Colleges of Applied Arts and Technology
RETIREE EXTENDED HEALTH CARE PLAN 1 (EHC Plan 1)

You have elected coverage under Extended Health Care Plan 1. The following provides a description of reimbursement and covered expenses.

This Extended Health Care Plan (EHC Plan 1) may be amended from time to time by the College Employer Council (CEC).

WHAT IS COVERED

EXPENSES COVERED - 100% REIMBURSEMENT	
Semi-Private Hospital	100% reimbursement unlimited in Canada.
Vision Care	100% of expenses up to $300 every 2 benefit years* for adults and each benefit year for dependent children under 18. Covered expenses include lens, frames, contacts, tinting of lens, sunglasses, safety glasses and refractive surgery provided they are prescribed in writing by an ophthalmologist or a licensed optometrist. * Benefit years commence January 1 with the current 2-year benefit period running from January 1, 2022 to December 31, 2023. Subsequent periods will commence 2024, 2026, etc.
Cataract Lenses	85% reimbursement to a lifetime maximum of $950 per eye
Hearing Aids	100% reimbursement of expenses for hearing aids, maintenance and repairs up to $3,000 per person every 3 benefit years* when prescribed in writing by an ear, nose and throat specialist. * Benefit years commence January 1 with the current 3-year benefit period running from January 1, 2022 to December 31, 2024. Subsequent periods will commence 2025, 2028 etc. Reimbursement includes integration with the Assistive Devices Program in your province of residence. (See "How to file a claim" for further information.)
EXPENSES COVERED - 85% REIMBURSEMENT	
Deductible	Nil
Reimbursement	85% for all expenses listed below **Please note: some expenses are subject to dollar maximums. Please check the specific covered expense for this information.**
Overall Maximums	Unlimited, unless stated otherwise

Drugs Drug substitution limit: Charges in excess of the lowest priced equivalent drug are not covered unless the doctor specifies in writing that "no substitution" for the prescribed drug may be made **Please Note:** Doctors occasionally prescribe drugs which may be readily available over the counter or vaccines that do not require a prescription by law. These drugs are not covered by the Plan. Ask your pharmacist about the category of the drug you have been prescribed when you get your prescription filled. You may gain substantial savings by purchasing these drugs on an over-the-counter basis. ***Prior authorization program effective February 1, 2020**	Reimbursed at 100% for generic drugs and 85% for brand name drugs. Drugs, including Prior Authorization* drugs approved by Sun Life, which have a Drug Identification Number (DIN) requiring a written prescription by a doctor or dentist and obtained from a pharmacist. The plan will cover related supplies which are listed below when prescribed in writing by a doctor or dentist and obtained from a pharmacist. Use your Drug Card for the following expenses: - drugs listed in the Federal or Provincial Drug Schedules which have a DIN and legally require a written prescription - life-sustaining drugs with a DIN (insulin, diabetic supplies and nitroglycerin) - certain injectable drugs and vitamins with a DIN (refer to what is not covered below) - preparations and compounds, provided that the principal active ingredient is an eligible drug with a DIN under this benefit - drugs with a DIN for the treatment of infertility - drugs with a DIN for the treatment of erectile dysfunction For the following expenses, you must submit a claim to Sun Life for reimbursement: - vaccines and compound serums with a DIN that require a prescription - intrauterine devices (IUDs) - colostomy supplies - varicose vein injections, if medically necessary For all of the above items, reimbursement for any single purchase is limited to quantities that can reasonably be used within a 100-day period as ordered by a doctor. The prior authorization (PA) program applies to a limited number of drugs and, as its name suggests, prior approval is required for coverage under the program. If you submit a claim for a drug included in the PA program and you have not been pre-approved, your claim will be declined. In order for drugs in the PA program to be covered, you need to provide medical information. Please use Sun Life's PA form to submit this information. Both you and your doctor need to complete parts of the form. You will be eligible for coverage for these drugs if the information

Drugs (Continued)	you and your doctor provide meets Sun Life's clinical criteria based on factors such as: - Health Canada Product Monograph. - recognized clinical guidelines. - comparative analysis of the drug cost and its clinical effectiveness. - recommendations by health technology assessment organizations and provinces. - your response to preferred drug therapy. If not, your claim will be declined. Sun Life's prior authorization forms are available from the following sources: - Sun Life's website at www.mysunlife.ca/priorauthorization - Sun Life's Customer Care centre by calling toll-free 1-800-361-6212 The Plan will not pay for the following, even when prescribed: - drugs obtained from a doctor or dentist - infant formulas (milk and milk substitutes), minerals, proteins, vitamins and collagen treatment - the cost of giving injections, serums and vaccines - treatments for weight loss, including drugs, proteins and food or dietary supplements - hair growth stimulants - products to help you quit smoking, whether or not they require a prescription - drugs that are used for cosmetic purposes - natural health products, whether or not they have a Natural Product Number (NPN) - drugs and treatments, and any services and supplies relating to the administration of the drug and treatment, administered in a hospital, on an in-patient or out-patient basis, or in a government-funded clinic or treatment facility - drugs that are available over the counter without the written prescription of a doctor, dentist or qualified health professional - drugs and treatments that do not qualify as eligible medical expenses under the *Income Tax Act* (Canada) The Plan will reimburse certain drugs prescribed by other qualified health professionals the same way as if the drugs were prescribed by a doctor or dentist if the applicable provincial legislation

