



## Benefits for CUPE 3287 Employees Effective September 1, 2016

### Introduction

This booklet contains a summary of

1. Formulary Drug coverage,
2. Dental plan provisions,
3. Basic Life Insurance, and
4. Business Travel Accident Insurance.

These programs represent an important part of your total compensation package.

### Eligibility

Members of CUPE 3287 are eligible for the coverage described in this booklet unless they are a member of another university benefit plan. Members must also be a resident of Canada and eligible for provincial government health care benefits.

### Commencement of Coverage

Coverage under the CUPE 3287 benefit plan will take effect on the date of appointment as set out in the letter of offer.

### Summary of Benefit Coverage

Formulary Drug Coverage for you and your dependents	100% of Formulary Drugs \$2,000 per person per calendar year Pay-Direct Drug Card Includes Mandatory Generic Substitution
Dental Coverage for you	100% of Basic Dental Coverage, member only \$2,000 per calendar year
Basic Life Insurance	\$30,000
Business Travel Insurance	\$100,000

Annual maximums apply to Drug and Dental coverage regardless of number of terms/classes taught in a one plan year. A plan year is January to December.

### **Continuation of Coverage**

Coverage under the Basic Life Insurance, Dental and Formulary Drug plans will continue while you are on paid vacation or if you are on an approved medical leave of absence, to the end date of your appointment, as set out in the letter of offer.

### **Termination of Coverage**

Coverage for you and your dependents (where applicable) will cease on the earliest of:

- the date your employment terminates,
- the end date of your appointment, as set out in the letter of offer,
- the date of your death,
- the end of the period for which the last premium was paid,
- the date you are no longer an eligible employee, or
- the date the policy terminates.

In the event of your death, formulary drug coverage for eligible dependents will continue without payment of premiums, until the earliest of:

- the date similar coverage is obtained elsewhere,
- the date which is 24 months from your death, or
- the date the policy terminates.

## **1. FORMULARY DRUG COVERAGE**

### **Benefits**

The Formulary Drug Plan will reimburse you and each of your eligible dependents for 100% of formulary drugs, to a maximum of \$2,000 per person per calendar year\*.

\* Individuals whose drug costs are high relative to family income are encouraged to apply for coverage under the Special Support Program through the Saskatchewan Drug Plan. The Special Support Program through the Saskatchewan Drug Plan provides assistance to residents of Saskatchewan after drug claims reach 3.4% of adjusted net family income (family income is adjusted by deducting \$3,500 for each dependent child under 18 years of age). You are encouraged to contact Saskatchewan Health Care Officials at 1-800-667-7581 for any assistance with the application process.

The plan has no deductible.

### **Eligible Dependents**

All dependents must be residents of Canada and be eligible under the provincial government health care programs in their province of residence.

Your eligible dependents include:

Your Spouse – legal or common-law spouse provided your common-law spouse is publicly represented as your spouse and you have cohabited for one year.

Dependent Child – an unmarried natural, adopted, or stepchild who is dependent upon you for financial support and who is:

- 1) Under 21 years of age,
- 2) Under 26 years of age and attending a College or University full-time, or
- 3) Physically or mentally incapable of self-support and became incapable to that extent while entirely dependent on the member for maintenance and support under 1) or 2) above.

The children of the employee's common-law spouse may be covered provided the children are living with the employee.

If your child qualifies under 3) above, you must apply for coverage by completing a Disabled Child Coverage form and submitting it to Sun Life within 31 days of the child reaching the limiting age. If the child is over the limiting age at the time you become eligible for coverage, you must complete and submit the form within 31 days of becoming eligible for coverage. The form is available from Human Resources.

### **Covered Formulary Drugs**

Sun Life will cover the cost of the following generic drugs and supplies that are prescribed by a doctor or dentist and are obtained from a pharmacist. Drugs covered under this plan must have a Drug Identification Number (DIN) in order to be eligible.

