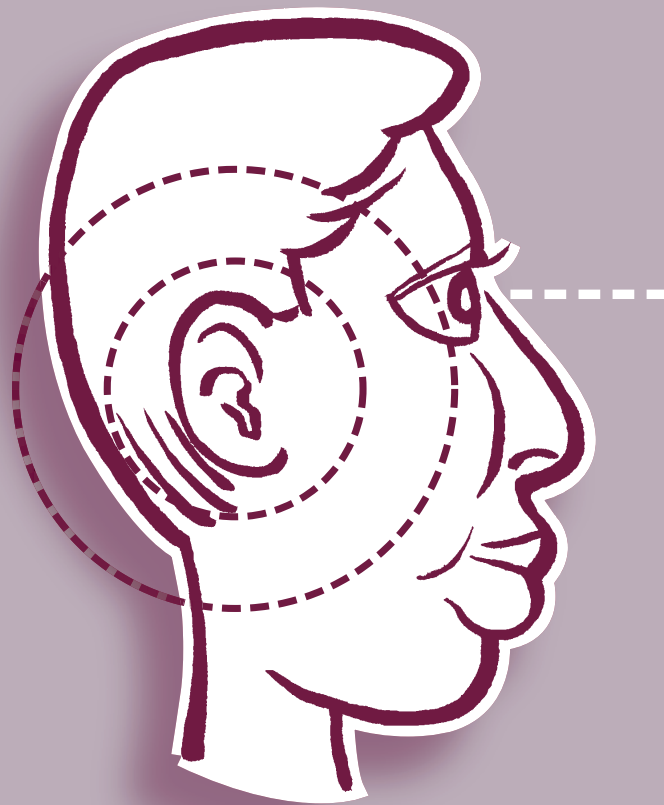


Vision and Hearing Plan



Rural and Suburban Mail Carriers

CUPW Benefit Guides - Series Two

This benefit booklet

This booklet is one of three booklets about benefits for **Rural and Suburban Mail Carriers**. In each one, we have summarized what's covered under a particular plan and explained how to use the benefit.

Here is a list of the booklets:

- Vision and Hearing Plan
- Dental Care Plan (Note: Coverage began October 1, 2007)
- CUPW Life Insurance Plan

For more information, talk to your steward or a local union officer. Or contact Great-West Life, or Human Performance Management (HPM), formerly called Pay and Benefits.

This booklet is not a legal document

This booklet summarizes the group benefits to which you are entitled. Its purpose is to provide information about your plan. It is not a legal document. In the event of a question or dispute, the terms and entitlements of plan document number 51392 will prevail.

Do you have suggestions?

Please let us know if you found these booklets useful. More important, be sure to let us know how you think they could be improved. Is there additional information that you think should be included, or a question you think a particular booklet should answer?

If you have any questions or suggestions on how to improve these publications, please send them to:

Benefits Booklets
Canadian Union of Postal Workers
377 Bank Street, Ottawa ON, K2P 1Y3

Or, send an e-mail to: feedback@cupw-sttp.org. Please include the word "benefits" in the subject line.

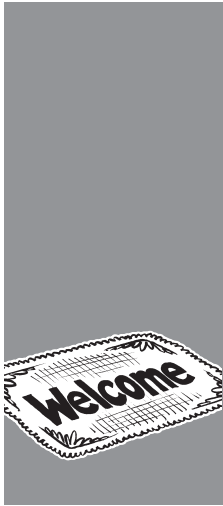
Acknowledgements

Thanks to all the people at the CUPW national office and in the locals who read the drafts and made helpful suggestions.

Illustrations and graphic design by Tony Biddle

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First Series 2005, Second Series 2007

CUPE-SCFP



Preface to the Second Edition



Background on the second edition

Starting with the second edition, the Vision and Hearing Plan benefits guide is now split into two guides. There is one guide for rural and suburban mail carriers (RSMC) and one guide for urban postal operations (UPO) members. Members should be aware that both bargaining units will continue to use the same benefit plan name, group number and service provider.



Changes to the Vision and Hearing plan for RSMCs

We have summarized the changes and updates to the Vision and Hearing Plan benefit guide for rural and suburban mail carriers on the next two pages. We hope that this will help make things easier for those who are already familiar with the first edition of the Vision and Hearing Plan benefit guide.

The changes and updates have also been made throughout the guide.



Changes to the Vision and Hearing plan for RSMCs



What is it?

- The Vision and Hearing plan pays for eye examinations, prescription glasses, contact lenses and hearing aids (with certain maximums). It's called the "Vision and Hearing Plan (V/H) no. 51392" and the company that looks after it is Great-West Life.
- It's under Article 22 in the rural and suburban mail carriers' contract.

