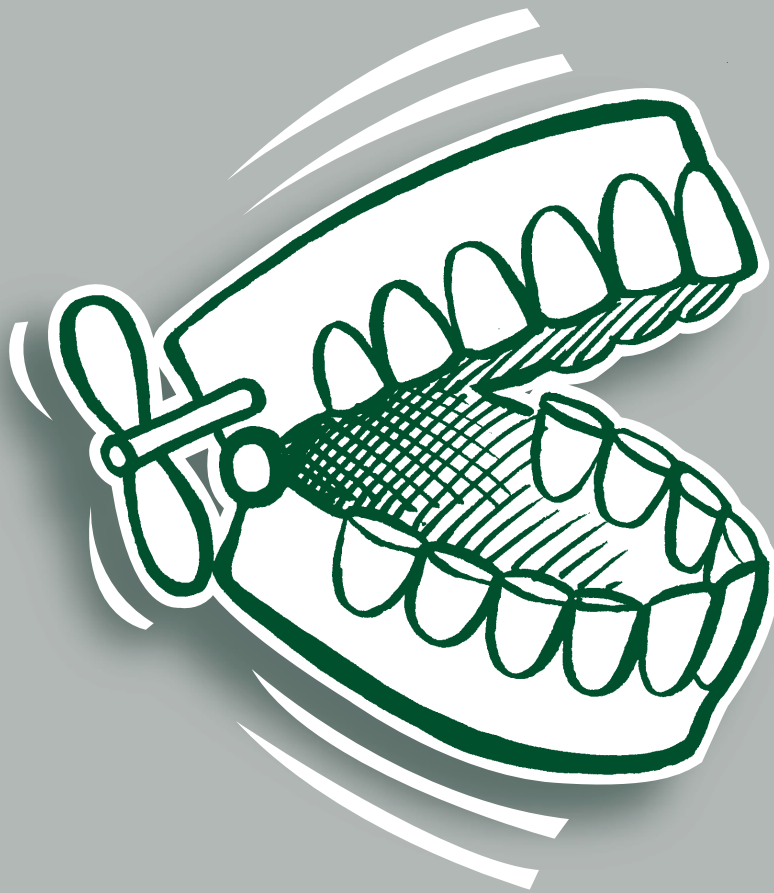


Dental Plan



Urban Postal Operations

This benefit booklet

This booklet is one of six booklets about benefits. 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, along with who is eligible for the different plans.

- Extended Health Care Plan (Urban Postal Operations)
- Vision and Hearing Plan (Urban Postal Operations, and Rural and Suburban Mail Carriers)
- Dental Care Plan (Urban Postal Operations)
- CPC Basic Life Insurance Plan and Paid Death Benefit (Urban Postal Operations)
- Disability Insurance Plan (Urban Postal Operations)
- CUPW Life Insurance Plan (all members in good standing of CUPW)

For more information, talk to your steward or a local 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 51057 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

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Illustrations and graphic design by Tony Biddle

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CUPE-SCFP

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? | 6 |



| | |
|--|----------|
| Overview of the plan | 7 |
| What expenses/services does this plan cover? | 7 |
| What's NOT covered? | 9 |
| How much will I be reimbursed (paid back) for my expenses? | 10 |



| | |
|---|-----------|
| Using this benefit | 12 |
| How do I use this benefit? | 12 |
| Tips for using this benefit | 13 |
| Some examples of using this benefit | 14 |
| Coordination of benefits | 17 |
| Common questions and problems | 22 |
| When will I get my cheque from Great-West Life? | 22 |
| How long do I have to send in my claim form? | 23 |
| What do I do if I think Great-West Life made a mistake? | 23 |



The fine print _____ **24**



Dictionary _____ **25**



Contact information _____ **29**

Canadian Union of Postal Workers (CUPW) _____ 29

Canada Post Corporation (CPC) _____ 30

Human Performance Management (HPM) Offices
(formerly called Pay and Benefits Offices) _____ 30

Great-West Life _____ 31



Introduction to this plan



What is it?

This plan provides dental services. It's called "Dental Care Plan no. 51057" and the company that looks after it is Great-West Life.

The dental plan for employees is under Clause 30.04. The retirees' version of the plan isn't mentioned in the contract.



Who is eligible for coverage under this plan?



Eligible

- **Regular (permanent) employees and temporary employees in Group 3 (maintenance)** who have completed six months of continuous service (work) are eligible — but coverage doesn't start immediately. A regular employee is a permanent employee, full-time or part-time.
- **Retirees** are eligible for a modified version of the plan.



NOT eligible

- **Temporary employees**, except for those working in Group 3 (maintenance) positions are not eligible. When temporary employees become regular (permanent) employees and have worked six months, they will be eligible, but coverage doesn't start immediately.
- **Rural and Suburban Mail Carriers (RSMCs)** are not eligible.



