

# **Benefits for Active Members**

## **Summary of Coverage**

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## Introduction

Through the group benefits plans, The United Church of Canada endeavours to make reasonable and adequate provision for all members of the plan and their families during the employment years.

This booklet describes the principal features of the group benefits plans for active members. The complete terms of coverage are detailed in the guiding document on file in the Ministry and Employment unit at the General Council Office of The United Church of Canada.

## The United Church of Canada's Plans and the Provincial Plans

The United Church's group benefits plans are intended to supplement benefits available under provincial plans. The objective is for members, no matter where in Canada they live, to have a similar combined level of coverage.

### Contact Information

See back cover (page 36).

## Eligibility and Enrolment

Participation in the group benefits plans is mandatory and a condition of employment for all employees of The United Church of Canada working full-time or part-time, 14 or more hours per week (on average).

Ministry personnel are eligible for coverage on the first of the month coincident with or following the date of hire. For other members, eligibility begins on either the first day of the month following the hire date, or the first day of the fourth month following the hire date. (The date of eligibility may be adjusted to coincide with the date premium deductions were started by the payroll service.)

To enrol for group benefits coverage and provide beneficiary and dependant information simply contact the United Church Benefits Centre at 1-855-647-8222. Be sure to have your employee number ready.

You are automatically enrolled in basic coverage from your eligibility date. You then have 60 days from the date you become eligible for group insurance to elect optional coverage. Any optional coverage selected would be effective the first of the following month. If you do not contact the United Church Benefits Centre within 60 days of your eligibility date, you may still elect optional life and/or accidental death and dismemberment (AD&D) benefits on a prospective basis, subject to satisfying evidence of insurability for any volume, even if less than the Non Evidence Maximum.

Optional coverage over the Non Evidence Maximum (life \$100,000/spousal life \$10,000) must also be approved by Great-West Life and would be effective upon approval.

## Eligible Family Members

The following family members are eligible to be insured under these plans:

- **Your legal spouse/partner** by virtue of religious or civil ceremony, or common law provision. A spouse ceases to be an eligible family member after one year of separation, or earlier in the case of a judicial decree or divorce.
- **Your unmarried children** under 18 years of age, or under age 25 if still in school full-time (age 26 in Quebec for drugs coverage only). Student certification is required and will be requested by the United Church Benefits Centre on an annual basis three months prior to your child's birthday.  
*If certification is not completed, your child's coverage will be terminated on their birthday.*

- **Your unmarried children if they are unemployable** by reason of mental or physical handicap (that commenced while covered as an eligible child). Proof of incapacity is required. Please contact the United Church Benefits Centre for an application form.

## Canadian Residency Requirement

To be eligible for benefits, you must be a resident of Canada insured under a provincial plan. If you are outside Canada for more than 90 consecutive days, or more than 180 days in any 365-day period, you are not covered by this plan.

If you are located in Bermuda, please contact the Regional Council 15 office for benefits information applicable to you.

## Change in Status

Once you are enrolled in the plan, you cannot adjust your coverage unless you experience a life event. The following are considered life events:

- Gaining a spouse/partner (marriage or common law)
- Birth or adoption of a child
- Loss of a spouse/partner
- Loss of a child/child no longer qualifies for benefits coverage
- Divorce or separation for one year/disqualification of common-law spouse
- Gain or loss of coverage under another employer-sponsored plan
- Beginning a recognized leave
- Returning from a recognized leave if longer than 6 months
- Your pensionable earnings increase/decrease by 25%

You must contact the United Church Benefits Centre to make changes to your coverage within 60 days of experiencing a life event. Afterwards, you will be allowed to make changes only to your health and dental coverage. You will be charged retroactive premiums back to the day in which your life event occurred. For changes to health and dental coverage going back further than the current calendar year, you will have to pay retroactive premiums for the current calendar year and a flat dollar amount of \$1,500 per year, for each year of late notification prior to that.