Who is eligible for coverage under this plan?

- All RSMC route holders, regardless of the number of hours worked

Who is not eligible?

- RSMC relief employees, helpers and replacements are not eligible

Who is covered?

- Your spouse
 - o includes person to whom you are married
 - o includes person with whom you have been living in a common law relationship for minimum one year (one year requirement does not apply if there is a child born of the relationship)
 - o includes same sex couples



Changes to the Vision and Hearing plan for RSMCs

- Children under the age of 22 who are unmarried and financially dependent on your support. A full time student is covered until 25 years.
- Spouses and children must be registered in the plan (see page 2)

A very important two-year calendar

You get reimbursed (paid back) based on two-year periods. These two-year periods are measured in calendar (January to December) years. Here they are:

January 1, 2007–December 31, 2008

January 1, 2009–December 31, 2010

January 1, 2011–December 31, 2012



Example: If you buy glasses in October 2007, this purchase falls within the January 1, 2007 to December 31, 2008 two-year period. The Vision/Hearing Plan will reimburse you a maximum of \$130 during this period. You must wait for the NEXT two-year period (January 1, 2009 to December 31, 2010) for another \$130 maximum to kick in under this plan.

Keep in mind each member of your family that is eligible for coverage is entitled to the \$130 amount.

Contents



| | |
|---|----------|
| Introduction to this plan | 1 |
| What is it? | 1 |
| Who is eligible for coverage under this plan? | 1 |
| Enrolment | 2 |
| Other coverage issues | 3 |
| Where to get forms and what to do with them | 4 |
| What do I do if my family status changes? | 5 |
| What are the costs? | 5 |



| | |
|--|----------|
| Overview of the plan | 6 |
| What expenses/services does this plan cover? | 6 |
| A very important two-year calendar | 7 |
| What's NOT covered? | 7 |



| | |
|---|-----------|
| Using this benefit | 8 |
| How do I use this benefit? | 8 |
| Tips for using this benefit | 9 |
| Some examples of using this benefit | 9 |
| Coordination of benefits | 11 |
| Common questions and problems | 13 |
| When will I get my cheque from Great-West Life? | 14 |
| How long do I have to send in my claim form? | 14 |
| What do I do if I think Great-West Life made a mistake? | 14 |



The fine print _____ **16**



Dictionary _____ **17**



Contact information _____ **21**

Canadian Union of Postal Workers (CUPW) _____ 21

Canada Post Corporation (CPC) _____ 22

Human Performance Management (HPM) Offices
(formerly called Pay and Benefits Offices) _____ 22

Great-West Life _____ 23



Introduction to this plan



What is it?

The Vision and Hearing Plan pays for eye examinations, prescription glasses, contact lenses, and hearing aids (with certain maximums). It's called "Vision and Hearing Plan (V/H) no. 51392" and the company that looks after it is Great-West Life.

You can find it under article 22 in the rural and suburban mail carriers' contract.



Who is eligible for coverage under this plan?

| ✓ Eligible | ✗ NOT eligible |
|---|--|
| <ul style="list-style-type: none">■ All rural and suburban mail carrier route holders are eligible. | <ul style="list-style-type: none">■ Rural and suburban mail carrier relief employees, helpers and replacements are not eligible. |



If I am covered by this plan, who else is covered?

The Vision and Hearing Plan covers you, your spouse and your children.

Your **spouse** is defined as:

- the person to whom you are married and with whom you live, or
- the person to whom you were (or are) legally married and whom you support, or
- the person with whom you have been living in a common-law relationship for at least one year



Note: The one-year requirement does not apply to common-law relationships where a child is born of the relationship. See Clause 31.06 of the RSMC collective agreement for a more detailed definition of common-law spouse.



Note: Same-sex couples are included under this definition of spouse.

Children must be unmarried and financially dependent on you for support and (unless they are full-time students) under the age of 22. A child who is a full-time student is covered up to the age of 25. There is no age limit for offspring who are differently-abled and unable to support themselves, provided they were differently-abled and covered (as children under age 22, or as full-time students under age 25) when coverage would otherwise have ended.



Note: Children are covered under the Dental and Vision/Hearing Plans until they are age 22. Full-time students are covered up to age 25 on both plans, with the exception of orthodontic coverage on the Dental Plan, which only continues until age 22. Also, pit and fissure sealants, an item listed under Basic Services on the Dental Plan, is only covered for children under the age of 15.



