



Post-Retirement Extended Health Care Plan (EHCP) # 51391

Extended Health Care Plan #51391 and prescription drug coverage

This summary describes benefits for eligible retired employees of Canada Post, their eligible dependents and eligible survivors. You must also be covered under a provincial health care plan to be covered under this plan.

Legal notes: Canada Post has reserved the right, in its sole discretion, to modify, reduce, and/or terminate the benefits provided under your Post-Retirement Extended Health Care Plan for you, your eligible dependents and your eligible survivors. Canada Post will inform you, in writing, of any proposed change(s) to your benefits if necessary. This is not a legal document and represents a summary of the Canada Post Extended Health Care plan #51391. The wording in the Canada Life Policy document #51391 shall prevail.

IMPORTANT: Canada Post has zero tolerance for fraud. Be aware that retirees are responsible for benefits claims submitted including those of their spouse and dependents, and submission of a fraudulent claim can result in action up to and including termination of post-retirement benefits and criminal prosecution.

Who is covered by this summary?

This summary applies to the following retiree groups:

Your employee group	Your retirement date
Formerly represented by CUPW-Urban	On or after April 1, 2000
An Executive or a Management/Exempt employee	On or after January 1, 2001, and prior to January 2, 2011
Formerly represented by PSAC	On or after October 31, 2001
Formerly represented by CPAA	On or after May 1, 2003
Formerly represented by APOC	On or after October 10, 2000
Formerly represented by CUPW-RSMC (disability retirement/totally disabled for post-retirement benefits)	On or after January 1, 2016
Formerly represented by CUPW-RSMC (regular retirement)	On or after January 1, 2019



This summary also applies to you if you are an eligible **surviving dependent** of an employee from one of the above groups provided that you are in receipt of a monthly survivor pension benefit under the Canada Post Corporation Pension Plan or the *Public Service Superannuation Act* (PSSA).

Who can join this plan?

To participate in the Canada Post Post-Retirement Extended Health Care Plan (EHCP) #51391, you must meet the following criteria:

- A. You must have been an employee in one of the employee groups listed above.
- B. You must have been eligible to be covered under Canada Post's Extended Health Care Plan #51391 or #51390 on the day immediately before you retired (your last day of employment).
- C. You must have completed at least 15 years of continuous service at Canada Post or have previously been grandfathered* with 10 years of continuous service at Canada Post on your date of retirement OR be totally disabled and approved for a disability retirement. Your date of retirement is the day following your last day of employment.
- D. You must:
 - o be in receipt of a monthly pension from the defined benefit component of the Canada Post Registered Pension Plan; OR
 - o have been a member of the defined contribution component of the Canada Post Registered Pension Plan for **two (2) or more years**.
- E. If you are a member of the defined benefit component of the Canada Post Registered Pension Plan:
 - o if you received an immediate pension (including a disability pension) upon your retirement, your application must be received by Canada Life within 60 days of your retirement date; OR
 - o if you deferred your pension, you must elect to receive your pension within **five (5) years** from the date of your retirement, and your application must be received by Canada Life within 60 days following your pension commencement date.
- F. If you are a member of the defined contribution component of the Canada Post Registered Pension Plan, you must be within 10 years of the date on which unreduced benefits are payable to you under the Canada/Quebec Pension Plan. Your application must be received by Canada Life **within 60 days** of your retirement date (including disability retirement).



G. You must provide Canada Life with a void cheque and pay the required premiums before your benefits commence.

* Employees who have completed 10 years of continuous service before the following dates are eligible for post-retirement benefits even if they retired before having completed 15 years of continuous service.

- MGT/XMT – Prior to January 1, 2008
- CUPW-Urban – Prior to January 1, 2008
- PSAC – Prior to January 1, 2009
- CPAA – prior to January 1, 2010
- APOC – prior to January 1, 2010

Eligible dependents

Upon retirement, if you are eligible for the post-retirement Extended Health Care Plan #51391, you can choose single or family coverage.

A **spouse** qualifies as an eligible dependent if that person is the retired employee's legal, common law (one year cohabitation) or former spouse (if there is a court order to provide benefits). A retired employee can only cover one spouse at a time.

A **child** qualifies as an eligible dependent if the child is an unmarried natural, adopted, foster or stepchild of the retired employee or the covered spouse, or is a child that the retired employee or covered spouse has been appointed as guardian for all purposes by court order. The child must be financially dependent on the employee and be under the age of 21 or, if over the age of 21, must either be a full-time student and under the age of 25, or incapacitated for a continuous period beginning before age 21 or while a full-time student and before age 25. To ensure continued benefits coverage for your over-age dependent children who are students, you must complete and submit to Canada Life a *Declaration of Hours of Attendance for Over-age Dependent Students* form; for over-age incapacitated dependents, please contact Canada Life for further information.