## When Coverage Ends for Active Members

In all cases, failure to pay the insurance premium or commencement of active duty in the armed forces of any organization or state will cause your coverage to terminate.

Ministry personnel who end employment with a pastoral charge or other participating employer are assumed to be “in search of a call” and may continue benefits coverage, excluding the restorative care plan and employer indemnity, at their own expense (including the employer charges) during this time. Upon receiving notification that you are in search of a call, the United Church Benefits Centre will terminate your coverage and mail you a package detailing available options. If you would like to continue the coverage, you must contact the United Church Benefits Centre within 60 days of receiving the notification to be eligible to reactivate your benefits.

Coverage under the group benefits plans will end when your plan membership ends as follows:

### Plan membership ending prior to age 55:

- All coverage stops at the end of the month in which employment ends except the long-term disability coverage, which stops with your last full day of active work. (Life insurance may be converted.)\*

### Plan membership ending after age 55 and you choose an immediate or deferred pension from the United Church pension plan:

The following benefits continue:

- Core life insurance reduces to \$3,000 (at termination or on first of the month following your 65th birthday). (The difference may be converted.)\*
- You may choose to participate in the Group Benefits for Pensioners Plan when your pension commences.

The following benefits cease:

- Optional life insurance, all accidental death and dismemberment, and life insurance for eligible family members ends (at termination or on first of the month following your 65th birthday). Optional life insurance may be converted.\*
- Long-term disability coverage and premiums end at the earlier of age 64 and 6 months or the last full day of active work.
- Active member health care and dental coverage ends.
- All other coverages cease at termination or on first of the month following your 65th birthday.

\* See p. 9 for “Conversion Privilege.”

**For members over the age of 64.5 in active employment and not receiving a pension:**

The following benefits cease:

- Long-term disability coverage and premiums stop on the first of the month after you reach age 64 and 6 months.
- Optional life insurance coverage stops on the first of the month following age 65.
- Core and optional accidental death and dismemberment coverage stops on the first of the month following age 65.
- Life insurance for a child stops on the earlier of the first of the month after you reach age 65 or the child ceases to be an eligible family member.
- Your spouse/partner’s life insurance stops on the first of the month after you reach age 65.

The following benefits continue:

- Core life insurance, reduced to \$3,000 on the first of the month following age 65.
- Restorative care plan; the coverage ends at the date of pension commencement.
- Health care and dental coverage – core and optional plans – continues until pension commencement when you may choose to participate in the Group Benefits for Pensioners Plan.

**For members working beyond December 1 in the year they turn 71:**

- Core life insurance continues at \$3,000.
- All other active member benefits cease.
- Your pension must commence and you may choose to participate in the Group Benefits for Pensioners Plan.

**Note: If you do not pay the premiums required for your group benefits, your coverage will stop at the end of the period for which premiums have been paid.**

# Types of Insurance and Benefits

## Basic Coverage

These benefits are mandatory if you work 14 hours or more per week (on average) with the United Church. Premiums for core benefits, RCP, and employer indemnity are paid by the pastoral charge or other participating employer. Premiums for LTD are paid by you to preserve the benefit's tax-free status. Basic coverage includes the following:

### 1. Core Benefits

- Core member life insurance: benefit paid to your beneficiary in the event of your death
- Core dependant life insurance: benefit paid to you in the event of your dependant's death
- Core accidental death and dismemberment insurance (AD&D): benefit paid to you or your beneficiary in the event of an accident that causes your dismemberment or death
- Core health and dental insurance: basic health and dental coverage
- Best Doctors: opportunity for second-opinion diagnoses and referrals
- Emergency travel assistance: coverage available to member and eligible dependants for medical emergency for the first 6 weeks of absence from Canada while travelling
- Employee assistance program (EAP), provided by Shepell.fgi: offering immediate, confidential short-term counselling, available 24 hours a day, 7 days a week

2 **Restorative care plan (RCP):** benefit paid to pastoral charges and the General Council Office to support you in the event of your illness (certification and adjudication approval required)