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

The Dental 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



Introduction to this plan

- 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 5.05 of the CUPW-CPC 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 disabled and unable to support themselves, provided they were disabled and covered (as children under age 21, 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. The Extended Health Care Plan covers children up to the age of 21. Full-time students are covered up to age 25 on all three 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 you need to enrol (sign up)?

You are automatically enrolled in this plan, which is mandatory. You do not have to fill out an enrolment form. Your coverage will begin on the first of the month **after** you have completed six months of service (work) in an eligible position.

However, you do need to put your **dependants** on the Dental Plan. Great-West Life looks after the Extended Health Care, Vision/Hearing and Dental Plans. The company uses the Dependent Information Form for all three plans, so you only have to fill out this form once.

If you haven't done so already, you need to get a **Dependent Information Form**, fill it out, and send it to Great-West Life.



Other coverage issues

When does coverage start?

Coverage begins on the first day of the month following your completion of six months of continuous service (work) as a regular employee (or as a temporary employee in Group 3). For example, if you start working on January 6, you'll be **eligible** on July 6 (which is when you'll have completed six months of service), but your **coverage** won't begin until the first of the next month — August 1.

When does coverage end?

Coverage for you, your spouse and your dependants ends on the earliest of the following dates:

- when your employment ends
- when you retire (unless you apply for the retiree plan)
- when you are on strike
- when you die (your spouse/child may apply to continue coverage)
- 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).

However, you may be able to be reimbursed for dental work that had already been started before your employment ended.



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 dental coverage continues when you are on some types of leave, but not others.

| | |
|--|--|
| Sick Leave (paid or unpaid) | → Coverage continues |
| Disability Insurance (DI) | → Coverage continues |
| Maternity, Parental and Adoption Leave | → Coverage continues |
| Any other leave of absence without pay of more than 30 calendar days (e.g., Education Leave, Care and Nurturing Leave, Sabbatical Leave) | → Coverage ends on your last day of work |



When I return from leave, when will premium arrears (money I owe to CPC) be recovered?

When you return to work, Canada Post will deduct the money owing over a period twice as long as the period of your leave.



Example: Here is an example of how it works. You return from five months of leave and owe a total of \$350 in premiums for the time you were on leave (five months x \$70). Canada Post will deduct the \$350 over a period that's twice as long as your five-month leave (ten months). You'll pay back the premiums at the rate of \$35 a month.



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



Can I continue my coverage after retirement?

You are eligible to continue your coverage:

- if you are a retiree with 10 years of continuous service who is entitled to receive an immediate pension, or
- if you are a retiree who deferred your pension for no more than five years



Note: In either case, you must apply to continue your coverage within 60 days of receiving your first pension cheque.



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. |

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



Introduction to this plan



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.



Important: You need to let GWL know if you have children over age 21 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.

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



What are the costs?

Here are the monthly premiums for the Dental Plan, effective January 2005:

| Dental Plan premiums | | Monthly premiums | Deductibles |
|----------------------|--------|------------------|-------------|
| Employees | Single | \$1.27 | \$50 |
| | Family | \$2.86 | \$80 |
| Retirees | Single | \$10.46 | \$50 |
| | Family | \$20.24 | \$80 |



Overview of the plan




What expenses/services does this plan cover?

The plan covers three types of services:


1) Basic services

The plan covers 80% of the costs (up to a maximum reimbursement of \$1,000 per calendar year).

 *Note: If you become eligible after June 30 of any year, and therefore have less than six months in which to claim benefits, the maximum reimbursement for Basic services is \$500.*


2) Major services

The plan covers 70% of the costs (up to a maximum reimbursement of \$1,500 per calendar year).

 *Note: If you become eligible after June 30 of any year, and therefore have less than six months in which to claim benefits, the maximum reimbursement for Major services is \$750.*

3) Orthodontics *(children only)*

The plan covers 50% of the costs (up to a maximum lifetime reimbursement of \$2,000 per child).

 *Note: For orthodontic work, "child" is defined as under age 22; full-time dependent students over the age of 22 don't qualify.*

1) Basic services

- oral examinations (twice a year, at least five months apart)
- x-rays:
 - bite wing (twice a year, at least five months apart)
 - full mouth (at least 24 months apart)
- routine diagnostic and laboratory procedures
- scaling and polishing (twice a year, at least five months apart)
- fluoride application (twice a year, at least five months apart)
- fillings (amalgam, silicate, acrylic, or composite)
- extractions and alveolectomy at the time of extraction
- replacement of existing fillings if the existing filling is at least two years old or the existing filling was not previously covered under this plan
- dental surgery, including general anesthesia, and related diagnostic x-ray and laboratory procedures