Enrolment

Is this plan mandatory? Do I need to enrol (sign up)?

You are automatically enrolled in this plan for individual coverage, which is mandatory. You do not have to fill out an enrolment form. Eligible employees are automatically covered on the first day of the month following their date of hire, or on the first day of the month following the date on which they become eligible.

However, you do **need to put your dependants on the plan** and can do this by filling out a Dependent Information Form and sending it to Great-West Life.



Great-West Life administers the Extended Health Care, Vision/Hearing and Dental Plans. The company uses the same Dependent Information Form for all three plans, so you only need to fill out one form.



Other coverage issues

When does coverage start?

Coverage begins on the first of the month following the date you are hired as an eligible employee, or become eligible. For example, if you are hired on June 12, coverage begins on July 1.

When does coverage end?

Coverage for you, your spouse and your children ends on the date in which the following occurs:

- when your employment ends
- when you retire
- when you are on strike
- when you die
- your last day at work, when you go on leave of absence without pay for more than 30 calendar days (except for maternity, parental, adoption, or sick leave)



Note: Your spouse or child may lose coverage earlier than you do if they are no longer eligible.



Does my coverage continue when I am off work (on leave)?

As you can see from the chart below, your coverage continues when you are on some types of leave, but not others.

| | | |
|---|---|---|
| Sick Leave (paid or unpaid) | → | Coverage continues |
| Maternity, Parental and Adoption Leave | → | Coverage continues |
| Any other leave of absence without pay of more than 30 calendar days | → | Coverage ends on your last day of work |



Note: Before going on any type of leave you should check with your steward to confirm your entitlements, and ensure that both the employer and the HPM office* are informed.



Can I continue my coverage after retirement?

No, retirees are not eligible for this benefit.



Where to get forms and what to do with them

| | |
|-----------------|--|
| At work | → If you need forms for CUPW-CPC benefits, ask your supervisor, Local Area Manager or steward. Forms are available in most Canada Post workplaces — you just have to find out where they are kept. |
| On-line | → You can download forms from the CUPW website, or from the Canada Post ESS (SAP) website. |
| By phone | → If you are not at work, you can get forms mailed to you by calling Human Performance Management (HPM)*. Be sure to have your Canada Post employee number (HRID number) on hand when you call. |



For more information: See the *Contact information* section at the end of this booklet for telephone numbers, street addresses and Internet addresses.



What do I do with the forms?

You should **mail** the Dependent Information Form to Great-West Life. The address is on the form and at the end of this booklet.



Note: This form goes to a different P.O. box than the one to which you send claims.

New baby? Death in the family? Kids going to college?

Keep your dependant information up-to-date. For example, if you have a new baby, or someone covered under the plan dies, be sure to fill out a new **Dependent Information Form** and send it to Great-West Life.

*Human Performance Management (HPM) is the name for the old Pay and Benefits office.



Introduction to this plan



Important: You need to let GWL know if you have children age 22 or over covered under your plans who are full-time students. You need to sign them up on a new Dependent Information Form EACH year: if you don't, Great-West Life will remove them from your plans. Student coverage ends at age 25.



What do I do if my family status changes?

If your status changes from single to family (or from family to single), you need to notify:

- **Great-West Life** — Fill out a Dependent Information Form, as described above.
- **Canada Post** — Tell the HPM* office, or make the change on-line on ESS (SAP).
- **Your provincial or territorial health care plan** — Once you notify CPC of your change of status, the HPM* office will send you a letter reminding you to update your provincial or territorial coverage.



What are the costs?

This plan is 100% paid by Canada Post. You pay no premiums or deductibles.

*Human Performance Management (HPM) is the name for the old Pay and Benefits office.



Overview of the plan



What expenses/services does this plan cover?

Hearing and vision expenses covered under the plan

VISION

A maximum of \$130 for each covered person every two calendar years for:

- prescription glasses or contact lenses
- medically required contact lenses
- visual training or therapy
- repairs to glasses

Covered under the plan, but not part of the \$130 vision care maximum:

- eye examinations

HEARING

A maximum of \$600 for each covered person in any 60-month (five-year) period for:

- purchase of hearing aids when medically required and prescribed by an ear, nose and throat specialist
- repairs to hearing aids

Covered under the plan, but not part of the \$600 hearing care maximum:

- batteries for hearing aids



Note: Hearing tests are not covered. For a complete list of exclusions (things not covered under this benefit), see *The fine print* on page 16.



Note: If you live in a province or territory that offers funding for hearing aids, you must apply for your provincial or territorial benefits first.



