



UNIVERSITY
of GUELPH

Group Insurance Benefits for Retirees (New Plan)

Table of Contents

| | |
|--|-------------------------------------|
| About This Booklet | 3 |
| Privacy Statements..... | 3 |
| University of Guelph’s Commitment to Protecting your Privacy | 3 |
| Introduction | 4 |
| A Quick Look at the Program | 6 |
| Things You Should Know | 7 |
| Extended Health Care | Error! Bookmark not defined. |
| Dental Care | 17 |
| Other University Benefits for Retirees | 20 |

About This Booklet

This booklet summarizes your coverage under the University of Guelph group insurance benefit plans insured by Sun Life Assurance Company of Canada (Sun Life) as of October 2024. Its contents can also be viewed on the [Human Resources Benefits webpage](#). This booklet does not contain all of the plan provisions. Other conditions or limitations may apply which may affect eligibility for benefits. Additional details are in the insurance contracts, which will govern if there is a question of interpretation of information. The insurer, Sun Life, determines what is considered to be a reasonable and customary expense in accordance with the insurance policy and common practices.

Certain employee groups may have changed coverage since March 2020 when the bulk of this document was created, particularly around paramedical coverage and counselling maximums. These coverages would have continued into retirement for new retirees. Existing retirees were not eligible for coverage based on these changes. Please visit SunLife Member Services website or call SunLife toll-free at 1-800-361-6212 to confirm your level of coverage as a retiree.

Privacy Statements

Sun Life's Commitment to Protecting your Privacy

Collecting personal information about you is essential to Sun Life's ability to offer you high quality insurance products and to provide you with ongoing service. Sun Life takes great care to keep your personal information confidential and secure.

Sun Life's Policy sets high standards for collecting, using, disclosing and storing personal information. Sun Life's Canadian Privacy Policy is complemented by Sun Life's Privacy Code and by procedures to manage your personal information.

If you have any questions about Sun Life's Canadian Privacy Policy and Privacy Code, please contact Sun Life's Canadian Privacy Officer at (416) 408-8850 or by [email](#).

Sun Life requires their external partners to abide by the legislation of their jurisdiction, as well as with Sun Life's Privacy Policy and Canada's federal privacy legislation.

University of Guelph's Commitment to Protecting your Privacy

The University has instituted measures to protect the personal privacy of those who work, study and have studied here. The regulation of the collection, storage, utilization, and dissemination of personal information concerning its members is part of the University's ongoing effort to ensure that decisions concerning individuals are based on accurate information, that information gathered for one purpose is not used inappropriately for another, and that the privacy of individuals is not invaded through disclosure of sensitive information to third parties without the necessary approvals.

For more information, please refer to the complete [University Statement on Protection of Privacy and Access to Information webpage](#).

Introduction

Your University of Guelph group insurance benefits provide day-to-day protection against health and dental costs during retirement.

This booklet summarizes the available coverage under the Extended Health Care and Dental benefit plans insured by Sun Life.

Developing a sound understanding of your benefit plans will help ensure that you receive maximum value. Be sure to share the information with your family and keep this booklet for future reference.

If you are uncertain about whether you are covered under any of the benefit plans, please contact the Human Resources Department at the University of Guelph by calling 519-824-4120, extension 53374. Your Human Resources Service Assistant will be pleased to assist you.

Extended Health Care and Dental Care claim forms are available online at [Sun Life's Plan Member Services webpage](#). Sign in with your Access ID and password. Then click on **Print Claim Form**.

Access to Your Extended Health Care and Dental Care Benefits is Easy on the Internet

[Sun Life's Plan Member Services webpage](#) makes it easy to access the benefits information you need. Here are some of the things you can do:

- Check when you are eligible for your next pair of eyeglasses or next dental exam.
- Sign up for direct deposit of your claims' payment to your bank account.
- To help you track your claims, you can view and print details of your medical and dental claims information.
- Sign up for e-mail notification to let you know when a claim has been processed.
- View informative "Benefit Bulletin online" – both current and past issues.
- Determine if a specific drug is eligible for coverage (query using Drug Identification Number (DIN), the drug name, or keywords associated with the drug).
- Print a wallet card so you have the emergency travel assistance contact numbers when you are away.
- Print a personalized pay direct drug card.
- Download personalized medical and dental claim forms leaving less information for you to complete.
- Use the Health & Medication Library in the Wellness Centre to find out accurate, up-to-date information about medical conditions and medications.

Register online for your Access ID and password. Have your policy number (82010) and employee/retiree number ready.