Overview of the plan

- necessary treatment for relief of dental pain, including the cost of medication and its administration when given by injection in the dentist's office
- space maintainers for missing primary teeth and habit-breaking appliances
- consultations required by the attending dentist
- surgical removal of tumours, cysts and neoplasms, and incision and drainage of abscesses
- endodontic services (root canal therapy)
- periodontal services (treatment of gums and bones supporting the teeth)
- pit and fissure sealants for children under the age of 15

2) Major services

- crowns, onlays and inlays
- replacement of existing crowns or onlays if the existing restoration is at least five years old and cannot be made serviceable
- procedures involving the use of gold only if a lower-cost substitute is not considered consistent with generally accepted dental practice (otherwise, reimbursement will be based on the lower-cost substitute)
- relining, rebasing and repairs to existing dentures
- creation and placement of initial bridge or denture (full or partial), provided that the appliance was required because at least one natural tooth needed to be extracted while the person was covered under the plan
- replacement of existing bridge or denture if:
 - the existing appliance is at least five years old and cannot be made serviceable
 - the existing appliance is temporary and is replaced by a permanent one, provided the temporary appliance was installed while the person was covered by the plan
 - the replacement appliance is required because an initial opposing denture had been installed while the person was covered by the plan
 - the initial appliance was irreparably damaged as the result of an accidental injury
 - one additional natural tooth must be extracted and the existing bridge or denture cannot be made serviceable; if the existing appliance could have been made serviceable, the plan will reimburse only the portion of the cost related to the additional extracted tooth

3) Orthodontic services

- treatment and appliances for the realignment of teeth or jaws using braces or other dental procedures to straighten teeth and keep them in the correct position
- applies to children only, who must be under age 22



Note: When the word "year" is used, it means a calendar year (January to December); it does not mean just any 12 months in a row.



What about coverage outside Canada?

You and your family can be reimbursed for emergency dental work done outside Canada when you are on vacation. Also, a dependent child studying outside Canada is eligible for coverage. The service will be reimbursed as if it had been done in your home province or territory, as long as Great-West Life considers the expense “reasonable”. You must get a receipt for the money you paid and a written description of the service, including the international tooth number(s). You mail these items to Great-West Life, being sure to include the number of your plan and your Canada Post identification number (HRID number), and also being sure to make a copy of what you’ve sent.

Doesn't the Extended Health Care Plan cover some dental work?

The Extended Health Care Plan covers dental work required due to an accident, as well as some dental surgeries. If you are covered under the Extended Health Care Plan, be sure to note this on your dental claim form.



Note: The Extended Health Care Plan is an optional benefit plan that offers coverage for medical care, drugs and hospitalization expenses that aren't covered under your provincial or territorial health plan.



What's NOT covered?

Here are some examples of work that is not covered:

- work that is not the least expensive method (but if you choose a more expensive option, the plan will pay for the cost of the least expensive option)
- work that was done before its time limit for coverage (for example, items such as crowns or bridges can usually only be replaced every five years)
- various types of cosmetic work



For more information: See the entire list of exclusions in *The fine print* section on page 24.



How much will I be reimbursed (paid back) for my expenses?

As the above shows, the Dental Plan sets out maximum amounts of money you can be reimbursed each calendar year for Basic, Major and Orthodontic expenses. A calendar year is a year that begins on January 1 and ends on December 31; it is not just any 12 months in a row.

Here are some other factors that determine how much money you will get back on your dental claim:

- deductibles
- fee guides
- how much your dentist charges
- “the least expensive treatment”
- the calendar year

Deductibles

This plan has deductibles. The deductibles are \$50 (single) and \$80 (family) per year. The family deductible is paid in two portions. The first family member to use the plan pays \$50. The next person in the family who uses the plan pays the remaining \$30 of the deductible.

Fee guides

You will be reimbursed (paid back) based on the Dental Association fee guide for the province or territory where you receive treatment. The fee guide is a list of prices for dental work. These guides, produced by the dental associations of the different provinces and territories, are updated each year, but the people covered by this plan are paid on the basis of a previous year’s plan. As the chart below shows, the fee guide that is used to calculate your reimbursement will always be at least one year old.



Note: The Alberta Dental Association no longer publishes fee guides. The British Columbia fee guide is applied to people who live in Alberta.

| Fee guide | | |
|-----------|--|---|
| For year | When the fee guide is applied to employees | When the fee guide is applied to retirees |
| 2003 | April 1, 2004 | April 1, 2004 |
| 2004 | April 1, 2005 | continue on 2003 fee guide |
| 2005 | April 1, 2006 | continue on 2003 fee guide |



How much your dentist charges

Dentists charge different amounts of money for the same services, and they don't always charge the rates listed in the fee schedule. Because you are reimbursed 80% of the amounts for dental services in a previous year's fee schedule, you will always be out of pocket (unless you are covered by a second dental plan and can coordinate your benefits). But the extent to which you will be out of pocket is affected by how much your dentist has charged you.