A very important two-year calendar

You get reimbursed (paid back) based on two-year periods. These two-year periods are measured in calendar (January to December) years. Here they are:

January 1, 2007–December 31, 2008

January 1, 2009–December 31, 2010

January 1, 2011–December 31, 2012



Example: If you bought glasses in October 2007, your purchase falls within the January 1, 2007 to December 31, 2008 two-year period. The Vision/Hearing Plan will reimburse you a maximum of \$130 during this period. You must wait for the NEXT two-year period (January 1, 2009 to December 31, 2010) for another \$130 maximum to kick in under this plan.



What's NOT covered?

There are a lot of exclusions (things not covered by this benefit). See the complete list under *The fine print* towards the end of this booklet.



Using this benefit



How do I use this benefit?

Your purchase or service must be authorized by the appropriate health professional. An ear, nose and throat specialist must prescribe the hearing aids. An optometrist or ophthalmologist must prescribe the glasses/contact lenses.

You must pay up front for the service and/or item and apply to be paid back under the plan. You need a receipt and a claim form.

The claim form you need is the Extended Health Care (EHCP)/Vision and Hearing Care Expense Statement Form. See *Where to get forms and what to do with them* on page 4.



Note: Although you use the joint EHCP/Vision and Hearing form for claims, you are only covered by the RSMC Vision and Hearing Plan.

You should take the claim form with you to your appointment for vision or hearing care and get the doctor's staff to fill out their portion.

Fill out the rest of the form. Be sure to write your Canada Post employee number (HRID number) on it and sign it.

Be sure to fill out the Coordination of Benefits section if you are covered by more than one plan; you'll get more money back. Highlight the fact you have coordination of benefits on the form.

Mail the form to Great-West Life, along with the receipt. Be sure to **make a copy** of everything you send. The address is on the form and also at the end of this booklet.



Tips for using this benefit

- **DON'T** buy new glasses until you've checked to see that the plan will cover them: you get reimbursed every two calendar years as listed in this booklet, on page 7. You can check to see when it's OK to buy glasses for you or a family member by phoning Great-West Life. You can also check your GWL account on the Great-West Life website. You can log in using the number of the plan and your HRID no. (Canada Post employee number). You can find GWL's telephone numbers and Internet address at the end of this booklet.



- **DO** send in your claim as soon as possible. Claims more than a year old (i.e., received more than 12 months from the date of the expense) will be rejected.

Some examples of using this benefit



Farid buys glasses

Farid has single coverage under the Vision/Hearing Plan. He spends \$80 for an eye exam, an expense not covered by his provincial health plan. He spends \$160 for a pair of glasses. He fills out an Extended Health Care/Vision and Hearing Care Expense Statement Form and sends it to Great-West Life, along with a receipt.

FARID'S CASE

| Purchase or service | Cost | What the Vision/Hearing Plan pays |
|---------------------|-------|-----------------------------------|
| Eye examination | \$80 | \$80 |
| Glasses | \$160 | \$130 |

Farid will be reimbursed the full cost of the eye exam, \$80 in this case. He will get \$130 back for the glasses. If he waits two years and buys contact lenses or a second pair of prescription glasses, the plan will pay him \$130 towards their cost. He must also wait for two years to have the cost of another eye exam covered — it is independent of the two-year calendar. See *A very important two-year calendar*, on page 7.



Note: Under the Vision/Hearing Plan, Farid is also entitled to spend up to \$600 on hearing aids in a five-year period. Great-West Life will pay the full cost of his eye exam, as long as the amount is what's considered reasonable for eye exams in his province.



Using this benefit

Jane, Jeff and Joey go to the eye doctor; Jeff gets hearing aids

Jane has family coverage on the Vision/Hearing Plan. Each person covered by the plan can claim a maximum \$130 every two years towards for the cost of prescription glasses and contact lenses. The family of three (Jane, Jeff and Joey) go to the eye doctor. Then Jeff goes to an ear, nose and throat specialist and gets a prescription for hearing aids.

| JANE, JEFF AND JOEY'S CASE | | | |
|----------------------------|-----------------------|---------|-----------------------------------|
| | Purchase or service | Cost | What the Vision/Hearing Plan pays |
| Jane | Glasses | \$350 | \$130 |
| Jeff | Eye examination | \$80 | \$80 |
| | Glasses | \$250 | \$130 |
| | Hearing test | \$75 | \$0 (not covered) |
| | Hearing aids | \$2,000 | \$600 |
| | Hearing aid batteries | \$15 | \$15 |
| Joey | Eye examination | \$80 | \$80 |
| | Contacts | \$90 | \$90 |

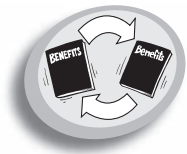
Jane's glasses cost \$350, Jeff's cost \$250, and Joey's contact lenses cost \$90. The plan will reimburse \$130 for Jane's \$350 glasses and \$130 for Jeff's \$250 glasses. Joey's \$90 worth of contact lenses will be reimbursed \$90: you can't get back more than 100% of the cost of your claim. In order to be reimbursed, Jane fills out an Extended Health Care/Vision and Hearing Care Expense Statement Form for each claim and sends them to Great-West Life, along with the receipts.