3 **Employer indemnity:** benefit paid to pastoral charges to support the family of ministry personnel who die while actively working for the United Church (while a member of the active plan)

4 **Long-term disability insurance (LTD):** benefit paid to you in the event of your long-term illness (certification and insurer approval required)

## Optional Coverage

If you wish to improve your benefits plan, you may choose and pay for additional coverage. Optional benefits include:

- optional life insurance; premiums for optional life coverage will depend on the amount of additional life insurance, your age, and whether or not you are a smoker

- optional spousal life insurance
- optional accidental death and dismemberment (AD&D), single and family
- optional health and dental (only available upon initial enrolment or with life event changes)

Premiums are reviewed annually and are subject to change. Contact the United Church Benefits Centre for current rates.

## Summary of Life Insurance

Benefit	Core	Optional
Life insurance for active member to age 65*	100% of annual pensionable earnings.	Units of \$10,000 (up to \$500,000 with Non Evidence Maximum of \$100,000).
Life insurance for active member over age 65 or member who retires after age 55 with immediate or deferred pension	\$3,000	No optional coverage available.
Life insurance for spouse/partner before your retirement, or before you reach age 65 (whichever is earlier)*	\$5,000	Units of \$10,000 (up to \$150,000 with Non Evidence Maximum of \$10,000).
Life insurance for each eligible child	\$5,000	No optional coverage available.

*Please note:* To designate or change your beneficiary, please contact the United Church Benefits Centre.

### \*Life Insurance—Conversion Privilege

If your life insurance coverage reduces or ends, you and your covered spouse may be eligible to convert the life insurance, or part of it, to an individual policy with Great-West Life.

To convert, you must contact the United Church Benefits Centre and submit a completed application to Great-West Life's agent within 31 days of the benefit reducing or ending. By doing so, no medical examination or health questionnaire will be required. However, your premiums will change according to insurer rates—contact Great-West Life for details.

## Summary of Accidental Death and Dismemberment Insurance

Accidental death and dismemberment (AD&D) and optional AD&D coverage ends at age 65.

Benefit	Core	Optional	Other Details
AD&D for member	100% of annual pensionable earnings.	Units of \$10,000 (up to \$250,000).	\$10,000,000 per accident aggregate limit for all insured individuals.
Optional AD&D for spouse/partner (no children)	Nil.	60% of member's AD&D coverage payable for partner/spouse.	
Optional Family AD&D for family with spouse/partner and eligible child(ren)	Nil.	<i>Spouse/partner:</i> 50% of member's AD&D coverage. <i>Each child:</i> 15% of member's AD&D coverage.	
Optional Family AD&D for each child (no eligible spouse/partner)	Nil.	20% of member's AD&D coverage.	

## Schedule of AD&D Benefits

Loss	Percentage of Principal Sum
Life	100%
Both hands or both feet	100%
Both arms or both legs	100%
Entire sight of both eyes	100%
One hand or one foot and entire sight of one eye	100%
One hand and one foot	100%
One arm or one leg	75%
One hand or one foot	75%
Entire sight of one eye	75%
Thumb and index finger of one hand	33 $\frac{1}{3}$ %
Four fingers of the same hand	33 $\frac{1}{3}$ %
Four toes on one foot	25%
Hearing in both ears and speech	100%
Speech	75%
Hearing in both ears	75%
Hearing in one ear	33 $\frac{1}{3}$ %
Use of both arms or both legs	100%
Use of both hands or both feet	100%
Use of one arm or one leg	75%
Use of one hand or one foot	75%
Hemiplegia	200%
Paraplegia	200%
Quadriplegia	200%

For additional information on this benefit, please contact the United Church Benefits Centre.

No benefits will be paid for loss resulting from or associated with suicide or intentionally self-inflicted injury. A list of exclusions is available on request from the Ministry and Employment Unit.