Your Personal Data

To administer your benefits as accurately as possible, Human Resources needs to have your most current information on file. It is your responsibility to ensure that HR is informed about any changes to your own or your dependents' information. For example, updates would be required whenever you have a:

- change in coverage for you or your dependents under your spouse's insurance policy;
- change of dependents;
- change of address;
- change of name;
- need to change your life insurance beneficiary;
- dependent child who needs coverage extended beyond age 21 due to disability or full-time student status; and
- dependent over the age of 21 complete their full-time studies.

How to Contact Sun Life

If you have any questions concerning an Extended Health Care or Dental Care claim, please contact Sun Life at **1-800-361-6212**, or by email (askus@sunlife.com).

If calling from outside of Canada for non-emergency issues, you may call the International Toll Free number: 800-9876-5470 (prefaced by the appropriate international access code).

Representatives are available to assist you Monday to Friday between the hours of 8 a.m. and 8 p.m. Eastern Standard Time. You will be required to provide the policy number, 82010, your name, and member ID (employee/retiree number). For information about other benefits please contact Human Resources.

A Quick Look at the Program

The table below summarizes the group benefits available to eligible retirees of the University of Guelph. Refer to the following pages for a more complete description of each benefit, as well as conditions and limitations that may apply.

| Benefit | Description |
|-----------------------------|---|
| Extended Health Care | <ul style="list-style-type: none">▪ prescription drugs▪ semi-private hospital▪ vision care expenses▪ medical services and equipment▪ paramedical services▪ out-of-province emergency medical coverage and travel assistance |
| Dental Care | <p>Based on prior year's dental association fee guide in the province where the expense is incurred</p> <ul style="list-style-type: none">▪ 100% of costs for preventive dental services (e.g., routine examinations, X-rays, basic dental procedures) up to \$2,500 per person, per calendar year▪ 67% of costs for restorative services (e.g., crowns, bridgework, dentures) up to \$2,500 per person, per calendar year |

Things You Should Know

Eligibility

Employees with 10 years of service with the University who commence receiving a University of Guelph pension immediately after retirement have the option to continue Extended Health and Dental coverage, on a premium cost-sharing basis. Your eligibility for post-retirement benefits could also be subject to the provisions of your employee group agreement and/or your collective agreement. Retirees must elect this coverage within 31 days of retiring from the University of Guelph. **If coverage is discontinued, it cannot be reinstated at a later date.**

| Employee Group | Retired After |
|---|-------------------|
| University of Guelph Faculty Association | July 1, 1996 |
| The Canadian Union of Operating Engineers | July 1, 1996 |
| University Police Association | September 1, 1996 |
| Professional Staff Association | December 1, 1996 |
| The Canadian Union of Public Employees, Local 1334 | December 1, 1996 |
| University of Guelph Food Service Employees Association | March 1, 1997 |
| Ontario Nurses Association | March 1, 1997 |
| College Academic Research Group | April 1, 1997 |
| Exempt Group | July 1, 1997 |
| University of Guelph Staff Association | January 1, 1998 |

Employees hired by the University on April 1, 1997, as a result of the Ontario Ministry of Agriculture Food and Rural Affairs= divestment, who have 10 or more years of service with the Government of Ontario, will receive retirement health and dental benefits from the Government of Ontario, and are not eligible for the plan benefits described within this booklet.

Eligible employees who chose to continue the Extended Health Care and Dental coverage, and

who retired after the above noted dates (depending on employee group at the time of retirement), are covered by the plan provisions outlined in this booklet.

Required Provincial Health Insurance Coverage

If you plan to leave the country for more than six months, 212 days if covered under the Ontario provincial health plan, we suggest that you contact the Ministry of Health and request that your Provincial Health Insurance be continued throughout your leave for yourself and each of your dependents.

Your University Extended Health Care plan requires that you also be insured by a provincial health plan or otherwise Extended Health Care coverage will cease. The closest Ministry of Health Branch to the University is in Kitchener and can be reached at (519) 893-3966. Should your Provincial Health Insurance terminate and later be reinstated, you can, within the following 31 days, also reinstate your University coverage.

Retirees who are residing outside the country can choose to discontinue their University Health and Dental coverage until such time as they return to Canada and their provincial health coverage is reinstated.

Coverage for Dependents

Your eligible dependents for the Extended Health Care and the Dental Care plans include:

- the person who is married to you, or who cohabits with you in a continuing conjugal opposite or same-sex relationship;
- your unmarried dependent children under age 21, or age 25, if a full-time student; or
- your unmarried dependent children, who are physically or mentally incapable of self-

support and dependent on you for financial support, provided they became or were disabled while eligible as dependent children AND adjudicated and approved as disabled by the insurance carrier while still eligible as a dependent child.