The least expensive treatment

You will be reimbursed (paid back) for "the least expensive treatment that will yield professionally adequate results."

There are different ways to do dental work, and some methods or materials cost more than others. This plan will pay for the least expensive option. If you are considering different options it's a good idea to find out how much Great-West Life will pay **BEFOREHAND**. If you choose a more expensive material or service, you will be paid the cost of the least expensive option.



For more information: See *Examples of using this benefit*, page 14.



For more information: See *What do I do if I think Great-West Life made a mistake?*, page 23.



Using this benefit



How do I use this benefit?

The primary tool you use for this benefit is a **dental claim form** — the form that says “Canada Post Corporation Dental Care Plan” at the top. But how you claim depends on your dentist. Most dentists have a preferred way of handling billings with patients who have dental plans. Here are the options:

1 You pay the dentist's bill in full.

You give your dentist a claim form. The staff at the dentist's office will write in the work that's been done, and the cost of each item on the form. You fill out the rest of the form, make sure that all the information is correct, and sign it. You mail the completed form to Great-West Life, being sure to keep a copy. GWL will mail you a cheque for the amount of money you are owed under the plan.

2 You pay the dentist's bill in full.

The dentist shows you a printout of an electronic claim form containing a list of the dental work done, and the cost of each item. You make sure that the information is correct. The dentist sends the claim to Great-West Life electronically, giving you a copy for your records. GWL will mail you a cheque for the amount of money you are owed under the plan.

3 Your dentist agrees that Great-West Life can pay him or her directly.

The dentist sends the claim form to Great-West Life, which will send the cheque directly to the dentist. The dentist will then bill you for the remainder of what is owed.

Be sure to bring a claim form with you to the dentist (unless your dentist uses electronic forms). If you need to get a paper claim form, see *Where to get forms and what to do with them*, on page 4.

Be sure to include your Canada Post employee number (HRID number) on the form. Also, be sure to indicate if you are covered by another dental plan: if you coordinate the benefits from the two plans you'll get more money back.



Using this benefit



Important: Before you go to the dentist, be sure to read *Tips for using this benefit*, below.



For more information: To better understand how the plan works, see *How much will I be reimbursed (paid back) for my expenses?* on page 10.



Tips for using this benefit

- **Do** get pre-authorization for any important dental work and get it IN WRITING. Sometimes a dentist says work will be covered under your plan because he or she believes it is: ask the dentist to call Great-West Life, and wait for the confirmation that GWL will mail you.
- **Do** work with your dentist to schedule your dental work so that you get as much of it as possible paid for out of the plan. The authorization from GWL says the treatment is covered under your plan, but it may not tell you how much of your yearly maximums you've already spent.
- **Do** check on-line on the Great-West Life website to look at the claims you and members of your family have filed over the past two years. See *Contact information* at the end of this booklet for instructions on how to log on. Keep in mind that the records only go back two years: you will have to call GWL if you are checking to find out how much you have left in an orthodontic maximum (which has a lifetime limit), or concerning appliances (which can only be replaced every five years, in most cases).
- **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.
- Employees covered by this plan should try to schedule dental appointments after April 1, to take advantage of the rates in the more recent version of the dental fee guide.
- If you've used up your maximums, **do** try to schedule non-urgent dental work to be done in the next calendar year.
- **Don't** forget to sign all the claim forms filed on this plan — not just your claims, but also claims for other family members on your plan.
- If your spouse has a dental plan with Canada Post or with another employer, **do** highlight the fact you have coordination of benefits on your claim form.



Using this benefit

- **Do** keep a copy of the claim forms you or your dentist sends to Great-West Life.
- **Do** put your Canada Post employee number (HRID number) on the claim form.



Some examples of using this benefit

A note about these examples

We used some real-life dental claims to create the examples you see below. If you filed a claim for the same expense as in one of the examples, you might receive more (or less) money back from Great-West Life than shown here. That's because the rates in the dental fee schedule in your province or territory are the major factor in determining how much you will be paid for your claim. Because these rates vary from province to province, and the prices of the different services and materials go up (or down) a few cents or dollars every year, there's no such thing as a standard claim.



Farid goes to the dentist

Farid has single coverage. Like all members who are regular employees in the urban operations group, he is covered by the Dental Plan. He makes two visits to the dentist. He gets a check-up and x-rays; later he goes back to get some cavities filled. The plan has a \$50 deductible for people with single coverage. Farid files a claim, as explained in *How do I use this benefit?*, on page 12.