## Additional AD&D Coverage

Coverage
Exposure and Disappearance
Occupational Training Benefit (upon member's accidental death)
Rehabilitation Benefit (in the event of member's or eligible family member's injury)
Family Transportation Benefit
Repatriation Benefit
Education Benefit (upon member's accidental death)

Details	Other Information
Coverage is provided for loss due to unavoidable exposure to the elements, including disappearance, sinking, or wrecking.	Benefits paid for covered losses.
Reasonable and customary expenses incurred for special occupational training for your spouse/partner within 3 years of your accident.	Maximum of \$10,000.
Reasonable and customary expenses incurred for special training in order to be qualified to work in a special occupation in which you/your family member would not be engaged without this injury.	Maximum of \$10,000 for any one accident.
If injury is sustained more than 150 km from the normal residence, expenses for your immediate family members' transport to that location and hotel accommodation.	Maximum of \$1,000.
Reasonable and customary expenses to repatriate the body of the covered individual proximate to the normal place of residence (e.g., funeral home, cemetery).	Maximum of \$10,000.
For each child enrolled in a post-secondary program within 365 days following the date of death; a benefit is paid for each year the child remains in school, full-time, up to 4 consecutive years.	Reasonable and customary expenses actually incurred or the lesser of 5% of principal sum, or \$5,000 per year. Post-secondary program must be accredited: university, college, trade school, etc.

## Summary of Health Benefits

Health benefits are subject to “reasonable and customary” limits and deductibles and do not cover drug dispensing fees. For core health, the deductible is \$250 per family per calendar year and is applied to drugs and medical claims. For optional health, the deductible is \$50 per family per calendar year, and is applied only to medical claims.

Benefit	Details
Ambulance Service within Province of Residence	Ground, air, or rail transportation from place of injury to first treating hospital, or from the hospital to a hospital.
Artificial Limbs and Eyes	
Braces, Casts, Crutches, Splints, and Trusses	For back, neck, arm, or leg.
Breast Prosthesis	Non-cosmetic purposes; following a mastectomy.
Compression Stockings	2 pairs per individual per calendar year.
Convalescent Hospital	Room and board and other necessary services and supplies.
Dental Work	Performed by a dentist for repair of sound natural teeth as a result of <b>accidental</b> injury, external to the mouth. Treatment must commence within 30 days from date of accident and be completed within 6 months of date of accident.
Diabetic Supplies	Examples include glucometer and lancets.

**Predetermination of Benefits:** It is strongly recommended that you speak with your practitioner about the costs associated with all courses of treatment or purchasing equipment. If you see the costs exceed what you are able to afford, contact Green Shield for predetermination of coverage *prior* to starting the treatment or ordering the equipment. Green Shield will advise you how much of your expense will be covered by the plan.

Core Plan	Optional Plan	Other Information
80% coverage.		
80% coverage.		Doctor’s letter required.
80% coverage.		Doctor’s letter required.
80% coverage.		Doctor’s letter required.
80% coverage.		Doctor’s letter required. Subject to Green Shield’s approval, based on compression.
No coverage.	\$31.00 per day for up to 180 days for any one period of disability.	Admission to convalescent hospital must occur within 14 days of hospital release.
80% coverage.		
80% coverage.		Doctor’s letter may be required.

Benefit	Details
Drugs: Only drugs that legally require a prescription and have a Drug Identification Number (DIN) will be considered for reimbursement	100-day supply limit per prescription. Some drugs may require special authorization; some compounded drugs may not be covered—please contact Green Shield Canada for details.
Drugs: Over-the-Counter (OTCs)	To be considered for reimbursement, OTCs must be prescribed by your doctor for the treatment of a chronic and life-threatening condition and must be dispensed by a pharmacist.
Durable Medical Equipment	Such as wheelchairs, walkers, etc. Predetermination of benefits recommended.
Fertility Drugs	
Hearing Aids	Cost, installation, and repair covered for 1 standard device per ear per 36 consecutive months.
Hospital Accommodation	
Nursing Services, In Home	Nursing service provided by a registered nurse or nursing assistant.