- Selected drugs and supplies that are therapeutically useful and cost effective, and listed on the Saskatchewan Drug Benefit Plan.
- Life-sustaining drugs that may not legally require a prescription.
- Intrauterine devices (IUDs) and diaphragms.
- Prescribed anti-smoking drugs, which legally require a prescription and are listed on the Saskatchewan Drug Benefit Plan, are limited to a lifetime maximum of \$1,000

As mandatory generic substitution is a feature of your drug plan, the plan will only reimburse your prescription drugs up to the lowest priced (usually generic) equivalent, if one exists. Reimbursement for prescribed drugs will be made at the lowest priced interchangeable brand as listed in the Saskatchewan Drug Benefit List, even if "no substitution" is prescribed by the attending physician.

There may be valid medical reasons for not substituting your brand name drug with a lowest priced equivalent. If so, you and your doctor will need to complete a Drug Exception Application form. If the reasons are accepted by Sun Life, the plan will cover the cost of the brand name drug.

Sun Life will not pay for the following, even when prescribed:

- Infant formulas (milk and milk substitutes), minerals, proteins, vitamins and collagen treatments.

- The cost of giving injections, serums and vaccines.
- Treatments for weight loss, including drugs, proteins and food or dietary supplements.
- Hair growth stimulants.
- Drugs for the treatment of infertility.
- Drugs for the treatment of sexual dysfunction.
- Drugs that are used for cosmetic purposes.
- Natural health products, whether or not they have a Natural Product Number (NPN).
- Drugs and treatments, and services and supplies relating to the administration of the drug and treatment, administered in a hospital, on an in-patient or out-patient basis, or in a government-funded clinic or treatment facility.

### **General Exclusions and Limitations**

Sun Life will not pay for the cost of:

- Services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program unless explicitly listed as covered under this benefit.
- Services or supplies to the extent that their costs exceed the reasonable and usual rates in the locality where the services or supplies are provided.
- Equipment that Sun Life considers ineligible (examples of this equipment are orthopaedic mattresses, exercise equipment, air-conditioning or air-purifying equipment, whirlpools and humidifiers).
- Any services or supplies that are not usually provided to treat an illness, including experimental or investigational treatments. Experimental or investigational treatments mean treatments that are not approved by Health Canada or other government regulatory body for the general public.
- Services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada).
- Services or supplies for which no charge would have been made in the absence of this coverage.

Sun Life will not pay benefits when the claim is for an illness resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- Any work for which you were compensated that was not done for the employer who is providing this plan.
- Participation in a criminal offence.

### **Claim Procedures**

With the pay-direct drug card that is provided to you, no claim forms are required. The pay-direct drug card must be presented to the pharmacist when members purchase eligible prescription drugs anywhere within Canada. The pharmacist will submit your claim for the covered amount electronically to Sun Life Financial so members only have to pay the balance if the drug cost is higher than the amount eligible under the plan. For detailed information regarding the pay-direct drug card, please contact Human Resources or Sun Life Financial.

### **Benefit Period**

Each benefit period covers one calendar year. Limits apply on a calendar year basis.

**Coordination of Benefits**

If a covered person has similar benefits through any other policy or arrangement, the amount payable through this plan shall be coordinated so that total payment from all other sources will not exceed the actual expenses incurred.

**Conversion Option**

If your coverage ceases because of termination of employment or termination of membership in the class of employees eligible for coverage under this plan, then you may apply within 60 days of your termination date to convert to one of the programs available to individuals through Sun Life at that time.

The conversion option is also extended to dependents. In the event of loss of coverage due to a change in status, or your death, a spouse or dependent child may apply within 60 days of the change to convert to one of the programs available to individuals through Sun Life at that time.

**2. DENTAL PLAN****Benefits**

The Dental Plan will reimburse you for 100% of basic dental services, up to a maximum of \$2,000 per year.

The plan has no deductible.

Dependents are not covered for dental benefits.

Reimbursement for dental benefits is based on the usual and customary charges established for general practitioners by the Dental Association in the member's province of residence. If alternative dental procedures would provide professionally adequate results, reimbursement will be based on the lowest cost alternative.