Farid's dental work costs \$405 and he ends up being reimbursed \$263.60. As the chart below shows, his eligible expenses are \$392 and he is reimbursed 80% of this amount, which works out to \$313.60. The \$313.60 is reduced by the deductible of \$50, to \$263.60.

| FARID'S CASE | | | | | | |
|--|--|-----------------------|----------------------------------|---|-----------------------------|---|
| Service | Type of expense, maximum reimbursement available | Total amount he spent | Eligible expenses under the plan | Calculating the percentage of eligible expenses payable | Minus the deductible (\$50) | Amount of reimbursement he will get back from Great-West Life |
| Check-up, including, x-rays, scaling and polishing | Basic • reimbursed at 80% • maximum of \$1,000 a year per covered person | \$165 | \$160 | 80% of \$160 = \$128 | \$128 - \$50 = \$78 | \$78 |
| Three cavities filled | Basic | \$240 | \$232 | 80% of \$232 = \$185.60 | 0 (already paid) | \$185.60 |
| Total reimbursement: | | | | | | \$263.60 |

Note: we rounded off some actual claims to create these examples. The amount you could be reimbursed for a similar claim might be higher or lower. See *A note about these examples*, above.



Using this benefit

How much more could Farid be reimbursed if he needed more dental work?

Farid was reimbursed a total of \$263.60. He is entitled to a maximum reimbursement of \$1,000 for Basic expenses each calendar year. He has been paid \$263.60 of the \$1,000 maximum, leaving \$736.40 he could be reimbursed for more Basic expenses in this calendar year.



Note: Farid would have to spend a total of \$920 to be reimbursed \$736.40 (80% of \$920 is \$736.40.) As well, he could be reimbursed up to \$1,500 for Major dental expenses, which are reimbursed at 70% — he would have to spend \$2,143 to be reimbursed the full \$1,500.



Jane, Jeff and Joey go to the dentist

Jane is a postal worker with family dental plan coverage. Jane, Jeff (her partner) and their son, Joey, make several visits to the dentist in the same year. Jane files dental claims for them, as explained in *How do I use this benefit?* on page 12.

Jane gets a root canal. It costs \$900 and she ends up being reimbursed \$650. As the chart below shows, her eligible expenses are \$875 and she is reimbursed 80% of this amount, which works out to \$700. The \$700 is reduced by the deductible of \$50, to \$650.

In Jeff's case, his examination costs \$50 and he gets back \$8.40. His bridge costs \$2,600 and he gets back \$1,500. For the exam (an expense in the Basic category), his eligible expenses are \$48 and he is reimbursed 80% of this amount, which works out to \$38.40. The \$38.40 is reduced by the deductible of \$30, to \$8.40.

For the bridge (an expense in the Major category), Jeff's eligible expenses are \$2,500 and he is reimbursed 80% of this amount, which works out to \$1,750. The maximum reimbursement for Major expenses is \$1,500, so this is what he receives.

JANE AND JEFF'S CASE

| | Service | Type of expense, maximum reimbursement | Total amount spent | Eligible expenses under the plan | Calculating the percentage of eligible expenses payable | Minus the deductible | Amount of reimbursement from Great-West Life |
|------|-----------------|--|--------------------|----------------------------------|---|----------------------------|--|
| Jane | Root canal | Basic • reimbursed at 80% • maximum of \$1,000 a year per covered person | \$900 | \$875 | 80% of \$875 = \$700 | \$700 - \$50 = \$650 | \$650 |
| Jeff | Exam and x-rays | Basic | \$50 | \$48 | 80% of \$48 = \$38.40 | \$38.40 - \$30 = \$8.40 | \$8.40 |
| | Bridge | Major • reimbursed at 70% • maximum of \$1,500 a year per covered person | \$2,600 | \$2,500 | 80% of \$2,500 = \$1,750 | Already paid | \$1,500 (the maximum for this category) |



Note: The deductible for family coverage is \$80. The first family member who uses the plan pays \$50. The next person in the family who uses the plan pays the remaining \$30 of the deductible. If the family has three people in it, the third person who uses the plan doesn't have to pay any deductible.

How much more could Jane be reimbursed if she needed more dental work?

Jane is entitled to a maximum reimbursement of \$1,000 for Basic expenses each calendar year. She has been paid \$650 of the \$1,000 maximum, leaving \$350 she could be reimbursed for more Basic expenses in this calendar year. Note: She would have to spend a total of \$438 to be reimbursed \$350 (80% of \$438 is \$350.) As well, she could be reimbursed up to \$1,500 for Major dental expenses, which are reimbursed at 70% — she would have to spend \$2,143 to be reimbursed the full \$1,500.

How much more could Jeff be reimbursed if he needed more dental work?

Jeff is entitled to a maximum reimbursement of \$1,000 for Basic expenses each calendar year. He has been paid \$8.40 of the \$1,000 maximum, leaving \$991.60 he could be reimbursed for more Basic expenses in this calendar year. Note: He would have to spend a total of \$1,240 to be reimbursed \$991.60 (80% of \$1,240 is \$991.60.) He has used up his \$1,500 maximum for Major expenses in this calendar year; he will not get any more money back for Major dental work done this year.