They also get the full cost of their eye exams reimbursed if they are not covered by their provincial plan. In this case, both Jeff and Joey get eye exams, which cost \$80 each. There is no maximum for eye exams, but the amount must be what's considered reasonable for eye exams in their province, and the plan will only pay for them every two years (independent of the two-year calendar). Please see *A very important two-year calendar* on page 7.

Jeff's hearing aids cost \$2,000 and he is able to get \$600 back, the maximum possible one person can claim for hearing aids under this plan in a five-year period. The \$15 he paid for hearing aid batteries is fully reimbursed; the cost of hearing aid batteries is not part of the \$600 maximum.



Note: Before setting off to the eye doctor, Jane checked with Great-West Life. She made sure that they were in a two-year period in which nobody had purchased glasses or had an eye exam. Please see *A very important two-year calendar* on page 7 for more information about the reimbursement calendar periods for prescriptions. The plan will pay for eye exams every two years and is not linked to the two-year calendar used for prescriptions.



Coordination of benefits

Martin and Alice are RSMCs. They are on the Vision/Hearing Plan as employees with family coverage.



Note: Both spouses must be on the plan as **employees, with family coverage** to get coordination of benefits. Employees are defined as RSMC route holders, regardless of the number of hours worked. If one spouse is an RSMC and the other is a helper, relief or replacement, they are entitled to coverage under **one** Vision/Hearing Plan. To get coordination of benefits, (which allows you to claim on two plans), both spouses must be on the plan as employees/members, with family coverage.

Martin spends \$80 for an eye exam. He buys glasses, which cost \$200. Coordination of benefits on the Vision/Hearing Plan entitles Martin to be reimbursed a maximum of \$130 from his plan and another \$130 from Alice's, for a total of \$260. But he only needs \$200 to pay for the glasses. Because it's his claim, the benefits come out of his plan first: \$130 from his plan and then \$70 from Alice's. He is also reimbursed the \$80 cost of his eye exam, an expense that is not counted as part of the maximum he is can spend on vision expenses.

If you have coordination of benefits, you don't have to worry about whose plan pays what when you file a claim: Great-West Life does these calculations. These examples are to help explain how coordination of benefits works.

MARTIN'S CASE

| Purchase or service | Cost | What the Vision/Hearing Plan pays (Martin's plan) | What the Vision/Hearing Plan pays (Alice's plan) | Total amount reimbursed (paid) by the two plans |
|---------------------|-------|---|--|---|
| Eye examination | \$80 | \$80 | \$0 | \$80 |
| Glasses | \$200 | \$130 | \$70 | \$200 |

Alice spends \$80 for an eye exam. She buys glasses, which cost \$300. Coordination of benefits on the Vision/Hearing Plan entitles Alice to claim \$130 from her plan and another \$130 from Martin's, for a total of \$260. In this example, Alice obtains her maximum vision care amount from both plans, \$260.

ALICE'S CASE

| Purchase or service | Cost | What the Vision/Hearing Plan pays (Alice's plan) | What the Vision/Hearing Plan pays (Martin's plan) | Total reimbursement by the two plans |
|---------------------|-------|--|---|--------------------------------------|
| Eye examination | \$80 | \$80 | 0 | \$80 |
| Glasses | \$300 | \$130 | \$130 | \$260 |



Whose plan do we use?

Two-plan, two-postie families

Martin and Alice are RSMCs who have coverage under the Vision/Hearing Plan as employees. Their daughter, Claire, goes for an eye exam and glasses. But whose plan should they file under — Martin's or Alice's? It depends on whose birthday comes first in the calendar year (the actual date of birth, not the year of birth). Because Alice's birthday falls earlier in the year, she makes the claim on her plan.

Alice fills out an Extended Health Care/Vision and Hearing Care Expense Statement Form as a member, and adds information about Martin in the Coordination of Benefits section. If Martin's birthday came earlier in the year than Alice's he would file the claim on his plan, with information about Alice in the Coordination of Benefits section.

