



Post-Retirement Extended Health Care Plan (EHCP) # 162954 and Health Care Spending Account

For Management and Exempt employees retiring (last day of work) on or after January 2, 2011

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 and Health Care Spending Account 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 #162954 and the Health Care Spending Account. The wording in the Canada Life Policy document #162954 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 that the submission of a fraudulent claim can result in action up to and including termination of post-retirement benefits and criminal prosecution.

Who can join this plan?

To participate in the Canada Post Post-Retirement Extended Health Care Plan (EHCP) #162954 and the Health Care Spending Account (HCSA), you must meet the following criteria:

- A. You must be an Executive, Management or Exempt employee who retired on or after January 2, 2011.
- 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. This service requirement is waived if you have been approved for a disability retirement or have been approved as totally disabled for post-retirement benefits.
- D. You must:
 - be in receipt of a monthly pension from the defined benefit component of the Canada Post Registered Pension Plan; **or**



- 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:
 - if you received an immediate pension (including a disability retirement) upon your retirement, your application must be received by Canada Life **within 60 days of your retirement date**; or
 - 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, unless you have been approved as *totally disabled for post-retirement benefits*.
 - your application must be received by Canada Life **within 60 days of your retirement date** (including those approved as *totally disabled for post-retirement benefits*).
- G. You must provide Canada Life with a void cheque and pay the required premiums before your benefits commence.

Eligible dependents

Upon retirement, if you are eligible for the post-retirement Extended Health Care Plan #162954, you can choose single or family coverage. If you choose single coverage, you cannot apply for family coverage at a later date.

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 overage dependent children who are students, you must indicate 'full time student' when submitting a claim; for overage incapacitated dependents, 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.

How post-retirement health care benefits work

Your post-retirement health care benefits coverage is composed of two parts:

1. An insured Extended Health Care Plan (EHCP) for which you pay one hundred per cent (100%) of the premiums directly to Canada Life.
2. A Health Care Spending Account (HCSA), which is funded entirely by Canada Post.

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 15 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,

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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 “lifestyle” 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 up to \$200 per day.
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%	Some medical supplies when prescribed by a physician such as: <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. 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.
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.

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Covered expense	Covered %	Coverage description
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.
Vision care	80%	<p>Glasses, contact lenses and laser eye surgery are covered 80% to a combined maximum of \$400 (\$320 payable) every four (4) calendar years. The Benefit Period runs from January 1, 2023, to December 31, 2026, then resets.</p> <p>Coverage for eye examinations by a licensed ophthalmologist or optometrist, including refraction, once every 2 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%	Hearing aids when prescribed by an otolaryngologist or audiologist, including tubing and ear molds provided at the time the hearing aid is purchased. 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.
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%	For medical emergencies while outside of Canada; 40-day trip limitation. CAD\$100,000 per trip maximum. More information on out-of-country coverage is available through Canada Life. Refer to the Global Medical Assistance and Emergency Out-of-Country Coverage summary sheet.

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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)	No
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.

What is a health care spending account (HCSA)?

Once you are enrolled in the post-retirement Extended Health Care Plan (EHCP) #162954, the HCSA is automatically available to you. The Health Care Spending Account (HCSA) is a tax-free amount set up in an account like a bank account. You can use money in this account to pay for eligible health expenses for yourself or your eligible dependents or for part of the monthly premiums you pay for your EHCP coverage (excluding the provincial taxes you pay on your monthly premiums). You may also use your HCSA funds to pay for dental expenses that are listed as eligible under the *Income Tax Act* and for part of the monthly premiums you pay for your Dental coverage, if participating in Dental Plan 51057. Note that this is a taxable benefit only in Quebec.



Each year, Canada Post provides money to the insurance carrier (Canada Life), which it uses to fund your HCSA. The money in your HCSA is held by Canada Life in your name. When you submit eligible claims to Canada Life, money is deducted from the account and is paid to you.

How can you use your health care spending account (HCSA) dollars?

The Canada Revenue Agency (CRA) defines which expenses can be reimbursed with funds from a Health Care Spending Account (HCSA). A list of eligible expenses can be found on the CRA website at cra-arc.gc.ca in interpretation bulletin IT-519R2. As a general rule, however, if a health care expense is reimbursed under the EHCP, you can ask for the portion of the expense that wasn't reimbursed by the EHCP to be reimbursed from your HCSA. For example, if you submit a physiotherapy claim to Canada Life through your EHCP and are reimbursed 80 per cent of the claim, you can ask to have the remaining 20 per cent reimbursed from your HCSA, which means you can be **reimbursed for up to 100 per cent of your out-of-pocket expenses** for the claim. If you use your HCSA to reimburse a particular expense, you will not be able to claim the medical expense tax credit for that expense when you file your personal tax return.