Joey gets braces

Jane and Jeff's son, Joey, needs some orthodontic work (braces). The braces cost \$5,000. The plan pays 50% of the cost of orthodontic work, but there's a lifetime maximum of \$2,000. The plan will reimburse \$2,000.

The \$2,000 lifetime maximum applies to Joey: if Jeff and Jane have another child who needs some orthodontic work, the plan will reimburse another \$2,000 maximum. Because the plan reimburses 50% for expenses in this category, they must spend at least \$4,000 to get the \$2,000 maximum reimbursement.

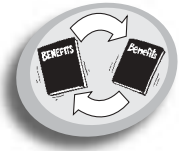
Jane got pre-approval

Before the orthodontic work began, Jane asked the dentist to send an estimate to Great-West Life for approval. She waited for the confirmation from GWL to arrive in the mail before authorizing the dentist to begin working on Joey's braces. Under the payment plan for the orthodontic work, her payments to the dentist (and the corresponding reimbursements from GWL) are spread out over a number of months.



Using this benefit

She went through a similar process when the dentist said that Jeff needed a bridge. She asked the dentist to send an estimate to Great-West Life for approval, and waited for the confirmation from GWL to arrive before giving the go-ahead to the dentist.



Coordination of benefits

Two plan, two-postie families

Anand and Gita both work for Canada Post and they are both on the Dental Plan, as employees with family coverage. They can claim benefits from two dental plans.

Anand gets a root canal, has a check-up and gets some cavities filled. Anand files a claim, as explained in *How do I use this benefit?*, on page 12, making sure to highlight that he has coordination of benefits. He spends a total of \$1,305 for dental work. Because he has coordination of benefits he will receive \$1,305 — 100% of what he paid.

To understand how coordination of benefits works, we begin with Anand's plan. Anand is reimbursed 80% of his eligible expenses (80% of \$1,267), which works out to \$1,013.60, from which GWL subtracts the \$50 deductible, leaving \$963.60. Anand's plan will reimburse him \$963.60. This is the same amount that a person with only one plan would get.

| ANAND'S CLAIM ON ANAND'S PLAN | | | | | | |
|-------------------------------|--|--------------------|----------------------------------|---|-----------------------------|---|
| Service | Type of expense, maximum reimbursement | Total amount spent | Eligible expenses under the plan | Calculating the percentage of eligible expenses payable | Minus the deductible (\$50) | Amount of reimbursement from Great-West Life (Anand's plan) |
| Root canal | Basic • reimbursed at 80% • maximum of \$1,000 a year per covered person | \$900 | \$875 | 80% of \$875 = \$700 | \$700 - \$50 = \$650 | \$650 |
| Check-up | Basic | \$165 | \$160 | 80% of \$160 = \$128 | (Already paid) | \$128 |
| Cavities | Basic | \$240 | \$232 | 80% of \$232 = \$185.60 | (Already paid) | \$185.60 |
| | | <u>\$1,305</u> | <u>\$1,267</u> | <u>\$1,013.60</u> | | |

Total reimbursed from Anand's plan: \$963.60



Using this benefit

Now we move to Gita's plan. The first thing to do is calculate how much money Gita's plan would pay for Anand's claim.

For a claim like Anand's, Gita's plan would reimburse 80% of Anand's eligible expenses (80% of \$1,267), which works out to \$1,013.60, from which GWL would subtract the \$50 deductible, leaving \$963.60. Gita's plan would reimburse him \$963.60...but hey, wait a minute, Anand's plan has already paid him \$963.60, and you can't be reimbursed more than you paid.

Anand's plan will reimburse him \$963.60. Anand has paid \$1,305 for services covered under the Dental Plan, Gita's plan will pay the difference, \$341.40. Anand has been paid for 100% of what he spent at the dentist.



Note: This example assumes that everything Anand claimed was covered under the Dental Plan.

| ANAND'S CLAIM ON GITA'S PLAN | | | | | | | |
|------------------------------|--|--------------------|----------------------------------|---|-----------------------------|---|--|
| Service | Type of expense, maximum reimbursement | Total amount spent | Eligible expenses under the plan | Calculating the percentage of eligible expenses payable | Minus the deductible (\$50) | Amount he would be entitled to under Gita's plan... but he can't get back more than what he spent | So,..Gita's plan reimburses up to the amount he spent at the dentist |
| Root canal | Basic • reimbursed at 80% • maximum of \$1,000 a year per covered person | \$900 | \$875 | 80% of \$875 = \$700 | \$700 - \$50 = \$650 | \$650 | \$900 - \$650 = \$250 |
| Check-up | Basic | \$165 | \$160 | 80% of \$160 = \$128 | (Already paid) | \$128 | \$165 - \$128 = \$37 |
| Cavities | Basic | \$240 | \$232 | 80% of \$232 = \$185.60 | (Already paid) | \$185.60 | \$240 - \$185.60 = \$54.40 |
| | | <u>\$1,305</u> | <u>\$1,267</u> | <u>\$1,013.60</u> | | <u>\$963.60</u> | |

Total reimbursed from Gita's plan: **\$341.40**



Using this benefit

Gita gets a bridge

Gita gets an exam, x-rays and a bridge. She files a claim, as explained in *How do I use this benefit?*, on page 12, making sure to highlight that she has coordination of benefits. Gita claims a total of \$2,650 for the dental work. Because she has coordination of benefits, she will receive \$2,650 — 100% of what she paid.