\* If a brand-name drug is prescribed when there is a generic (or lower-cost) equivalent available, coverage is based on the lower-cost drug unless your doctor specifies that the brand-name drug is required. *Discuss generic alternatives with your doctor, as cost differences can be significant.*

Core Plan	Optional Plan	Other Information
80% of generic cost (chosen or not), or 80% of brand-name cost, whichever is lower.*	100% of generic cost, or 90% of brand-name cost.*	Doctor's letter required to state that a brand-name drug is medically necessary when generic is available.
80% of generic cost, or 80% of brand-name cost, whichever is lower.*	100% of generic cost, or 90% of brand-name cost.*	Doctor's letter required.
80% coverage.		Doctor's letter required. For short-term use only rental is covered. Repair (when cost-efficient) may be preferred.
80% coverage up to the lifetime maximum of \$3,500 per person.		
80% coverage.		Audiologist or doctor's letter required. Charges for ear moulds are not covered.
Coverage provided by provincial plan.	80% of cost of semi-private or private accommodation.	
80% coverage. \$25,000 lifetime maximum benefit per person.**		Doctor's letter required. Homemaker services are not covered. Nurse must not ordinarily reside in plan member's home or be related to the member.

\*\* Once the lifetime maximum is reached, you will be reimbursed for expenses up to \$2,000 per calendar year. Members may request full reinstatement of the lifetime maximum, provided evidence of good health is obtained from a physician. Please contact the supervisor or senior staff at the Benefits Centre at 1-855-647-8222 for further information.

Benefit	Details
Orthopedic Shoes, Custom Made Only	Limit of 2 pairs per calendar year.
Orthotics Foot Devices, Custom Made Only	
Outpatient Hospital Services and Supplies	Some charges from the hospital for examination or operating room; dressings or casts; anaesthesia used during procedures.
Paramedical Practitioners	Practitioners must be duly qualified, licensed, and practising within the scope of their licence.  It is recommended you contact Green Shield in advance of obtaining services from a paramedical practitioner to determine whether any special adjudication provisions apply to that particular service provider.
Post-Mastectomy Bras	3 per individual per calendar year.
Psychological Treatment	Diagnosis, assessment, and treatment by a fully qualified, registered, legally practising psychologist or MSW.
Smoking Cessation Aids	
Vision Care	
Wigs and Hairpieces	Necessitated by hair loss caused by a medical condition or treatment.

**Out-of-pocket maximum:** Once a member has paid deductibles and co-insurance of \$1,000 in a calendar year, eligible expenses will be reimbursed 100%, subject to plan maximums.

Core Plan	Optional Plan	Other Information
50% coverage.	80% coverage.	Doctor's letter required.
80% coverage. \$250 per person per calendar year.		Doctor's, chiropractist's, or podiatrist's letter required.
80% coverage.		
80% coverage up to \$500 per person per year, per paramedical practitioner. \$45.50 per disability for diagnostic X-ray exams.	80% coverage up to \$750 per person per year, per paramedical practitioner. \$45.50 per disability for diagnostic X-ray exams.	<i>Doctor's letter not required: osteopaths, podiatrists/chiropractists, chiropractors, naturopaths.</i>  <i>Doctor's or nurse practitioner's letter required annually: speech, physiotherapy, massage, and acupuncture therapists.</i>
80% coverage.		Doctor's letter required.
80% coverage up to \$3,000 per person per calendar year.	80% coverage up to \$5,000 per person per calendar year.	Doctor's letter required.
Lifetime maximum of \$500 per person.		
\$100/24 months for eye exams.	100% up to \$200 per person per 24-month period from last claim. Includes eye exams, supplies, and services.	Deductible is not applicable.
80% coverage.		Doctor's letter required.