If you choose family coverage upon retirement, it is recommended you complete the “Dependent Information” form that was included in your retirement/termination letter from Canada Post. If you do not submit an updated *Dependent Information* form but chose family coverage, the same dependents that were covered under your plan while you were an active employee will continue to be covered as long as they meet the definition of an *eligible dependent* under the plan. You **must** notify Canada Life directly of any dependent changes (such as death of a dependent, change of spouse, etc.) when they occur.



Eligible survivors

If you have family coverage, your dependents may be eligible for survivor benefits if you die while covered under the Canada Post Post-Retirement Extended Health Care Plan provided they were covered at the time of your death. They may be eligible to continue this coverage for as long as they meet the definition of spouse and/or dependent child and they apply for survivor coverage within 120 days of your death. If you were a member of the defined benefit component of the Canada Post Registered Pension Plan, they must also be in receipt of a monthly survivor pension from the defined benefit component of the Canada Post Registered Pension Plan; there is no similar requirement if you were a member of the defined contribution component of the Canada Post Registered Pension Plan.

Extended Health Care Plan coverage details

Note: There may be a temporary delay in coverage between the date your active employee benefits terminate and when your post-retirement benefits start. We encourage you to purchase an adequate supply of maintenance medication before your retirement date.

If you incur any claims during this delay in coverage, keep your receipts. You can submit a claim for reimbursement once your post-retirement benefits start. You have up to 12 months from the date an expense was incurred to submit a claim for reimbursement.

Before incurring any major expenses, such as nursing care, orthotics, wheelchairs or breathing equipment, we recommend that you contact Canada Life (see contact information below) to confirm coverage and plan maximums.

The services covered under the Extended Health Care Plan (EHCP) are subject to the definitions of “reasonable and customary” as well as to applicable plan maximums.

Reasonable treatment: treatment is considered reasonable if it is accepted by the Canadian medical profession, proven to be effective, and of a form, intensity, frequency and duration that is essential to diagnosis or management of the disease or injury.

Customary expenses: the lesser of actual expenses and customary charges for covered services and supplies. Customary charges are the lowest of representative prices in Canada, prices shown in any applicable professional association fee guide, and maximum prices established by law.

Government coverage: benefits can be paid under this plan only for the portion of the cost that is not payable under a government plan. Therefore, if a service is covered at 100% by a provincial plan, the Extended Health Care Plan cannot reimburse the expense.



Prescription drug coverage

All eligible drugs on the Canada Post Controlled Drug Formulary are reimbursed at 80 per cent (80%).

You can see your covered drug list by visiting cpcpension.com under the Post-retirement benefits section. The list of covered drugs is reviewed on a regular basis by an independent panel of expert medical professionals to see whether new prescription drugs need to be added to the list.

Certain “life-style” drugs (smoking cessation, sexual dysfunction, anti-obesity, fertility) have annual or lifetime maximums. Contact Canada Life to confirm amounts.

Some drugs require prior authorization from the administrator, Canada Life, to be paid by the plan. Drugs requiring prior authorization are shown in **bold italic type** on the list of covered drugs. If you need to obtain prior authorization for a prescribed drug, ask your doctor to complete a *Prior Authorization* form (available on the Canada Life website) and then forward the completed form to Canada Life.

Remember to bring the current list of covered drugs with you to your medical appointments. Have your doctor refer to the list to see whether he or she can prescribe a drug that is covered for the medical condition that needs to be treated. If you are unable to take a covered drug due to a contraindication (e.g., allergy) **or** if you have tried at least one drug from the list of covered drugs for your medical condition but the drug has not been effective, you may apply to have your drug covered by having your doctor complete a **Request for Drug Exception form**, which is found on the last page of the list of covered drugs.

Medical services and supplies

The following coverage is for each covered person and is subject to certain eligible maximums. All reimbursements are based on what is considered to be reasonable treatment of and customary expenses (as defined above) for a disease or injury. The list is not all-inclusive. Contact Canada Life for more information.

Covered expense	Covered %	Coverage description
Ambulance	80%	To the nearest centre where essential treatment is available.
Hospital room	100%	Hospital accommodation – daily maximum depends on the chosen: <ul style="list-style-type: none">• Option: Basic \$60• Option A \$130 (i.e., additional \$70)• Option B \$200 (i.e., additional \$140)