Great-West Life will reimburse the claim for Claire's eye exam and glasses with benefits from both parents' plans. Her parents only need to fill out one claim form.

Two-plan families where only one partner is a postal worker (spouses' claims)

If your family is covered by two different benefit plans, you must file two separate claims — but the claims must be filed one at a time. You must wait for the first claim to be processed by the insurance company before filing the second one. The first claim is filed on the plan that covers the person as an employee, the second one on the plan that covers the person as a spouse.

In your case, you first file a claim on the plan that covers you as a member/employee — the Canada Post-GWL plan. When the cheque and paperwork come back from Great-West Life, you then file a second claim for whatever money GWL didn't pay. You file the second claim on the plan that covers you as a spouse — your spouse's plan. When you send in the second claim, you must include a copy of the paperwork that came with the cheque to show how much the first plan paid.

In the case of your spouse, he or she files the first claim with the plan that covers him or her as a member/employee. The second claim should be filed with the plan that covers him or her as a spouse — the Canada Post-GWL plan.



Two-plan families where only one parent is a postal worker (claims for children)

The “birthday rule” was developed by insurance companies and applies in situations where children are covered by two benefit plans.

If you are part of a couple with children who are covered by two plans (only one of which is with CPC), you file a claim on both plans — but the claims must be filed one at a time. The first claim should be filed on the plan covering the spouse with the earliest birthday in the year (the actual birthday, not the year of birth).



Example: Your spouse’s birthday is March 23, 1965 and your birthday is June 3, 1962. You first apply under your spouse’s plan, because March 23 comes before June 3 in the calendar year.

You wait for the insurance company to process the claim and send a cheque. Any amount not paid for by the first claim can be submitted to the other spouse’s plan. When you send in the second claim, you must include a copy of the paperwork that came with the cheque to show how much the first plan paid.



Common questions and problems



Q I bought new glasses and sent my claim, but it was rejected. Why was it rejected?

Probably because you bought your new glasses before the end of the two-year period. You should check with Great-West Life before you make your eye appointment, either by phone or checking your on-line account. The two-year calendar is on page 7. See *Contact information* at the end of this booklet for GWL’s telephone numbers and Internet address.



Q What if I buy glasses in another province or territory?

Be sure to get a receipt. When you get home, fill out a claim form and mail it to Great-West Life. As always, be sure to keep a copy of what you send to Great-West Life.



When will I get my cheque from Great-West Life?

It normally takes about two weeks from when you mail your claim to when you will receive your cheque from Great-West Life.

If there is a problem with your claim, Great-West Life will send you a note saying what the problem is, and you will have to resolve it before the claim can be processed.

Possible problems:

- your Canada Post employee number (HRID number) is missing
- a family member does not show up as covered in GWL's records
- a required signature (e.g., yours, a medical practitioner's) is missing
- a receipt is missing
- an original receipt is required

If you want to check on the progress of your claim, you can call Great-West Life, or you can look up your on-line account on the GWL website. See *Contact information* at the end of this booklet for GWL's telephone numbers and Internet addresses.



How long do I have to send in my claim form?

You have 12 months from the date of an expense to make a claim. If you submit your claim later than 12 months after the date of your service or purchase, it won't be accepted for reimbursement: you won't be able to get any money back.



What do I do if I think Great-West Life made a mistake?

Possible scenarios:

- your cheque is smaller than you think it should be
- you were denied reimbursement for something you are sure is covered by your plan

Here's what to do if you think Great-West Life made a mistake:

- Call GWL and ask for clarification. If you don't agree with the answer you get, put your complaint in writing. Mail your complaint to Great-West Life, being sure to **keep a copy** of what you send.



Using this benefit

- If you aren't satisfied with the response you get from GWL, check with your local to see if a grievance is possible.



The fine print

Exclusions (what's NOT covered)

The Vision and Hearing Plan does not reimburse expenses for:

- broken appointments (that a doctor billed you for)
- the filling out of claim forms
- safety glasses or sunglasses
- artificial eyes
- hearing tests
- the cost of recharging devices, or other such hearing aid accessories (but batteries are covered)
- supplies or services that are:
 - eligible for reimbursement under any government plan (such as provincial or territorial funding for hearing aids), or for which a government or government agency prohibits payment of benefits
 - received from a medical department maintained by Canada Post, an association, a union, or a similar type of group
 - required as a result of intentional self-inflicted injury, war (declared or undeclared), insurrection, or participation in a riot
 - provided principally for cosmetic purposes
 - clearly experimental in nature
 - not considered justifiable and reasonable by the insurer (however, the portion that would have been charged for an alternative treatment that is considered justifiable or reasonable will be covered)
 - required as a condition of employment
- supplies or services for which there would have been no charge in the absence of this insurance