To understand how coordination of benefits works, we begin with Gita’s plan. Gita is reimbursed 80% of her eligible expenses in the Basic category (80% of \$48), which works out to \$38.40, from which Great-West Life subtracts a \$30 deductible, leaving \$8.40. Gita has already paid a \$50 deductible for Anand’s previous claim. Gita is reimbursed 70% of her eligible expenses in the Major category (70% of \$2,500), which works out to \$1,750, of which GWL will only reimburse the maximum for this category, \$1,500.

Gita’s plan will reimburse her \$1,508.40.

| GITA'S CLAIM ON GITA'S PLAN | | | | | | |
|---|--|--------------------|----------------------------------|-----------------------------------|-----------------------------|--|
| Service | Type of expense, maximum reimbursement | Total amount spent | Eligible expenses under the plan | Calculating the eligible expenses | Minus the deductible (\$30) | Amount of reimbursement from Great-West Life |
| Exam and x-rays | Basic • reimbursed at 80% • maximum of \$1,000 a year per covered person | \$50 | \$48 | 80% of \$48 = \$38.40 | \$38.40 - \$30 = \$8.40 | \$8.40 |
| Bridge | Major • reimbursed at 70% • maximum of \$1,500 a year per covered person | \$2,600 | \$2,500 | 70% of \$2,500 = \$1,750 | (Already paid) | \$1,500 (the maximum for this category) |
| | | <u>\$2,650</u> | <u>\$2,548</u> | <u>\$1,750</u> | | |
| Total reimbursed from Gita's plan: | | | | | | \$1,508.40 |



Using this benefit

Now we move to Anand's plan. The first thing to do is calculate how much money Anand's plan would pay for Gita's claim.

For a claim like Gita's, Anand's plan would reimburse 80% of Gita's eligible expenses in the Basic category (80% of \$48), which works out to \$38.40, from which GWL would subtract a \$30 deductible, leaving \$8.40. Anand's plan would also reimburse 70% of Gita's eligible expenses in the Major category (70% of \$2,500), which works out to \$1,750, of which GWL will only reimburse the maximum for this category, \$1,500.

Anand's plan would reimburse her \$1,508.40...but hey, wait a minute, Gita's plan has already paid out \$1,508.40, and you can't be reimbursed more than you paid.

Gita's plan will reimburse her \$1,508.40. Gita paid \$2,650 for services covered under the Dental Plan. Anand's plan will pay the difference, \$1,141.60. Gita has been paid for 100% of what she spent at the dentist.



Note: This example assumes that everything Gita claimed was covered under the Dental Plan.

| GITA'S CLAIM ON ANAND'S PLAN | | | | | | | |
|--|--|--------------------|----------------------------------|---|-----------------------------|---|--|
| Service | Type of expense, maximum reimbursement | Total amount spent | Eligible expenses under the plan | Calculating the percentage of eligible expenses payable | Minus the deductible (\$30) | Amount she would be entitled to under Anand's plan... but she can't get back more than what she spent | So,..she gets reimbursed up to the amount she spent at the dentist |
| Root canal | Basic • reimbursed at 80% • maximum of \$1,000 a year per covered person | \$50 | \$48 | 80% of \$48 = \$38.40 | \$38.40 - \$30 = \$8.40 | \$8.40 | \$50 - \$8.40 = \$41.60 |
| Check-up | Major • reimbursed at 70% • maximum of \$1,500 a year per covered person | \$2,600 | \$2,500 | 70% of \$2,500 = \$1,750 | (Already paid) | \$1,500 | \$2,600 - \$1,500 = \$1,100 |
| | | <u>\$2,650</u> | <u>\$2,548</u> | <u>\$1,788.40</u> | | <u>\$1,508.40</u> | |
| Total reimbursed from Anand's plan: | | | | | | \$1,141.60 | |



Note: This example assumes that everything Anand claimed was covered under the Dental Plan.



Note: 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.



Which plan do we use?

Two-plan, two-postie families

Both Anand and his spouse, Gita, have coverage under the Dental Plan. Their son, Raj, needs dental work. But whose plan should they use to claim these expenses — Anand's or Gita's? It depends on whose birthday comes first in the year. Because Anand's birthday falls earlier in the year he makes the claim on his plan.

