- Note to Macintosh computer users: you must use a PC to register, but once you are registered you can access the site on your Mac.
- The GWL site has confusing names for two of the plans. The Vision/Hearing Plan is called "Health & Vision (51392)" and the Extended Health Care Plan is called "Health, Drugs, Vision (51391)". The Dental Plan is called "Dental (51057)".
- Don't use the generic claim forms on this site; use the ones on the CUPW or CPC sites instead.

# Appendix: Notes about the drug plan to give your doctor



## A note about this patient's drug plan

\_\_\_\_\_ is covered by Canada Post's Three-Level Drug Plan.  
(name)

This plan reimburses drugs at 80%, 71.5% and 50%. At least one drug for each disease category is on the 80% list. Please consider the coverage when prescribing medication.

The drug plan is based on the Assure National Formulary® and can be found at:  
<http://www.canadapost.ca/tools/BenefitsEAP/DFC/DrugName.aspx?strLanguage=english>



**Note:** If a life-sustaining drug prescribed at 50% is certified by the physician to be the only drug a patient can take, the drug will be reimbursed at 80%. In its drug brochure, Canada Post defines a life-sustaining drug as follows: "A drug is life-sustaining because of its important clinical benefits." The Drug Plan Medical Certificate Form can be used by the physician in these circumstances.

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# Canadian Union of Postal Workers

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