Total Compensation

Health and Well-Being | Pension | Benefits | Pay and Incentives



Covered expense	Covered %	Coverage description
Home nursing care	80%	Covered expenses for home nursing care are limited to a maximum of \$15,000 in a calendar year. To establish the amount of coverage available under this plan before home nursing begins, you should apply to the administrator for a pre-care assessment. Note nursing for chronic care is not covered.
Medical supplies	80%	<p>Some medical supplies when prescribed by a physician such as:</p> <ul style="list-style-type: none"> • Breathing equipment • Orthopedic equipment; custom-fitted orthopedic shoes when prescribed up to \$150 (paid at \$120 in a calendar year); custom-made foot orthotics once per calendar year (one pair). • Prosthetic equipment, subject to limitations. • Mobility aids, including wheelchairs once every 2 years for dependent children (under 18 years of age) and once every 3 years for any other person. <p>Orthopedic shoes or foot orthotics can also be prescribed by a podiatrist, chiropodist, or orthopedic surgeon. Contact Canada Life for specific coverage details for medical supplies.</p>
Diagnostic services and physician services	80%	Coverage for complete medical exam; once every 12 months. Diagnostic laboratory and X-rays in the province of residence if not available under your government plan. Services of a physician in your province of residence, if not available under your government plan, but eligible for coverage under the government plan of another province.
Accidental dental	100%	Dental treatment required from accidental injury to sound, natural teeth. Treatment must be completed within 12 months of the accident if 18 years of age or older.

Total Compensation

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Covered expense	Covered %	Coverage description
Vision care	80%	<p>Glasses, contact lenses and laser eye surgery are covered 80% to a combined maximum of \$400 (\$320 payable) every four calendar years.</p> <p>The benefit period runs as follows, and then resets:</p> <ul style="list-style-type: none"> • For former APOC employees: January 1, 2017, to December 31, 2020 • For former PSAC employees: January 1, 2017, to December 31, 2020 • For former CPAA employees: January 1, 2019, to December 31, 2022 • For former MGT/XMT employees: January 1, 2019, to December 31, 2022 • For former CUPW-Urban employees: January 1, 2019, to December 31, 2022 • For former CUPW-RSMC employees: January 1, 2019, to December 31, 2022 <p>Coverage for eye examinations by a licensed ophthalmologist or optometrist, including refraction, once every two calendar years, provided coverage is not available under a provincial plan. Eye exams are not applied to the above maximum amounts.</p>
Hearing care	80%	<p>Hearing aids when prescribed by an otolaryngologist or audiologist, including tubing and ear molds provided at the time the hearing aid is purchased.</p> <p>Repair charges are also covered. Batteries are not covered. Covered expenses are limited to a maximum of 80% of \$500 (\$400 payable) every 60 months unless:</p> <ul style="list-style-type: none"> • CUPW-Urban: with a retirement date on or after January 1, 2017, are limited to a maximum of 80% of \$1,000 every 60 months. • CUPW-RSMC: with a retirement date on or after January 1, 2017, are limited to a maximum of 80% of \$1,000 every 60 months. CUPW-RSMCs with a retirement date between January 1, 2016, to December 31, 2016, coverage is \$500 (\$400 payable) every 60 months.

Total Compensation

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Covered expense	Covered %	Coverage description
		<ul style="list-style-type: none"> • APOC: with a retirement date on or after April 1, 2018, are limited to a maximum of 80% of \$1,000 every 60 months. • PSAC: with a retirement date on or after January 1, 2018, are limited to a maximum of 80% of \$1,000 every 60 months.
Out-of-province (non-emergency) care	80%	Reimbursement up to a maximum of \$25,000 per illness except hospital daily room charge (see hospital coverage above).
Out-of-country emergency care	100%	<p>For medical emergencies while outside of Canada; 40-day trip limitation. Emergency health care is covered up to a per trip maximum of (Canadian funds):</p> <ul style="list-style-type: none"> • Formerly represented by CPAA: \$100,000 • Formerly represented by Former Management/Exempt: \$100,000 • Formerly represented by CUPW-Urban: \$250,000 • Formerly represented by CUPW-RSMC: \$250,000 • Formerly represented by PSAC: \$250,000 • Formerly represented by APOC: \$250,000 <p>Refer to the Global Medical Assistance and Emergency Out-of-Country Coverage summary sheet for additional details.</p>

Total Compensation

Health and Well-Being | Pension | Benefits | Pay and Incentives



Paramedical services

The following coverage is for each covered person and is subject to certain eligible maximums. All reimbursements are based on what is considered to be reasonable treatment and customary expenses (as defined above) of a disease or injury. Contact Canada Life for more information.

Paramedical services provided by*	Calendar year maximum	Requires physician's note
Acupuncturist (acupuncture rendered by a physician is also covered)	80% of \$600 (\$480)	No
Chiropractor	80% of \$600 (\$480)	No
Massage Therapist	80% of \$400 (\$320)	No
Midwife	80% of \$400 (\$320)	No
Naturopath	80% of \$600 (\$480)	No
Osteopath	80% of \$500 (\$400)	No
Physiotherapist	80% with no annual maximum	Yes
Podiatrist/Chiropodist (combined)	80% of \$500 (\$400)	No
Psychologist/Social Worker (combined)	80% of \$2,000 (\$1,600)	Yes
Speech-Language Pathologists/Therapists (combined)	80% of \$600 (\$480)	Yes

*** Services must be performed by a qualified professional specialist and must be provided in the province in which they are registered/licensed to practice.**

Drug and identification cards

You will not receive a new EHCP drug card from Canada Life when you enrol in policy #51391 as a retiree. The drug card you used as an active employee will also work at a retiree.