If you choose to use your HCSA to be reimbursed for part of your health care and/or dental premiums, you must apply for reimbursement from Canada Life by submitting an EHCP/HCSA claim form. **You may apply up to four times per calendar year for reimbursement of premiums you have already paid.**

How much money will I have in my health-care spending account?

The amount of money in your HCSA account will reflect the level of coverage (single or family) you are enrolled in for the post-retirement EHCP. For the first year of coverage, Health Care Spending Account dollars are prorated based on the month of your effective date of enrollment in the plan. For more information, refer to the Retiree Monthly Premium Rate table.

What happens at the end of the year?

The money in your HCSA is provided by Canada Post on an annual basis. If you do not use the full amount during a given calendar year, the remaining balance will automatically be carried forward into the following year. Note that once the "money" is carried forward into the following year, you only have until January 31 to submit expenses from the previous year for reimbursement from your HCSA (although you may still be able to claim those expenses under your EHCP). At the end of the second year, all unused money that was carried forward from the previous year will be forfeited. **You can avoid forfeiting any money by using any outstanding balance in your HCSA to be reimbursed for part of the EHCP premiums you paid to Canada Life during the year or by submitting any outstanding health care expenses.**



Example (estimate only for illustration purposes using the 2024 annual amount for single coverage):

- You join the EHCP plan in 2024 with single coverage and, at the end of 2024, you have \$400 left in your HCSA. That amount is automatically transferred into your 2025 account.
- At the start of 2025, you will have \$810 from 2025 plus \$400 carried over from 2024, giving a total of \$1,210 to use for 2025 expenses.
- 2024 expenses can be submitted to the 2024 HCSA outstanding balance until January 31, 2025; 2025 expenses can be submitted until January 31, 2026.
- Once the 2024 outstanding balance is transferred as of January 31, 2025, you can only submit 2025 expenses to your HCSA.
- If you submit only \$300 to your HCSA during 2025 (2025 expenses), at December 31, 2025, your balance will be \$910. However, because you can transfer only up to one year's value (\$810) into the following year's HCSA, you will forfeit the other \$100, which had been carried forward from 2024, and only \$810 will be transferred into your 2026 HCSA.

Reminder: You can avoid forfeiting any money by using any outstanding balance in your HCSA to be reimbursed for part of the health care and/or dental premiums you paid during the year.

Drug and identification cards

You will receive new EHCP cards from Canada Life when you enroll in policy #162954.

The first card is a drug card that can be used at the pharmacy to pay for 80% of the cost of prescription drugs that are on the Canada Post Controlled Drug Formulary. The second card is an identification card that can be presented to service providers who require identification and confirmation of coverage (an example would be upon hospital admittance). On the back of the identification card, you will find the emergency telephone numbers should you need to use them while travelling outside of Canada or outside your province of residence.

Submitting claims / deadline

All **EHCP #162954/HCSA Claim forms and receipts** must be received by Canada Life within **15 months** of the date expenses are incurred. Claim forms received beyond 15 months of the date the expense was incurred will not be eligible for reimbursement.

For the HCSA, you have until January 31 of the following year to submit claims from the current year. For example, you have until January 31, 2025, to submit HCSA claims incurred in 2024.

The same claim form is used whether you are claiming reimbursement from the EHCP only, both the EHCP and HCSA, or if you are requesting reimbursement of monthly health care or dental premiums from the HCSA.



Premium and HCSA amount

Information about premiums and the amount provided in your Health Care Spending Account can be found on the **Monthly Premium Rate Table**.

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-enroll. 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 choose single coverage, you cannot change to family coverage at a later date. If you choose family coverage, you may change to single coverage, for example, in the event of divorce or your spouse's death. In this event, coverage can be changed to single coverage, but note that this change is final and coverage cannot be returned to family coverage at a later date. You will need to complete a *Group Coverage Change form*, which is available from Canada Life.

If you waive coverage at the time of retirement, 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.

If you elect coverage but subsequently notify Canada Life that you wish to discontinue your coverage under this plan, you will not be eligible to rejoin the plan at a later date.



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:	<ul style="list-style-type: none">• Canada or the US: 1-855-222-4051 (toll free)• All other countries: 1-204-946-2577 (collect*)<ul style="list-style-type: none">* 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