Special Conditions When Adding or Changing Level of Coverage

If you wish to increase coverage from Single to Family because you have acquired a new dependent after retirement, you must do so within 31 days of acquiring a dependent or otherwise coverage will be subject to the late entrant rules.

Coverage cannot be increased from Single to Family coverage unless you have acquired a new dependent after retirement.

See pages 16 and 19 to find out how to coordinate coverage if you are covered under more than one benefit plan.

Coverage Eligibility for your Survivors upon your Death

Your spouse and dependent children will have the option to continue the existing University Extended Health and Dental Care coverage, in the event of your death, if your University Pension is also continued to them. In this situation, your unmarried dependent children can continue coverage for as long as they are under age 21, or age 25 if a full-time student, or physically or mentally incapable of self-support provided they became disabled while enrolled as dependent children.

Who Pays for the Plans?

You and the University share the premium costs of the Extended Health Care and Dental care benefits.

Keeping Track of Expenses

Your coverage under some of the group insurance plans is limited to specific dollar maximums. You are responsible for paying any expenses that exceed the maximums covered by the plans.

Late Entrant Rules for Dependents acquired by the Retiree:

...Extended Health Care

During the first 31 days of acquiring an eligible dependent as defined above, you can enroll them in the Extended Health Care plan, and they will not be required to provide evidence of insurability. Enrolment after 31 days is subject to medical evidence of insurability, as determined by Sun Life and coverage will be subject to approval by Sun Life (with the potential to decline coverage). Any costs incurred in obtaining evidence of insurability is at the member's expense.

...Dental Care

During the first 31 days of acquiring an eligible dependent as defined above, you can enroll them in the Dental Plan. Enrolment after 31 days would limit the maximum amount payable for eligible expenses incurred during the first 12 months of coverage to \$250 for each late entrant.

Termination of Benefits

Your coverage under the Extended Health Care plan ends when:

- you die. (While your University pension continues to your spouse or eligible dependents, they can continue coverage by paying the required premium); or
- you fail to pay a required premium; or
- if the University or the insurer terminates the policy.

Extended Health Care

SunLife Policy # 82010

The University of Guelph's Extended Health Care Plan builds on the protection provided by Provincial Health Insurance.

What is Covered?

The University plan covers 100% of the **reasonable and customary** cost of many services and supplies that are not covered under Provincial Health Insurance. In most cases, eligible expenses are covered anywhere in the world, and must be medically necessary and prescribed by a licensed physician or dentist. Certain drugs prescribed by other qualified health professionals as permitted by provincial legislation, will be reimbursed in the same way as if the drugs were prescribed by a physician or a dentist.

For claims originating in Canada, coverage is limited to the general level of charges in the area where the expense is incurred. You must be covered by Provincial Health Insurance before you can participate in the University's Extended Health Care Plan.

Contact Sun Life directly if you require clarification about your Extended Health coverage.

Covered services and supplies include:

Prescription Drugs

The plan pays for the reasonable and customary cost of drugs, except for any portion of the pharmacy's dispensing fee that exceeds \$6.50 per prescription, provided the drugs are dispensed by a licensed and registered pharmacist. Reimbursement is limited to the cost of the lowest-priced generic drug, unless the physician or dentist specifies no substitution on the prescription.

Covered expenses include:

- drugs that legally require a prescription;
- life-sustaining drugs;

- prescribed injectable drugs; compounded prescriptions (where at least one of their active ingredients is an eligible expense); needles, syringes, and chemical diagnostic aids for the treatment of diabetes.

If you or a dependent incurs \$450 or more in out-of-pocket expenses for the dispensing fees of eligible drugs during a calendar year, all future dispensing fees for eligible drugs for the remainder of the calendar year, will be fully reimbursed.

Other Drugs

The plan also pays the reasonable and customary cost, less the dispensing fee, for:

- certain drugs not legally requiring a prescription but deemed by Sun Life to have a known therapeutic value, provided the drugs are prescribed by a licensed physician, dentist, or other qualified health professionals as permitted by provincial legislation, and are dispensed by a licensed and registered pharmacist.

What is Not Covered by the Prescription Drug Benefit?

No benefits are payable for:

- the portion of expenses covered under Provincial Health Insurance;
- expenses for drugs which, in Sun Life's opinion, are experimental;
- expenses for dietary supplements, vitamins and infant foods;
- expenses for drugs used for cosmetic purposes; or
- expenses for contraceptives (other than oral).

Hospital

- The difference in cost between standard ward and semi-private hospital accommodation, including accommodation in a convalescent hospital. Coverage is limited to 180 days per injury or illness. If a member or insured dependent is hospitalized due to the same or related injury or disease within 3 months of the previous hospitalization for that injury or disease, the hospitalization will be considered a continuation of the previous one.