Dictionary

children

Your children are your natural or legally adopted children, stepchildren, or foster children of you or your spouse, who are unmarried and financially dependent on you for support, and who are:

- under age 22 (for Vision/Hearing, and for Basic and Major Dental Plan coverage)
- under age 25, if full-time students (for the Vision/Hearing Plan, and for Basic and Major Dental Plan coverage)
- any age, if they are mentally or physically differently-abled and incapable of self-sustaining employment, providing they were differently-abled and covered on the date that coverage would otherwise have ended (Vision/Hearing and Dental Plans)
- any age, if they are mentally or physically differently-abled and incapable of self-sustaining employment, provided the child remains dependent on you for financial support (CUPW Life Insurance Plan)

Exceptions:

- only children under 22 years of age qualify for orthodontic coverage under the Dental Plan
- only children under 15 years of age are covered for pit and fissure sealants under the Dental Plan (Basic services)
- to be covered by the CUPW Life Insurance Plan, a child must be at least 14 days old and cannot be a foster child

coordination of benefits

You can coordinate benefits (and get up to 100% reimbursement for your claims) if you are covered by more than one plan for the same benefit. You can coordinate benefits if both you and your spouse are postal workers who are both eligible for coverage. You can also coordinate benefits when one spouse has CPC benefits and the other spouse is covered by different plans. (For more details, see the booklet on each benefit plan.)

CPC

Canada Post Corporation

CUPW

Canadian Union of Postal Workers



eligible expenses

Eligible expenses are services or purchases that are covered under your plan.

Employee Self Service (ESS)

Employee Self Service (ESS) is the Canada Post “SAP” website. You use a password and user number to access the electronic file containing your personal information. You can also obtain information about CPC benefits and download enrolment and claim forms at home or at work. Internet addresses and further information are at the end of this booklet.

first payer

When someone is covered by more than one benefit plan, the first payer is the insurance carrier that the insured person files a claim with first. The first payer is the person’s primary plan, the one that covers him or her as an employee. For example, if you are covered by the CPC Dental Plan and your spouse’s (non-CPC) dental plan, you claim with the CPC Dental Plan first. (See also *second payer* and *coordination of benefits*.)

Great-West Life (GWL)

The insurance company that looks after the Dental and Vision/Hearing Plans

maximums

Benefit plans set a limit on the amount of money you will be reimbursed (paid back) for various purchases and services: maximums. Just what a “maximum” is differs from plan to plan, and sometimes even within the same plan.

Under the Vision/Hearing Plan, for example, you get 100% of the maximum amounts under the plan. Under the Dental Plan, you can get 100% of a maximum if you spend enough. For more information, see the booklets on each plan.

National Capital Region

The Ottawa-Gatineau area

premium holiday

A period during which you don’t have to pay premiums for a benefit

regular employee

Rural and suburban mail carriers: A route holder, who is not a relief, replacement or helper.



reimbursement

Money that you get back for expenses that you paid for out of your pocket

Rural and Suburban Mail Carriers (RSMCs)

CUPW has two collective agreements with Canada Post. One contract covers one group of workers, the 6,000 Rural and Suburban Mail Carriers (RSMCs). The other contract, for urban postal operations, covers the 48,000 people who work as letter carriers, postal clerks, dispatchers, mail service couriers, mail handlers, technicians and mechanics.

SAP

SAP stands for “Systems, Applications and Products in Data Processing” (translation from German). SAP is the software system used by Canada Post’s Employee Self-Serve (ESS) Intranet/Internet site.

second payer

When someone is covered by more than one benefit plan, the second payer is the carrier that the insured person files a claim with second, usually the spouse’s plan. For example, if you are covered by both the Canada Post (Great-West Life) Vision/Hearing plan and your spouse’s (non-CPC) vision plan, you claim with the CPC Vision/Hearing Plan first; CPC is the first payer. When you get your cheque from GWL you can file a claim with your spouse’s vision plan, the second payer. (See also *first payer and coordination of benefits*.)

spouse

A spouse is defined as:

- the person to whom you are married and with whom you live, or
- the person to whom you were (or are) legally married and whom you support, or
- the person with whom you have been living in a common-law relationship for at least one year



Note: The one-year requirement does not apply to common-law relationships where a child is born of the relationship. See Clause 31.06 of the RSMC collective agreement for a more detailed definition of common-law spouse.