## Not Covered (in addition to exclusions noted previously)

- Charges that would not have been made if no insurance existed.
- Charges that are otherwise provided or paid for by any government or other employer-sponsored plan.
- Charges that are not recommended or approved by the attending physician, that are experimental, or that are unreasonable.
- Charges for care, treatment services, or supplies as a result of any group or employer-sponsored treatment, inoculation, or examination.
- Charges for incontinence supplies (catheters are covered).
- Charges for batteries for durable medical equipment or hearing aids.
- Charges for lab tests and blood tests.
- Most vaccines, except those approved by governing bodies. Please contact Green Shield for details.
- No benefits are payable to the extent that the provision of such benefits is prohibited by law.

Members living temporarily out of the country should contact the United Church Benefits Centre for full details of coverage for their particular circumstance.

## Emergency Medical Out-of-Province/Out-of-Country Travel Assistance Coverage

Available for the first six weeks after leaving the province of residence.

*Emergency* means a sudden, unexpected occurrence that requires immediate medical attention, and could not have been reasonably anticipated based on the patient's prior medical condition. This includes treatment (non-elective) for immediate relief of severe pain, suffering, or disease that cannot be delayed until you or your dependant is medically able to return to the province of residence.

Coverage: 100% of eligible costs, up to a lifetime maximum of \$500,000.\* Ward hospital accommodation coverage is provided for core plan members; semi-private coverage is provided to optional plan members. You need to notify the insurer within 48 hours of the emergency occurrence, as set out on the back of your Green Shield card.

### Green Shield Travel Assistance Group #4806

1-800-936-6226 in Canada/USA

0-519-742-3556 collect in other countries

\* Once the lifetime maximum is reached, you will be reimbursed for expenses up to \$2,000 per calendar year. Members may request full reinstatement of the lifetime maximum, provided evidence of good health is obtained from a physician. Please contact the Ministry and Employment unit at the General Council Office at 1-800-268-3781 ext. 3161 for further information.

The following benefits are eligible:

- medical services
- emergency transportation
- repatriation of the remains (up to \$5,000)
- return of dependent children
- return trip delay
- return of vehicle (up to \$500)
- visit of a family member (if travelling alone and confined to a hospital for more than 7 days)

## Best Doctors

Best Doctors offers you unique medical services.

- **Interconsultation:** Get an expert opinion on your medical condition through an in-depth analysis of your medical records and history.
- **Best Doctors 360°:** Receive customized information, contacts for specialists, and resources based on your medical condition and location.
- **Find Best Doc:** They will match you with a leading specialist in Canada best suited to your medical needs and location.
- **Find Best Care:** Get access to specialists across the globe that are selected from a global database of over 53,000 physicians.

You can access Best Doctors services by calling 1-877-419-2378. You will be connected to a Member Advocate, a Registered Nurse, who will assess your needs and provide you services designed to help you confidently move forward with your care.

## Health Care Spending Account (HCSA) for Transgender Persons

Members and eligible dependants who identify as transgender may be eligible for an HCSA, administered by Green Shield. For more details, contact General Council Office staff at 1-800-268-3781 ext. 3010.

## Summary of Dental Benefits

There are three classes of dental expenses: Preventative Services, Basic Services, and Major Services. All are subject to the deductible and “reasonable and customary” expenses.

Reimbursement is based on the current Fee Guide or industry standard fees in provinces without a fee guide. The Fee Guide does not establish specialists’ fees.

**Predetermination of Benefits:** It is strongly recommended that you speak with your practitioner about the costs associated with all courses of treatment or purchasing equipment. If you see the costs exceed what you are able to afford, contact Green Shield for predetermination of coverage prior to starting the treatment or ordering the equipment. Green Shield will advise you how much of your expense will be covered by the plan.

*Please note:* For any crown or bridge work performed by your dentist, Green Shield reserves the right to apply an alternate benefit provision, and may reimburse the expense only up to the cost of another treatment that would have been appropriate (for example, a surface restoration). This is another reason why predetermination of benefits is recommended.