	permits them to prescribe those drugs.
Annual Maximum	$100,000 per covered person per calendar year
Paramedical	Acupuncturist, Audiologist, Chiropodist*, Chiropractor*, Massage Therapist, Naturopath, Occupational Therapist, Optometrist /Ophthalmologist, Osteopath*, Podiatrist*, Physiotherapist, Psychologist, Psychotherapist, Social Worker & Speech Therapist
Annual Maximum	$2,000 per person per calendar year for all practitioners combined; plus $950 per eye lifetime reimbursement per person for Intra-optic Lens following cataract surgery. * Includes one x-ray examination per specialty each calendar year.
Ambulance	Medically necessary transportation in a licensed land ambulance to and from the nearest hospital that is able to provide the necessary medical services. Where your provincial Medicare plan requires a co-payment for ambulance services, this plan will reimburse 85% of the co-payment amount. In the event of an emergency situation where an air ambulance is used, the plan will pay a maximum of what would have been payable for a local land ambulance trip.
Private Duty Nursing (registered)	Out-of-hospital private duty nursing services when medically necessary up to a maximum of $25,000 per claimant per calendar year. Services must be for nursing care and not for custodial care. The services of a registered nurse are eligible only if the required service cannot be performed by anyone with lesser qualification.

Orthopaedic shoes	3 pair per calendar year for dependents under age 8; 2 pair per year for dependents age 8 but under 18; 1 pair per calendar year for all other covered individuals. Prescribed by a specific qualified specialist as a medically necessary treatment for a foot condition: - Doctor (M.D.) - Podiatrist (D.P.M.) - Chiropodist (D. Ch. Or D. Pod M) Provided or Dispensed by a foot care specialist - Podiatrist (D.P.M.) - Chiropodist (D.Ch. or D. Pod. M)

	- Pedorthist (C. Ped. © or C. Ped. MC) - Orthothist (C.O. © or CPO (c)) - Chiropractor Professionally prescribed orthotics in place of orthopaedic shoes will be covered. Orthopaedic shoes and orthotics are subject to a combined maximum as noted above.
Medical Supplies & Equipment	Casts, splints, braces, crutches, wheel chairs and other durable medical equipment for therapeutic use as provided under the plan. Includes 50% reimbursement for medically necessary insulin infusion pumps up to a maximum of $2,500 per person every 10 years.
Walkers	Covered up to $150 every 5 years
Scooter or Electric wheelchair/manual wheelchair	Covered up to $6,000 every 5 years
Comfort & Convenience Items	Subject to the recommendation of a doctor: - elevated toilet seat; shower chair; bed, bathtub and toilet rails; commode - outdoor wheelchair ramp once lifetime up to $2,000
Breathing Equipment	Oxygen and its administrative equipment.
Prosthetic Equipment	Artificial eyes and limbs (excluding myoelectric and microprocessor appliances) including repairs and replacement when medically necessary; external breast prosthesis and surgical bras up to $600 per person per calendar year.
Dental Injuries	Dental services received within 12 months of an accidental injury to natural teeth. Reimbursement is limited to the stated fee in the Dental Association Fee Guide of your province of residence.
Teladoc Medical Experts (formerly Best Doctors)®	Teladoc Medical Experts is a medical diagnosis service to help you feel more certain about a medical diagnosis or treatment. You still see your own doctor, but you can also call Teladoc Medical Experts toll-free or send an email to connect with a leading specialist for a second opinion. A Registered Nurse becomes your personal health ambassador to provide support, resources and answer questions. You may contact Teladoc Medical Experts at 1.877.419.2378 or

	customer.ca@bestdoctors.com

WHAT IS NOT COVERED

The Plan will not pay for the costs of:

- Services or supplies not included in the list of eligible expenses as noted above;
- Services or supplies payable or available (regardless of any waiting list) in whole or in part under the provisions of the Medicare plan in your province of residence;
- Services or supplies that do not qualify as eligible medical expenses under the *Income Tax Act* (Canada);
- Hospital services or supplies to the extent they are covered under the Hospital Plan which are paid for in whole or in part under the provisions of your Medicare plan;
- Services or supplies for which the person is eligible for payment under any group medical, surgical or hospital plan;
- Medical services or supplies over the reasonable and customary charges in the locality where they are provided;
- Charges for completing claim forms.