Note: Same-sex couples are included under this definition of spouse.



Note: A divorced spouse is not eligible for coverage under the CUPW Life Insurance Plan. A divorced spouse whom you support is eligible for coverage under the Vision/Hearing and Dental Care Plans.

student

A child is considered as a full-time student if he or she has been in registered attendance at an elementary school, high school, university, or similar educational institution for 15 hours a week or more sometime in the past six months.



urban postal operations (UPO)

CUPW has two collective agreements with Canada Post. The contract for urban postal operations covers the 48,000 people who work as letter carriers, postal clerks, despatchers, mail service couriers, mail handlers, technicians and mechanics. The union's other contract with CPC covers one group of workers, the 6,000 Rural and Suburban Mail Carriers (RSMCs).



Contact information

Canadian Union of Postal Workers (CUPW) — your union

Your steward and others in your local or region can help you with your benefits questions or problems.

My union contacts

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Internet address

www.cupw-sttp.org

On this site, you can:

- download the latest version of this booklet, and other benefit booklets. (Check to be sure you have the latest version; the date is at the bottom of each page.)
- download forms for these Canada Post benefits: Dental, Vision/Hearing and Basic Life Insurance



Canada Post Corporation (CPC)

Human Performance Management (HPM) Offices (formerly called Pay and Benefits Offices)

Canada Post operates HPM offices where you can get forms and information about your pay and benefits coverage. They are staffed by members of the Union of Postal Communications Employees (UPCE), a sister union in the post office. Some larger workplaces have HPM offices on-site.

| | |
|---|--------------------------------|
| New Brunswick, Nova Scotia, Newfoundland and Labrador, P.E.I. | (902) 494-4051 |
| Eastern Quebec | (418) 694-3222; (418) 694-3214 |
| Western Quebec | (514) 345-7474 |
| National Capital Region, Eastern Ontario | (519) 457-5318 |
| Greater Toronto Area | (905) 214-9503 |
| South-Western, Northern Ontario | (519) 457-5318 |
| North-Western Ontario, Manitoba, Saskatchewan | (204) 987-5536; (204) 987-5476 |
| Calgary, Southern Alberta | (403) 974-2197; (403) 974-2034 |
| Edmonton, Central and Northern Alberta, N.W.T. | (780) 944-3429; (780) 944-3219 |
| British Columbia, Yukon | (604) 662-1542 |

Always have your Canada Post employee number (HRID number) at hand when you call. If you have problems with a particular claim, call Great-West Life.

Canada Post employee ESS (SAP) site

<http://mysite.canadapost.ca>

Use the above address to reach this site from home. At work, the site is accessible on the Intranet. On this site, you can:

- download forms and CPC's benefits information
- check your personal information to see if it's accurate

Notes:

- You need a user name and password to use the site. If you never got a password or it doesn't work, call (877) 411-8585.
- The CPC employee site won't work if you have a Macintosh computer.



Great-West Life

This company looks after the Vision/Hearing Plan and the Dental Plan.

Mailing addresses

For Quebec residents (for CLAIMS), except those in the National Capital Region:

Great-West Life Health & Dental Benefits
800, de la Gauchetière ouest, Suite 5800
Montreal QC H5A 1B9

For all other residents, including the National Capital Region (for CLAIMS):

Great-West Life Health & Dental Benefits
P.O. Box 3050
Winnipeg MB R3C 4E5

To send in your Dependent Information Form (but NOT for claims):

Great-West Life Assurance Company
Group Electronic Enrollment, 4 South
P.O. Box 6000, Station Main
Winnipeg MB R3C 3A5

Phone numbers

Quebec residents (except those in the Montreal area):

English and French: (800) 663-2817

Montreal residents:

(514) 878-1288

All other residents — call the Winnipeg office:

English and French: (800) 957-9777
TTY/TDD: (800) 990-6654



Internet address

www.gwl.ca

On this site, you can:

- Look up your claims history for the past two years for your Dental and Vision/Hearing Plans

Notes:

- You log onto the Great-West Life website using the number of a GWL plan and your Canada Post employee number (HRID number). You can pick your own password for future access. On the GWL site, you can check your electronic file, to check on the progress of a claim, for example.
- The GWL site has a confusing name for one of the plans. The Vision/Hearing Plan is called "Health & Vision (51392)" and the Dental Plan is called "Dental (51057)".
- Don't use the generic claim forms on this site; use the ones on the CUPW or CPC sites instead.



Canadian Union of Postal Workers

National Office • 377 Bank Street, Ottawa, ON K2P 1Y3 • www.cupw-sttp.org