Benefits cards are available to print from your My Canada Life at Work online account. When you travel out-of-country, you can bring the "Confirmation of medical insurance coverage service" form letter, which is also available from your My Canada Life at Work online account. Travel medical assistance is available to travelers 24-7 and the emergency telephone numbers are provided in the "Where to find more information" section below.



Submitting claims/deadlines

All **EHCP #51391 claim forms** and receipts must be received by Canada Life **within 12 months** of the date expenses are incurred. Claim forms received **beyond 12 months** of the date the expense was incurred will not be eligible for reimbursement.

Premiums

Information about premiums can be found on the **monthly premium rate table**. Retirees pay a percentage of total premium based on their employee group and date of retirement, as follows:

Your employee group	Your retirement date	%
If you were formerly represented by CUPW-Urban	On or after April 1, 2000, and before September 30, 2003	20%
	On or after September 30, 2003, and before April 1, 2013	25%
	On or after April 1, 2013	35%
If you were formerly represented by CUPW-RSMC retired with a disability retirement/totally disabled for Post-Retirement Benefits on or after January 1, 2016, or retired/regular on or after January 1, 2019	On or after January 1, 2016	35%
If you were an Executive or a Management/Exempt	On or after January 1, 2001, and before April 1, 2004	20%
	On or after April 1, 2004, and before January 2, 2011	25%
If you were formerly represented by PSAC	On or after October 31, 2001, and before January 1, 2006	20%
	On or after January 1, 2006, and before August 12, 2014	25%
	On or after August 12, 2014	35%
	On or after June 26, 2018	50%
If you were formerly represented by CPAA	On or after May 1, 2003, and before January 1, 2007	20%
	On or after January 1, 2007, and before December 1, 2016	25%
	On or after December 1, 2016	50%
If you were formerly represented by APOC	On or after October 10, 2000, and before February 1, 2006	20%
	On or after February 1, 2006, and before April 1, 2015	25%
	On or after April 1, 2015	50%



When does coverage terminate?

Coverage terminates the earliest of:

- The date this plan terminates.
- Missing two consecutive monthly premium payments due to non-sufficient funds will result in benefit coverage being terminated retroactively to the date premiums lapsed.
- Benefits terminate upon your death. Survivor benefits may apply to your dependents. Surviving dependents should call Canada Life for further information. They must apply for survivor coverage within 120 days of your death.

What happens if I miss a monthly premium payment?

Canada Life will withdraw the premiums directly from your bank account each month. Missing two consecutive monthly premium payments due to non-sufficient funds will result in benefit coverage being terminated retroactively to the date premiums lapsed. Your benefits will be terminated permanently and you will not be permitted to re-enrol. Please ensure that Canada Life has your current banking information and that you have sufficient funds in your account to cover your monthly premiums.

Changes to coverage

When you retire, you have the option of choosing single coverage or family coverage.

If you later wish to change from single to family coverage, change from family to single coverage, or add or remove a dependent, the changes take effect on the effective date of the change provided that the request is made within 60 days of the change. If the request for change is made more than 60 days after the date of change, the effective date of coverage will be the first of the month following a 3-month waiting period. The 3-month waiting period begins from the date the application/*Dependent Information form* is received by Canada Life.

If you wish to increase/improve your level of hospital coverage only (e.g., basic coverage to Option A or B), changes take effect on the first of the month following a three-month waiting period. The three-month waiting period begins from the date the application form is received by Canada Life.

If you waive coverage at the time of retirement or elect coverage but subsequently notify Canada Life that you wish to discontinue coverage, you will not be eligible to rejoin the plan at a later date unless you lose similar coverage through your spouse's plan. You must apply within 60 days of losing coverage through your spouse's plan. The benefits are effective on the date the application is received by Canada Life. You will need to complete a *Group Coverage Change* form, which is available from Canada Life.



Where to find more information

Canada Life

Claims: 1-866-716-1313

Retiree Administration (premiums/enrolment):
1-866-716-1313

Your covered drug list online

cpcpension.com

Your online benefits resources

My Canada Life at Work site: mycanadalifeatwork.com

**Out-of-country/Out-of-province
medical emergencies**

- Toll-free within Canada and the US: 1-855-222-4051
- Call collect from all other countries: 1-204-946-2577*

* Submit any long-distance charges along with your claim for reimbursement.

Express Scripts Canada
(mail order pharmacy)

member.express-scripts.ca
1-855-550-6337