**Basic Services****Preventive dental procedures**

- complete exam once every three benefit years
- recall exam once every five months, to a maximum of two exams per benefit year
- emergency or specific exams limited to two per benefit year per type of exam
- complete series of X-rays OR one panorex once every three benefit years
- bitewing x-ray once every five months, to a maximum of two sets per benefit year
- radiograph to diagnose or examine progress
- required consultations with another dentist
- polishing/cleaning and topical fluoride treatment every five months, to a maximum of two per benefit year
- emergency or palliative services

- diagnostic tests and lab exams
- removal of impacted teeth and anesthesia
- space maintainers for primary teeth
- pit and fissure sealants
- oral hygiene instruction once per benefit year

#### **Basic procedures**

- fillings:
  - amalgam (silver)
  - composite (white) on all teeth
  - acrylic (replaced by composite)
- removal of teeth (except impacted teeth)
- prefab metal restorations/crowns and repairs (not custom made)
- surgery and related anesthesia (except removal of impacted teeth)
- repair of bridges or dentures
- rebase or reline denture

#### **General Exclusions and Limitations**

Sun Life will not pay for services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program unless explicitly listed as covered under this benefit.

Sun Life will not pay for services or supplies that are not usually provided to treat a dental problem.

Sun Life will not pay for:

- Procedures performed primarily to improve appearance.
- The replacement of dental appliances that are lost, misplaced or stolen.
- Charges for appointments that a person does not keep.
- Charges for completing claim forms.
- Services or supplies for which no charge would have been made in the absence of this coverage.
- Procedures or supplies used in full mouth reconstruction (capping all of the teeth in the mouth), vertical dimension corrections (changing the way the teeth meet) including attrition (worn down teeth), alteration or restoration of occlusion (building up and restoring the bite), or for the purpose of prosthetic splinting (capping teeth and joining teeth together to provide additional support).
- Experimental treatments.

Sun Life will also not pay for dental work resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- Dental services required due to congenital malformation.
- Participation in a criminal offence.

### **Pre-treatment Plan**

If your dentist recommends any dental procedure that is expected to cost over \$500, you should have your dentist complete a pre-treatment plan. Submit this plan to the insurer, and you will be advised of the benefits payable for the course of treatment. Submitting a pre-treatment plan ensures that there are no misunderstandings about what reimbursement you will receive for expensive courses of treatment.

### **Claim Procedures**

Claims must be submitted within 90 days of the earlier of

- the end of the calendar year in which you received the service or supplies, or
- the end date of your final appointment of the calendar year in which you received the service or supplies.

If you have a dental expense that is either fully or partially covered by the plan, you can submit your claim in one of three ways:

**Electronic Submission:** Many dentists choose to submit claims electronically on behalf of their patients and will agree to have the reimbursement made directly to the dentist's office. This means you won't need to complete a claim form. However, you should remember that having the reimbursement paid directly to your dentist does not discharge your obligation to the dentist should the reimbursement be less than the dentist's fee.

**Online/Mobile App:** Sign up to *my Sun Life* at [www.mysunlife.ca](http://www.mysunlife.ca) and enter your access ID and password. If you do not have an access ID, click on **Register** and follow the steps. You will need your member ID (your university employee number) and contract number (150798). Once you have logged in, sign up for direct deposit. You can submit claims online and have your payment deposited directly into your bank account, usually within 24 to 48 hours from the time your claim has been processed. Please retain your original receipts for 12 months as they may be required to support your online claim. When your claim has been processed, Sun Life will send you an e-mail to notify you about the status of your claim.

**Mail:** All eligible expenses can be claimed by mailing your claim submissions. Complete Sun Life's "Dental and Health Spending Account Claim Form", enclose the original receipts and mail it to the address below. Be sure to keep a copy of the claim form and receipts for your records.

When completing your claim, please note

- Policy Number - the University's group policy number is 150798.
- Member ID – your employee ID number.

