

Post-Retirement Benefits: Optional Upgrade Package For Eligible OPSEU Pension Plan Retirees

OPSEU Pension Plan retirees enrolled in the Legacy Post Retirement Benefits (PRB) or in the Retiree-Focused (PRB) plans may purchase an additional suite of benefits known as the Optional Upgrade Package ¹ as follows

Optional Upgrade Package A:

For retirees enrolled in the Legacy PRB Plan

- Emergency out-of-country coverage
- Global Medical Assistance
- Catastrophic Drug Coverage

Optional Upgrade Package B

For retirees enrolled in the Retiree-Focused PRB Plan

- Emergency out-of-country coverage
- Global Medical Assistance

Note: Coverage under the Retiree Focused Plan already includes catastrophic drug coverage

Enrolment, and who pays: Enrolment in the Optional Upgrade Package coverage is optional. Participants pay 100% of the monthly premium cost.

Emergency Out-of-Country Coverage (Packages A & B)

This benefit reimburses eligible expenses incurred due to medical emergency or unexpected illness that occurs while a covered person (plan member or an eligible dependant) is temporarily outside Canada for business, education or vacation.

Participants must be covered by the government health plan of their home province i.e. OHIP, for Ontario residents.

Coverage is limited to trips of up to 90 consecutive days, and is subject to a \$1,000,000 lifetime maximum per covered person, without a deductible.

Medical emergency: an event that requires immediate medical attention a result of:

- A sudden or unexpected episode of injury or illness.
- An acute episode of a medical condition which was not identified or being treated prior to departure from Canada.
- An unexpected and unforeseen acute episode of a previously identified or diagnosed medical condition, which was medically stable and controlled at the time of departure from Canada.

Note: Coverage may also apply to expenses incurred for treatment of a pre-existing condition outside Canada, where the circumstances qualify as an emergency, as described above. Eligibility will be determined on a case by case basis

Eligible Expenses:

Medical services and supplies rendered in relation to the initial emergency episode, where such expenses exceed benefits payable under the government health plan:

- Physicians services
- Hospital accommodation
- Professional and medically necessary services and supplies provided during hospital confinement
- Related out-patient services and supplies
- Prescription drugs and medication, when provided as an in-patient in the hospital

- Licensed ambulance services to the nearest hospital qualified to provide treatment.

Out-of-Country Emergency Medical Claims Submission

Great-West-Life will cover eligible expenses in excess of benefits payable under the OHIP plan.

Claims for OHIP expenses must be submitted to the OHIP plan within 12 months of the expense date.

Great-West Life can coordinate benefits with the OHIP plan if an out-of-country emergency claim is submitted directly to the carrier within the 12-month OHIP submission deadline. Claims submitted outside the OHIP deadline will be ineligible.

If you or a dependant are planning to be away from Ontario for a period greater than six months, or if you are leaving Canada specifically for medical treatment purposes, you should contact OHIP and the insurer to determine entitlement to coverage under the OHIP and extended health plans. Entitlement to OHIP coverage generally expires following extended absence from Ontario of greater than 212 days in any 12-month period. The carrier may deny claims for out-of-province treatment that is deemed readily available in Ontario.

Global Medical Assistance (Packages A & B)

Global Medical Assistance complements the SH&H Emergency Out-of-Province/Out-of-Country provisions by providing 24-hour access to medical assistance via a worldwide communications network. The network locates medical service providers and obtains Great-West Life's approval of

¹ Which Optional Upgrade Package is available to you will depend on which Post-Retirement Benefits plan you participate in. You cannot choose between

the optional upgrade packages, nor within the optional upgrade packages



covered services, when required, as a result of a medical emergency arising while you or your dependants are travelling for vacation, business or education purposes.

You must be covered by the government health plan in your home province (i.e. OHIP in Ontario) to be eligible for travel/global medical assistance services.