Vision Care

- Contact lenses or eyeglasses, necessary for correction of vision, prescribed by an optometrist or ophthalmologist, up to \$350 per adult every 24 months, and every 12 months for dependents under age 12, based on date of service.
- Eye examinations conducted by an optometrist, once every 24 consecutive months.
- Eyeglasses or contact lenses, necessary as a result of a surgical procedure or treatment of keratoconus, provided they are prescribed by an ophthalmologist, up to \$200 per lifetime for non-surgical treatment of keratoconus, and a maximum of \$200 for each surgical procedure.

Nursing Services

- In-home services, covered up to the overall maximum of \$25,000 per insured person per calendar year of a registered nurse (RN) or licensed practical nurse (LPN). To confirm the type and level of expertise that is needed, Sun Life will require your physician to complete a Referral Form and may assign a registered nurse to complete an in-home assessment. To obtain a Referral Form, please contact Sun Life; and
- Room and board and normal nursing care provided by a licensed nursing home or clinic, under the supervision of a physician, up to \$20

a day. Your physician must complete a Referral Form, obtainable from Sun Life, to confirm your requirements. Sun Life will evaluate the completed Referral Form to determine the amount and level of coverage to be provided.

Paramedical Services

Services of the following licensed, registered paramedical practitioners. A physician's prescription, referral or letter is not required.

- **Chiropractors, osteopaths, and naturopaths**, limited to \$20 a visit to a maximum of \$300 per practitioner per calendar year, as long as no portion of the service is covered under Provincial Health Insurance; also, up to \$15 per calendar year for one X-ray by a chiropractor or osteopath. For expenses to be covered, the osteopath must be a Doctor of Osteopathy, a physician with additional qualifications in osteopathy. An osteopath with only a Diploma in Osteopathic Manual Practice (DOMP) is not covered.
- **Podiatrists or chiropodists**, limited to \$20 a visit for non-surgical services to a maximum of \$300 per calendar year, as long as no portion of the service is covered under Provincial Health Insurance; also, up to \$15 per calendar year for one X-ray.
- **Acupuncturists**, up to \$300 per calendar year.
- Charges of a **dental surgeon**, including dental prosthesis, required for treatment of a fractured jaw or accidental injuries to natural teeth, caused by external, violent, and accidental means, provided the services are performed within 12-months of the accident (excludes pre-existing conditions).
- **Massage therapists**, to a maximum of \$30 per visit, up to 15 treatments per calendar year.
- **Psychologists**, up to \$300 per calendar year.

Services of the following licensed, registered practitioners. Prior to incurring a claim obtain a physician's prescription, referral, or letter.

- **Physiotherapists.**
- **Speech language pathologists**, up to \$300 per calendar year. This benefit is not payable if the service is available for you or your family through a program offered by the Ministry of Health or other organization with government funding. Contact Sun Life in advance of incurring an expense, to determine if coverage is available.

Ambulance/Emergency Transportation

- Professional ambulance service to the nearest hospital equipped to provide required treatment.
- Emergency transportation, by regularly scheduled airline, rail, or air ambulance, from the location of the disability, to and from the nearest hospital qualified to provide required treatment, if the patient's condition prevents use of other transportation. Coverage is limited to one return trip per calendar year. This includes the cost of licensed ground ambulance travel to and from the point of departure and, if the patient requires the services of a registered nurse during flight, the services and return air fare for a registered nurse.

Out-of-Province Referral Treatment

The following hospital and medical services are insured when not available in your province of residence, upon written referral from the attending physician in your province, and after deducting amounts payable under Provincial Health Insurance:

- public ward accommodation and auxiliary hospital services in a general hospital, up to \$75 a day, for up to 60 days in a calendar year; and
- services of a physician, up to the level of physicians' charges in your province of residence.

Expenses incurred outside Canada for referral treatment are eligible only if the treatment is not available in any province in Canada.