The plan will not pay benefits when the claim is for an illness resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot or a civil commotion;
- Any work for which you were compensated that was not done for the College providing this plan;
- The plan will also not pay benefits when compensation is available under the Workplace Safety and Insurance Act, Criminal Injuries Compensation Act or similar legislation.

DEFINITIONS

Benefit and Calendar Year	January 1 to December 31
Dentist	A person who is currently licensed to practice dentistry by the governmental authority having jurisdiction over the licensing and practicing of dentistry and who is operating within the scope of the issued license. The definition usually includes licensed dental hygienists, dental assistants or denturists etc.
Doctor	A doctor is a physician or surgeon who is licensed to practice medicine where that practice is located.
Hospital	A legally operated institution which is primarily engaged in providing for compensation from its patients, medical diagnostic and surgical facilities for the care and treatment of sick and injured persons on an in-patient basis, and provides such facilities under the supervision of a staff of

	doctors with a 24 hour a day nursing services by registered nurses. Notwithstanding the above, hospital shall mean a legally operated institution in which a person establishes, to the satisfaction of Sun Life, that such confinement was for active treatment that would normally be found in a general hospital. In no event will that part of an institution which operates as a home for the aged, rest home, nursing home, chronic care facility or a place for the care and treatment of drug addicts or alcoholics be considered a hospital for the purpose of this contract
Palliative Care	Services for palliative care provided in a hospital as defined under Regulation 964 under the *Public Hospital Act R.S.O. 1990, c.P-40* are covered by the Extended Health Care Plan. Services for palliative Care provided at Casey House or any other hospice which is approved for hospital purposes pursuant to an Order-in-Council under the *Public Hospitals Act* are covered by the Extended Health Care Plan.
Illness	An illness is a bodily injury, disease, mental infirmity, sickness or the consequences of surgery needed to donate a body part to another person which causes total disability.
Incurred Expense	An expense is incurred on the date the service is received or the supplies are purchased or rented
Reasonable and Customary Expenses	Standard medically approved treatments and procedures which are normally applied in the treatment of a particular illness or condition and which are provided at costs equivalent to the normal charges for such treatment in the location where such treatment is provided.

COVERAGE PROVISIONS

- **You may change your coverage to Extended Health Care Plan 2 (EHC Plan 2) on February 1 of any future year.**
- If you elect coverage under EHC Plan 2, EHC Plan 1 is no longer available to you.
- If you do not elect extended health care coverage under this EHC Plan 1 when you first retire, it is not available to you at any future date.
- You may cancel this coverage on the first of any month with ADVANCE written notice to your college benefits plan administrator.
- Coverage is cancelled coincident with the date you cease paying the required premium.
- Coverage is cancelled coincident with the date you no longer are eligible for coverage under a Canadian provincial or territory Medicare plan.

ELIGIBILITY

You and your eligible dependents may participate in this plan provided:

- you were covered for Extended Health Care benefits through your College immediately prior to your retirement date;
- you qualify for and commence receiving a lifetime monthly pension from the Colleges of Applied Arts and Technology Pension Plan immediately upon your retirement (proof required);
- you elect coverage within 31 days of your retirement date; and
- you are a resident of Canada and continuously maintain coverage under your Canadian Medicare plan in your province or territory of residence.

Eligible Dependents

Your eligible dependents include

- your spouse/partner
- your child(ren);
- your spouse/partner's child(ren) (other than foster children) who are residents of Canada.

Spouse is:

- Your spouse by marriage or under any other formal union recognized by law, or
- Your partner of either gender who is publicly represented as your spouse with whom you have cohabited for one full year (12 continuous months), or
- If you are the natural or adoptive parents of a child as defined in the Family Law Act 1990 (Ontario).

Note: For group insurance purposes, your spouse/partner will cease to meet the definition of a person qualified as your dependent upon the earlier of:

- The date you have entered into a "Separation Agreement" with your spouse/partner; or
- Without a "Separation Agreement", having lived separate and apart from your spouse for not less than 12 months.

Only one person at a time can be covered as your Spouse/Partner.