Anand fills out a dental claim form as a member, and adds information about Gita in the Coordination of Benefits section. If Gita's birthday came earlier in the year than Anand's, they would file the claim on her plan, with Anand's information in the Coordination of Benefits section.

Great-West Life will reimburse the claim for Raj's dental expenses with benefits from both parents' plans. His 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.

The process for determining the total amount of benefits that will be paid is the same as in the *Coordination of benefits* examples shown on page 17. Benefits are paid first from the Canada Post plan. Then benefits are paid from the second plan, up to the amount that was paid at the



dentist (assuming everything that was claimed was covered by one plan, or the other). Just how much the second plan will pay depends on what it covers, and at what rates.

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, 1963 and your birthday is June 3, 1964. You first apply under your spouse's plan, because March 23 comes before June 3.

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. 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



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 dental work, 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.
- 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 Dental Plan does not reimburse expenses for:

- missed appointments (that the dentist billed you for)
- the filling out of claim forms
- supplies and services that are:
 - eligible for reimbursement under any government plan, or for which a government or government agency prohibits payment of benefits
 - received from a medical or dental department maintained by Canada Post, an association, a union, or a similar type of group
 - required as a result of intentionally self-inflicted injury, war (declared or undeclared), insurrection, or participation in a riot
 - provided for dietary planning for control of tooth decay, plaque control, oral hygiene instructions, congenital or developmental malformation
 - provided principally for cosmetic purposes
 - related to temporomandibular joint dysfunction, or required for full-mouth reconstruction or for a vertical dimension correction
 - required because of lost or stolen dentures
 - not yet approved by the Canadian Dental Association, or clearly experimental in nature, for which there would have been no charge in the absence of this insurance
 - required because of accidental dental injury received while you, your spouse, or your children are employed for pay or profit (other than your employment with Canada Post)
 - not considered justifiable and reasonable by the insurer (however, the portion that would have been charged for an alternative treatment that is considered justifiable and reasonable will be covered)



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 21 (for the Extended Health Care Plan)
- under age 22 (for Vision/Hearing, and for Basic and Major Dental Plan coverage)
- under age 25, if full-time students (for the Extended Health Care Plan, Vision/Hearing Plan, and for Basic and Major Dental plan coverage)
- any age, if they are mentally or physically disabled and incapable of self-sustaining employment, providing they were disabled and covered on the date that coverage would otherwise have ended (Vision/Hearing, Dental and Extended Health Care Plans)
- any age, if they are mentally or physically disabled 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



EHCP

Extended Health Care Plan

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, Vision/Hearing and Extended Health Care 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 Extended Health Care Plan, the maximum for massage therapy is \$400 a year, but if you claim \$400 in one year you will only get \$320 back. That’s because you are reimbursed 80% of this particular maximum. Most maximums under the EHCP are reimbursed at 80%, and the only way you can get more than 80% is to be covered by a second benefit plan.

In many cases, the maximum amount is allotted for a one-year period (such as for paramedical services like acupuncture), or a two-year period (e.g., eyeglasses). Some limits are for five years (e.g., hearing aids, wheelchairs), and a few are lifetime maximums (e.g., wigs for cancer patients).

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

A permanent employee, full-time or part-time. (urban operations unit)

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, despatchers, 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) Dental Plan and your spouse's (non-CPC) dental plan, you claim with the CPC Dental Plan first; CPC is the first payer. When you get your cheque from GWL you can file a claim with your spouse's dental 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 5.05 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, Dental and Extended Health 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. A child is not considered to be a full-time student if he or she is being paid to attend an educational institution.

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

| |
|--|
| |
| |
| |
| |
| |

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, Basic Life Insurance, and Extended Health Care Plans



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.

| | |
|-------------|--------------------------------|
| Atlantic | (902) 494-4051 |
| Quebec | (514) 345-7538 |
| Rideau | (613) 734-1585 |
| Head Office | (613) 734-8169 |
| Toronto | (905) 214-9503 |
| Huron | (519) 457-5318 |
| Winnipeg | (204) 987-5536; (204) 987-5476 |
| Calgary | (403) 974-2197; (403) 974-2034 |
| Edmonton | (780) 944-3429; (780) 944-3219 |
| Pacific | (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.



Contact information

Great-West Life

This company looks after the Extended Health Care Plan, 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 (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
Member Administration
P.O. Box 6000, Station Main
Winnipeg MB R3C 9Z9

Phone numbers

Quebec residents (except those in the National Capital Region) — call the Montreal office: 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, Extended Health Care 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.
- Note to Macintosh computer users: you must use a PC to register, but once you are registered you can access the site on your Mac.
- The GWL site has confusing names for two of the plans. The Vision/Hearing Plan is called "Health & Vision (51392)" and the Extended Health Care Plan is called "Health, Drugs, Vision (51391)". 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