Equipment and Other Medical Items

Other Services or Supplies

A physician's prescription is required for the following covered expenses. Sun Life may also request that a questionnaire be completed by your attending physician:

- **Orthotics** for the correction of deformity of bones and muscles, provided they are not solely for athletic use, and are prescribed by a physician, podiatrist, chiropodist, or chiropractor. The current reasonable and customary coverage allows for one pair of orthotics every 24 months (subject to a maximum); based on the date on which your orthotics are paid in full.
- **Orthopaedic shoes**, which are part of a brace or are specially constructed for the patient, including modifications to these. Coverage is limited to the reasonable and customary cost of one pair per calendar year for a patient 16 years of age or older. For a patient under age 16, coverage is limited to the total charges, less the average cost of footwear as determined by the insurer, up to \$75 per calendar year.
- **Hearing aids** and repairs, excluding batteries, up to \$300 per person in any five-year period.
- Rental, or purchase, at the insurer's option, of a **wheelchair, hospital bed, iron lung, walker** and other durable equipment approved by the insurer; also, repair or replacement of a wheelchair, if deemed necessary by the insurer, no more than once every three years. Contact Sun Life prior to incurring an expense to confirm coverage.
- **Trusses, crutches, or braces.**
- **Artificial limbs** or other prosthetic appliances.
- Appliances for **temporomandibular joints**, up to \$175 per calendar year.

- Blood **glucose monitors** for insulin-dependent diabetics, up to \$150 for eligible expenses during a five-year period.
- **Elastic support stockings**, as prescribed by a physician or podiatrist, limited to two pairs and to a maximum of \$250 in a calendar year.
- **Oxygen, plasma, or blood transfusions.**
- Diagnostic laboratory and X-ray examinations.
- **Deep X-ray and radium therapy.**
- 80% of the cost of **wigs** required as a result of alopecia universalis, chemotherapy or radiation therapy, up to \$500 per 24 month period.
- Non-prescription supplies required as a result of a colostomy or for the treatment of cystic fibrosis, diabetes, or Parkinson’s disease.

When calling the 24-hour helpline, you will need to provide the Policy number (82010), and your 9-digit plan member ID. The Policy number and plan member ID number are contained on your Sun Life Medi-Passport card. You will also need to provide the Provincial Health Insurance Health Card number.

To contact the 24 hour helpline:

In the USA and Canada, call: 1-800-511-4610

From anywhere else: 1-519-514-0351 Call collect through an international operator.

Out-of-Province Emergency Medical and Travel Assistance Benefits

You have emergency health care protection when travelling on vacation or business outside your province of residence, either within or outside Canada. However, some of the benefits listed below are only available while travelling outside Canada. While travelling please ensure you have with you, your Sun Life Medi-Passport emergency travel card as well as your Provincial Health card. The Medi-Passport emergency travel card is available on the [Sun Life’s Plan Member Services webpage](#) or at [Retiree Benefits | Human Resources](#).

Access to Travel Assistance Benefits

If assistance is needed due to a medical emergency, contact Global Excel Management immediately. Global Excel Management specializes in emergency medical assistance for travellers and can access a worldwide network of professionals who, can offer assistance to you while you are travelling, and can arrange for direct payment of eligible expenses.

Global Excel Management will provide you and your insured dependents with the following emergency assistance services while travelling.

- Physician and hospital referrals.
- Ongoing monitoring of medical treatment if a family member is hospitalized.
- Coordination of transportation arrangements, via ground or air ambulance, if it is medically necessary to return a family member to Canada, or to transfer this person to another hospital equipped to provide the required treatment.
- Payment assistance for hospital and medical expenses. See Travel Assistance Benefits section for more details.
- Legal referrals.
- Telephone interpretation service.
- A message service for you and your family, friends, and business associates; messages will be held up to 15 days.

Benefits described in the following sections are available to you in the event of a medical emergency and they must be:

- incurred as a result of emergency treatment of a disease or injury which occurs while travelling on vacation or business outside your home province. Emergency means a sudden, unexpected occurrence (disease or injury) that requires immediate medical attention. This includes treatment (non-elective) for immediate relief of severe pain, suffering or disease which cannot be delayed until you or your insured dependent returns to your province of residence, and
- medically necessary.

Out-of-Province Emergency Medical Treatment

Eligible expenses while travelling outside your province of residence, within or outside Canada, include:

- semi-private room accommodation (when available) and auxiliary hospital services in a general hospital as described under the Hospital benefit section (page 10);
- services of a physician;
- economy air fare for the patient's return to his/her province of residence for medical treatment; and
- licensed ground or air ambulance service to the nearest hospital equipped to provide required treatment, or to Canada, when the patient's physical condition prevents the use of other transportation. If an emergency air ambulance is required, and the patient requires a registered nurse during the flight, the services and return air fare for the registered nurse are covered.

The maximum lifetime amount payable for eligible out-of-province Emergency Medical Treatment expenses is \$1,000,000 for the member and for each insured dependent.

Travel Assistance Benefits

Reasonable and customary charges for the following travel assistance benefits are insured if you have a medical emergency while travelling outside your province of residence.