Global Medical Assistance coverage for travel within Canada is limited to emergencies arising more than 500 kilometres from home. You must be covered by the government health plan in your home province (i.e. OHIP in Ontario) to be eligible for global medical assistance services. The following services are covered, subject to Great-West Life's prior approval:

- Up front, on-site hospital payment when required for admission, to a maximum of \$1,000. This can reduce your initial, out-of-pocket liability for emergency treatment costs. Expenses in excess of this maximum \$1000 advance must be paid out-of-pocket and submitted for claim reimbursement under the SH&H plan. The carrier will adjudicate and pay benefits subject to the SH&H plan out-of-province /out-of-country coverage terms and maximums as identified earlier in this section of the guide.
- If suitable local care is unavailable while travelling in Canada, medical evacuation to the nearest suitable hospital. If travel is outside of Canada, transportation will be provided to a hospital in Canada or to the nearest hospital outside Canada equipped to provide treatment.
- Transportation and lodging for one family member joining a patient hospitalized for more than 7 days while travelling alone. Benefits will be paid for moderate quality lodgings up to \$1,500 and for a round trip economy class ticket.
- If you or a dependant is hospitalized while travelling with a companion, extra costs for moderate quality lodgings for the companion when the return trip is delayed due to you or

your dependant's medical condition, to a maximum of \$1,500.

- The cost of comparable return transportation home for you or a dependant and one travelling companion, if prearranged, prepaid return transportation is missed because you or your dependant is hospitalized. Coverage is provided only when the return fare is not refundable. A rental vehicle is not considered prearranged, prepaid return transportation.
- In case of death, preparation and transportation of the deceased home.
- Return transportation home for minor children travelling with you or a dependant and who are left unaccompanied because of your or you dependant's hospitalization or death. Return or round trip transportation for an escort for the children is also covered when considered necessary.
- Costs of returning you or your dependant's vehicle home or to the nearest rental agency when illness or injury prevents you or your dependant from doing so.

Claims for eligible out-of-province/out-of-country emergency treatment expenses (e.g., semi-private and private hospital accommodation, physicians fees, prescribed drugs, etc.), in excess of the \$1000 advance will be adjudicated subject to applicable plan terms and maximums.

Catastrophic Drug Coverage (CDC): Package A Only

NOTE: Catastrophic Drug Coverage is included in Package A which is for eligible retirees in the Legacy PRB Plan only.

This benefit provides coverage at 100% for eligible drug expenses above an annual threshold of \$10,000 per eligible person (employee, spouse and eligible dependent children) in a calendar year, subject to a \$3.00 per prescription deductible.

Drug Coverage

Your SH&H plan will reimburse 90% of eligible drug expenses, subject to a \$3 per prescription deductible, up to a threshold of \$10,000 per insured person in a calendar year. The terms regarding coordination of benefits (COB) coverage with a spouse continue to apply.

Once the threshold is reached, eligible claims are reimbursed at 100% for the remainder of the calendar year (less a \$3.00 deductible for each prescription).

The eligible drug expense (i.e. the eligible submitted claim cost before any deductible) will count towards the \$10,000 per year threshold.

Example: An eligible retiree incurs a single \$12,000 eligible drug expense.

Drug claim cost	\$12,000
Out-of-pocket deductible applied	<u>\$3</u>
	\$11,997
SH&H in Legacy PRB Plan would pay 90% of the claim cost up to \$10,000	\$ 8,997
CDC plan payment at 100% of claim cost above the annual threshold:	\$ 2,000
Total combined reimbursement:	<u>\$10,997</u>

CDC Claims Submission

You can submit claims as usual, using your drug card, or a paper claim form. The terms regarding coordination of benefits (COB) coverage with a spouse also continue to apply.

Other Information

Monthly Premium Costs:

Premiums are subject to change annually. Please check with the OPSEU Pension Trust for current premium costs

Enrolment:



Eligible persons may elect to enrol upon retirement and commencement of pension, or at any time thereafter. Coverage and premium deductions will be effective the month following the date your application form is received by the OPSEU Pension Trust.

If you enrol and later decide to terminate coverage, the decision is irrevocable. You will not be permitted to re-enrol.

Contacts:

Application forms and enrolment information:
OPSEU Pension Trust
Website: optrust.com
Tel: 416-681-6100 Toll-free: 1-800-637-0024

For insured benefits coverage information:
Great-West Life Assurance Company
Tel: 1-800-874-5899 TTY: 1-800-990-6654

Please note: the insurers will not comment on similar coverage offered under other providers' plans. Coverage comparisons and decisions regarding purchases must be made independently.

Note: This document describes the main features of Optional Upgrades Packages. However, it is not a legal document and in particular, does not form a contract between eligible participants, the Crown, and Great-West Life