Child means

- Your unmarried child(ren)
- your spouse/partner's child(ren) (other than foster children) under age 21, who live with you and who are not married or in any other formal union recognized by law
- A child who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependent until age 25, as long as the child is entirely dependent on you for financial support

If a child becomes disabled before the limiting age of 21 (or age 25, if a full-time student), coverage will continue, provided

- The child is incapable of financial self-support because of a physical or mental disability,
- The child depends on you for financial support,
- The child is not married, living common-law, or is not in any other formal union recognized by law

To ensure that there is no disruption of benefit coverage, you must provide proof to your College Benefits Administrator within 31 days of the date the child attains the limiting age. A completed **"Disabled Child Coverage"** form must be approved by Sun Life to ensure that coverage continues.

COVERAGE UNDER MORE THAN ONE GROUP PLAN

If you have Extended Health Care coverage under your Spouse's/Partner's or any other group insurance plan, the Co-ordination of Benefits provision allows claims to be made under both plans. The rules for benefit co-ordination are as follows:

- **Your claims** must be submitted to the College plan first. If there is any unpaid portion, the claim would then be submitted to your Spouse's/Partner's plan.
- **Your Spouse's/Partner's claims** must be submitted their plan first. If there is any unpaid portion, the claim would then be submitted to the College's plan.
- **Your Children's claims** must be submitted to the plan of the parent who is born on the earliest month and day in the year. If there is any unpaid portion, the claim would then be submitted to the other parent's plan.

SURVIVOR BENEFITS

Provided your dependents were covered under this plan at the time of your death, they may continue their coverage under the plan by paying 100% of the required premium until the earliest of the following:

- The date they would no longer be considered your dependent if you were still alive (remarries),
- The end of the period for which premiums have been paid,
- The date the survivor cancels the coverage,
- The date the survivor dies.

HOW TO FILE A CLAIM

Drug Card Plan

The Drug Card is used only for prescription drugs and is accepted at most pharmacies across Canada. The Drug Card cannot be used outside Canada.

By presenting this card to your pharmacist, you will not need to pay anything if they are a generic drug and you will pay only 15% of the cost of your medications if they are not a generic drug.

Drug substitution limit: Charges in excess of the lowest priced equivalent drug are not covered unless the doctor specifies in writing that "no substitution" for the prescribed drug may be made.

If you are covered by the Ontario Drug Benefit Plan (ODB), the pharmacist will be able to co-ordinate your coverage between the ODB and your Sun Life benefit.

If you have co-ordination of benefits with your spouse/partner, the claim process will not change. You will still be required to submit a paper claim for reimbursement of your spouse's/partner's claims and for any dependent children's claims if your spouse's/partner's plan is the primary payer.

If your spouse's/partner's plan utilizes a drug card **and** you provide the pharmacist with the information on **both** drug cards, the co-ordination of benefits can frequently be done by the pharmacist at the point of sale and you will not have to submit a paper claim.

Please note: If you do not use the drug card, your reimbursement may be affected by the pharmacist's markup of the drug cost.

All Other Extended Health Care Claims incurred in your province of residence

Extended Health Care claims for several paramedical services can be submitted electronically. Many of these can be submitted directly by the service provider who can advise whether they are on the Sun Life network or not.

Claims that cannot be submitted electronically should be submitted on a regular basis. Where possible, you should accumulate your claims until they exceed $50 prior to submitting them to Sun Life. These claims must be submitted to Sun Life using the Extended Health Care claim form.

Where an eligible expense is covered by an Assistive Devices program, Home Oxygen program or other service administered by your province of residence, claims for equipment (such as wheel chairs, hearing aids and other related supplies) must first be filed with the provincial Medicare plan. Reimbursement from this plan will be coordinated with the provincial program in your province of residence. Your doctor, health-care specialist or health-care provider will assist you in filing these claims.

PLEASE NOTE:

This plan does not provide emergency out-of-country medical coverage.
However, if you are travelling outside Ontario or Canada, you may obtain travel insurance coverage by contacting Johnson Insurance for a quote at 1-866-606-3362 or at www.Johnson.ca/Medoc. Otherwise, ensure that you obtain adequate travel insurance coverage.

CLAIM FORMS

- May be obtained from your college benefits plan administrator,
- May be obtained from Sun Life's website, and
- Accompany any claim payment that is sent directly to you.

TIME LIMITS FOR FILING CLAIMS

Claims must be received by Sun Life within the earliest of:

- 18 months following the date on which the expense was incurred

- 90 days following the end of your Extended Health Care coverage, or
- 90 days following the termination of the Extended Health Care provision.

CONTACTING THE PLAN INSURER - SUN LIFE

You may contact Sun Life directly using one of the following methods:

- web address is www.mysunlife.ca
- email address is askus@sunlife.com
- Toll-free telephone number is 1-800-361-6212

Should you require assistance, please contact your College Benefits administrator.