Family assistance

- The combined maximum amount payable for these family assistance benefits is \$5,000 for each travel emergency:
 - Return transportation for insured dependent children under age 16, or insured dependent children 16 or over, who are handicapped, if they are left unattended because you or your insured spouse are hospitalized outside your province of residence. If necessary, an escort will be provided. Coverage is limited to a one-way economy fare for each dependent child.

- Transportation for family members (you and your insured dependents), if the hospitalization of a family member prevents return on originally scheduled, prepaid transportation, and consequently requires them to purchase new return tickets. Coverage is limited to a one-way economy fare for each family member, less any amount reimbursed for unused tickets.
- Visit of one relative (spouse, parent, child, brother, or sister), if a family member is hospitalized for more than seven days while travelling without a relative. This includes meals and accommodation, up to \$150 per day, and round-trip economy air transportation for one relative. These expenses are also covered when it is necessary for a relative to identify a deceased family member before the release of the body.
- Meals and accommodation, up to \$150 per day per family if the member or insured dependents trip is extended because a family member is hospitalized.

Return of a deceased family member

- Under the plan, the necessary authorizations will be obtained, and arrangements made for the return of a deceased family member to his or her province of residence. Expenses for preparation and return of the deceased are limited to \$5,000. This includes expenses for cremation at the place of death and/or a basic shipping container, but excludes expenses for burial, such as burial caskets and urns.

Return of a vehicle

- If a family member is unable to operate a vehicle (owned or rented) because he or she is being returned to Canada for medical treatment, the plan reimburses the cost (up to \$1,000) of returning the vehicle to his or her province of residence, or the nearest appropriate rental agency. This benefit is also payable in the event of a family member's death.

Direct Payment of Expenses

- To ensure payment of eligible hospital and medical expenses:
 - Call the 24-hour helpline prior to incurring the medical expense. If you are physically unable to call the helpline yourself, have a family member, travelling companion or medical personnel call for you. Presenting your Sun Life pay-direct drug & emergency travel card to a doctor, nurse or hospital personnel will not ensure payment of these expenses.
 - Global Excel Management will verify your Extended Health coverage and Provincial Health Care coverage so payments can be arranged on behalf of you and your insured dependent.
 - You will be required to sign an authorization form allowing Global Excel Management to recover any amounts payable by the Provincial Health Care plan.
 - For expenses that require a percentage be paid by you, or that are not insured under this plan or the Provincial Health Care plan, you must reimburse Sun Life for the excess amount of the payment.
 - If you receive any subsequent bills for eligible Out-of-Province Medical expenses, please forward them to Global Excel Management. They will coordinate payments with the Provincial Health Care plan and Sun Life.

Non-Direct Payment of Expenses

- If payment has not been arranged through Global Excel Management prior to incurring the medical expense, follow the steps below.
 - Pay for the expense.
 - Collect original and itemized receipts showing the services provided and the dates, the diagnosis and the names and addresses of the providers (e.g., hospital, doctor).
 - Get your medical records from your providers.
 - Complete a Sun Life Extended Health Care claim form and submit the claim when you return home.
 - If the expense is partly covered by a provincial health plan, Global Excel Management will send you an Authorization and Release form allowing them to submit your claim to your provincial health plan on your behalf. You cannot be reimbursed until the form is returned.

What is Not Covered by your Out-Of-Province Coverage

Under the Out-of-Province Emergency Medical and Travel Assistance provision, no benefits are payable for:

- expenses for the regular treatment of an injury or disease that existed before the patient left his or her province of residence;
- expenses incurred that are not a result of an emergency;
- any items excluded under the main Extended Health Care coverage; and
- expenses related to pregnancy, unless they are unexpected. (For example, the delivery of a full term infant would be considered anticipated and expected and therefore not the result of an emergency)

Conditions such as war, political unrest, epidemics, and inaccessible geography, may make emergency services unavailable in certain countries.

How are Claims Submitted?

To claim expenses for reimbursement under the plan, obtain and complete a Sun Life Extended Health Care claim form. If you are registered you can print the form from the [Sun Life website](#), and submit online or submit using the SunLife App. Prescribed drugs can be purchased by providing your Sun Life coverage information to your pharmacist. You must submit your claim form, with all supporting documentation, no later than 18 months after incurring expenses. However, if your coverage terminates, all claims must be received by Sun Life no later than 90 days after termination of coverage.

What Isn't Covered Under This Plan?

No benefits are payable for:

- expenses for which benefits are payable under Workplace Safety & Insurance Board, government plans or similar programs;
- the portion of expenses covered under Provincial Health Insurance;
- expenses resulting from intentionally self-inflicted injuries;
- expenses arising from civil disorder or war, whether or not war was declared;
- dental expenses, except for those specifically provided for treatment of accidental injuries to natural teeth;
- expenses for the services of a person who is normally resident in your home, or to whom you are related by blood or marriage;
- any portion of expenses for which reimbursement is made because of another person's legal liability; and
- a disability for which you are not under the continuing care of a physician.