### **ALL MAIL CLAIM FORMS ARE TO BE FORWARDED TO:**

Sun Life Assurance Company of Canada  
PO Box 2010 Stn Waterloo  
Waterloo, ON N2J 0A6  
Telephone: 1-800-361-6212

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**Coordination of Benefits**

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**Conversion Option**

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The conversion option is also extended to dependents. In the event of loss of coverage due to a change in status, or your death, a spouse or dependent child may apply within 60 days of the change to convert to one of the programs available to individuals through Sun Life at that time.

**3. BASIC LIFE INSURANCE****Basic Life Insurance Plan**

The Basic Life Insurance Plan provides a lump sum benefit to your beneficiary in the event of your death.

**Benefits**

In the event of your death from any cause at any time or place while you are insured, your beneficiary or estate (if you have not designated a beneficiary) will receive a payment of \$30,000.

Death benefits may be paid in one lump sum or, if elected, under settlement options offered by Sun Life.

**Beneficiary**

When you become eligible for the Basic Life Insurance plan, your beneficiary designation will automatically be your estate. You may change your beneficiary at any time by completing a *Beneficiary Nomination* form available on the Human Resources website. Any nominations you make are revocable, unless prohibited by law or you stipulate otherwise. It is your responsibility to keep your beneficiary designation up-to-date.

**Disability Provision**

If you become totally disabled before your 65th birthday and are unable to work at your own or any other job, you may apply to have your Basic Life Insurance continue without payment of premium until you recover, retire or reach age 65. Application must be made before the end of your first year of disability. You will be required to submit medical proof of your disability. Any amount of insurance continued is subject to the terms of the group contract.



**Conversion Privilege**

If your Basic Life Insurance is terminated, your coverage will be continued without cost for a 31-day conversion period. During this time, you may convert your coverage to an individual policy without providing medical evidence. For information on conversion, contact Human Resources for the insurance company agent's name and phone number within the 31 day conversion period.

In the event of your death during the 31-day conversion period, the full amount of your coverage will be paid to your beneficiary, or your estate if you do not designate a beneficiary.

**Claims**

In the event of your death, Human Resources will assist your beneficiary or executor in submitting a claim. Claims should be submitted as soon as possible.

**Government Plans****Canada Pension Plan**

A lump sum death benefit may be payable to your spouse or estate. In addition, a survivor's pension may be payable to your spouse and/or an orphan's pension may be payable to your dependent children.

**Workers' Compensation**

If your death is the result of a work-related accident, a lump sum death benefit may be payable to your spouse. In addition, a specified monthly amount may be paid to your spouse or dependent children.

**4. BUSINESS TRAVEL ACCIDENT INSURANCE****Business Travel Accident Insurance Benefits**

In the event of your accidental death while travelling on authorized university business, your estate will receive \$100,000. This benefit is in addition to other life and accident insurance benefits which may be payable.

There is an overall maximum of \$500,000 payable for all losses resulting from the same accident, regardless of the number of insured persons involved. In the event of a single accident resulting in the death of more than one employee, the benefit will be pro-rated among the estates within the \$500,000 maximum.

Benefits are also provided for accidental loss of limb, sight or hearing while travelling on authorized university business. These benefits are detailed in the Specific Loss Accident Indemnity section of the Business Travel Accident Insurance Plan policy.

The Corporate Administration Office has the necessary claim forms and will provide assistance in completing them.

Business Travel does not include everyday travel to and from work.

*The information in this booklet is important to you and your family and should be kept in a safe place. We suggest you familiarize yourself with the contents of the booklet and refer to it whenever you make a claim for group benefits. You may call Human Resources if you need further information.*

*This description is intended as a summary of the benefit plans sponsored by the University of Saskatchewan. In the event of any misunderstanding or discrepancy, benefits will be paid according to the terms of the official plan documents and applicable legislation.*

*The Dental Plan and the Formulary Drug Plan is underwritten by Sun Life, Policy Number 150798.*

*The Basic Life Insurance Plan is underwritten by Sun Life, Policy Number 101798*

*The Business Travel Accident Insurance Plan is underwritten by The Citadel, Policy No. 6987383.*