See also the prescription drug exclusions (page 9) and the out-of-country exclusions (page 15).

What if My Dependents and I Have Coverage Under Another Plan?

If you are insured for Extended Health Care under this plan and another plan (for example, a spouse's plan), benefits will be coordinated. When submitting claims, follow this process:

- if you are claiming expenses for yourself, you must submit these expenses to Sun Life for reimbursement under this plan first;
- if you are claiming expenses for your spouse and he/she is insured under another plan, you must submit these expenses to your spouse's plan first;
- if you are claiming expenses for your children, and if they are insured under both your plan through the University and your spouse's plan, then you must first claim under the plan of the parent whose birthday is earlier in the calendar year. In situations where parents are separated or divorced, the following order applies:
 - the plan of the parent with custody of the dependent child;
 - the plan of the spouse of the parent with custody of the dependent child;
 - the plan of the parent not having custody of the dependent child;
 - the plan of the spouse of the parent not having custody of the dependent child.

If a dental accident occurs, health plans with dental accident coverage will pay benefits before dental plans.

If you or your insured dependent or spouse are insured under another policy and the policy does not contain a coordination of benefits clause, payment under the other policy must be made first.

If priority cannot be established in the above manner, the benefits will be prorated in proportion to the amount that would have been paid under each policy had there been coverage by only that policy.

The maximum you can receive from all plans combined is 100% of the cost of a given expense.

When Does My Coverage End?

Your coverage ends when,

- you die. (While your University pension continues to your spouse, or eligible dependents, they can continue coverage by paying the required premium); or
- you fail to pay a required premium; or
- if the University or the insurer terminates the policy.

Extension of Coverage

If you are totally disabled or if one of your dependents is confined to a hospital when your insurance terminates, health benefits for the disabled person will continue for up to 90 days, while disabled.

Dental Care

Sun Life Policy# 82010

Maintaining good dental health is a lifetime commitment. The University's Dental Plan provides comprehensive coverage to help ease the financial cost of dental expenses.

What is Covered?

The Plan covers a wide range of dental expenses **based on the previous year's dental association fee guide** for general dental practitioners in the province where the expense is incurred or, for expenses incurred outside of Canada, the fee guide in your province of residence.

For larger claims you may wish to take advantage of Sun Life's pre-determination process. Prior to having the services provided, send the treatment plan to Sun Life and they will let you know how much is covered under your current Group Benefits plan.

Contact Sun Life directly if you require clarification about your Dental coverage.

Preventive Services

The following eligible preventive dental services are reimbursed at 100%, up to \$2,500 per person per calendar year:

- **examination and diagnosis:** oral examinations, limited examinations, recall oral examinations (once every nine months), special oral examinations, treatment planning, emergency and unusual services, consultations, house calls, institutional calls and office visits;
- **tests and laboratory examinations:** biopsy of oral tissue, pulp vitality tests;
- **radiographs:** periapical (one complete series every two years), occlusal, bitewing (once every nine months), extra oral, sialography, radiopaque dyes to demonstrate lesions,

temporomandibular joint X-rays, panoramic (once every two years), interpretation of radiographs received from another source, tomography;

- **preventive services:** cleaning and polishing (once every nine months), topical application of fluoride phosphate (once every nine months), oral hygiene instruction (once every nine months), pit and fissure sealant (under 19 years of age), caries control, interproximal discing, recontouring of teeth for functional reasons, trauma control;
- **appliances for the control of oral habits;**
- **space maintainers;**
- **restorations:** amalgam, acrylic or composite resin;
- **endodontics:** pulpotomy, root canal therapy, periapical services, chemical bleaching, emergency procedures, other endodontic procedures;
- **periodontics:** non-surgical services, occlusal equilibration (up to eight time units per year), scaling and root planning (up to 16 time units per year), surgical services, post-surgical treatment, adjunctive procedures, post-treatment evaluation;
- **relining and rebasing of dentures;**
- **repairs and adjustments:** porcelain repairs, re-cementing crowns, adjusting dentures, repairing/adding to dentures, remaking partial dentures, repairing bridges;
- **surgical services:** uncomplicated removals, surgical removals and repositioning, surgical excision, surgical incision, fractures, lacerations, frenectomy, alveoplasty, dislocations, miscellaneous surgical services;

- **anaesthesia in connection with oral surgery;** drug injections; and
- **laboratory charges** are limited to a maximum of 2/3 of the cost of the preventive dental service.

Restorative Services

The following eligible restorative dental services are reimbursed at 67%, up to \$2,500 per person per calendar year, upon full completion of the required dental work:

- **crowns, inlays, onlays:** inlay restorations, hemisection, other restorative services;
- **fixed bridgework:** bridge pontics, retainers, other prosthetic services;
- **partial and complete dentures;**
- **examinations:** oral examinations, diagnostic casts;
- the amount payable for an **implant** is limited to the amount payable for the appropriate eligible prosthesis which would have been placed had an implant not been selected; and
- **laboratory charges** are limited to a maximum of 2/3 of the cost of the restorative dental service and are applied towards the applicable annual or lifetime maximum.

Replacement of an existing denture, bridgework, crown, inlay, onlay or periodontal splinting is an eligible expense only if the existing item was installed at least five years before the replacement. Reimbursement is limited to the value and quality of the original appliance.

How are Claims Submitted?

You can submit your dental expense claims through the mail by completing a paper claim form or your dentist can submit it for you electronically if he/she is equipped with the appropriate electronic exchange system.

If you are registered on the Sun Life website you can print a dental claim form directly from the

[Sun Life webpage](#), submit online, or submit using the SunLife App.

You must submit your claim, with all supporting documentation, no later than 18 months after incurring expenses. However, if your dental coverage terminates, all claims must be received by Sun Life no later than 90 days after termination of coverage.

Claim payments cannot be assigned to your dentist.

If an expensive dental procedure(s) such as crowns or bridgework are recommended, please have your dentist complete a pre-treatment plan and submit it to Sun Life before treatment begins. Sun Life will advise you if they agree with the dentist's recommended treatment plan, if any benefits are payable by your dental plan, and the portion that you will be required to pay.

What Isn't Covered Under This Plan?

The Plan does not pay the following benefits or expenses:

- cosmetic services;
- crowns and onlays, placed on a tooth not functionally impaired by incisal or cuspal damage;
- replacement of periodontal appliances, space maintainers, orthodontic appliances or dentures which have been lost, stolen or mislaid;
- prosthetic devices, such as crowns, bridgework and dentures, ordered while you or an insured dependent are insured under this benefit but installed after termination of this benefit;
- replacement of dentures, bridgework, crowns, inlays, onlays or periodontal splinting, and addition of teeth to existing dentures or bridgework, except as provided under the eligible expenses described in this section;

- expenses for which benefits are payable under a Workers' Compensation Act, Workplace Safety and Insurance Act or a similar statute;
- expenses incurred due to intentionally self-inflicted injuries;
- expenses incurred due to civil disorder or war, whether or not war was declared;
- expenses for services performed by a person who is ordinarily resident in the patient's home or who is closely related to the patient by blood or marriage; and
- expenses for which benefits are payable under a government plan.

What If My Dependents and I Have Coverage Under Another Plan?

If you are insured for Dental Care under this plan and another plan (for example, a spouse's plan), benefits will be coordinated. When submitting claims, follow this process:

- if you are claiming expenses for yourself, you must submit these expenses to Sun Life for reimbursement under this plan first;
- if you are claiming expenses for your spouse and he/she is covered under another plan, you must submit these expenses to your spouse's plan first;
- if you are claiming expenses for your children, and if they are covered under both your plan through the University and your spouse's plan, then you must first claim under the plan of the parent whose birthday is earlier in the calendar year. In situations where parents are separated or divorced, the following order applies:
 - the plan of the parent with custody of the dependent child;
 - the plan of the spouse of the parent with custody of the dependent child;
 - the plan of the parent not having custody of the dependent child;

- the plan of the spouse of the parent not having custody of the dependent child.

If a dental accident occurs, health plans with dental accident coverage will pay benefits before dental plans.

If you or your insured dependent or spouse are insured under another policy and the policy does not contain a coordination of benefits clause, payment under the other policy must be made first.

If priority cannot be established in the above manner, the benefits will be prorated in proportion to the amount that would have been paid under each policy had there been coverage by only that policy.

The maximum you can receive from all plans combined is 100% of the cost of a given expense.

When Does My Coverage End?

Your coverage ends when,

- you die. (If your pension continues to your spouse or eligible children, your benefit coverage can also continue); or
- you fail to pay a required premium. or
- if the University or the insurer terminates the policy.

Other University Benefits for Retirees

Subject to meeting eligibility requirements

University Pension Plan

Athletic Fee Subsidy

Scholarship Plan for Dependents

Tuition Waiver Program

Library Access

For information about the above benefit programs, contact the area offering the program directly.