Benefit	Core Plan	Optional Plan
<i>Class 1:</i> Preventative Services	\$75 deductible per family unit per calendar year; 80% coverage of eligible expenses.	No deductible; 100% coverage of eligible expenses.
<i>Class 2:</i> Basic Services	\$250 deductible (Classes 2 and 3 combined) per family unit per calendar year; 80% coverage of eligible expenses.	\$50 deductible (Classes 2 and 3 combined) per family unit per calendar year; 80% coverage of eligible expenses.
<i>Class 3:</i> Major Services	Deductible as above; 50% coverage of eligible expenses.	Deductible as above; 50% coverage of eligible expenses.
Orthodontics	No coverage.	No deductible; 50% coverage: \$2,000 per eligible family member per lifetime.
Calendar Year Maximums	Classes 1, 2, and 3 combined: \$1,500 for each eligible family member.	Classes 1, 2, and 3 combined: \$3,500 for each eligible family member.

## Class 1: Preventative Services

The plan reimburses for one complete dental examination in every 24-month period. This is more comprehensive than a routine 9-month exam. To ensure reimbursement, prior to the examination confirm with the dentist what service will be performed.

Benefit	Details	Core Plan	Optional Plan
Complete Oral Examination	More comprehensive than a recall exam: 1 complete dental exam per person in 24 consecutive months.	80% coverage.	100% coverage.
Oral Examination (recall)	Oral exam and diagnosis: 1 per person in 9 consecutive months.	80% coverage.	100% coverage.
Cleaning of Teeth	1 unit of time* per person in 9 consecutive months.	80% coverage.	100% coverage.
Periodontal Scaling	Including root planing and equilibration; limited to 5 units of time* per person per calendar year.	80% coverage.	100% coverage.
Fluoride Treatment	Topical application of sodium or stannous fluoride; for individuals under 18 only, every 9 months.	80% coverage.	100% coverage.
Dental X-Rays	Bite wings once per person in 9 consecutive months; full mouth once in 12 consecutive months.	80% coverage.	100% coverage.
Oral Hygiene Instruction	Once every 9 months.	80% coverage.	100% coverage.
Pit and Fissure Sealants	On permanent molars and bicuspids for individuals under 18 only; once per tooth in a 3-year period.	80% coverage.	100% coverage.

\* 1 unit of time = 15 minutes

## Class 2: Basic Services

Benefit	Details	Core Plan	Optional Plan
Anaesthetics	Administered in connection with oral surgery or other covered dental procedures.	80% coverage.	
Appliances*	Splints, bite plates, etc. used to correct vertical dimension, temporomandibular joint dysfunction (TMJ), or bruxism (grinding).	80% coverage.	
Dentures	Repair, rebasing, and relining.	80% coverage.	
Endodontic Treatment	Including root canal therapy.	80% coverage.	
Extractions and Oral Surgery	Including excision of impacted teeth.	80% coverage.	
Fillings	Including white fillings on front teeth.	80% coverage.	
Injections	Antibiotic drugs administered by a dentist.	80% coverage.	
Space Maintainers, Stainless Steel Crowns	For individuals under 18 years; only when a deciduous tooth cannot be restored using normal restorative dental material.	80% coverage.	
Periodontal Treatment	Periodontal and other diseases of the gums and tissues of the mouth.	80% coverage.	

\* Excludes athletic appliances (mouth guards) and orthodontia (braces).

### Class 3: Major Services

It is recommended that you request a **predetermination of benefits** from Green Shield prior to proceeding with this class of expense.

Benefit	Details
Crowns, Onlays, Gold Fillings, and Initial Installation of Fixed Bridgework	Includes crowns and onlays to form abutments; to replace one or more natural teeth.
Repair or Recementing of Crowns, Onlays, or Bridgework	
Replacement of Existing Crowns, Inlays, Onlays, and Bridgework	Only if the existing restoration is no longer serviceable.
Dentures: Initial Installation of Partial or Full Removable Dentures	To replace one or more natural teeth. Adjustments may also be covered.
Dentures: Replacement of Existing Partial or Full Removable Denture or Fixed Bridgework	Existing denture or bridgework installed at least 5 years prior, and the existing denture or bridgework cannot be made serviceable.
Addition of Teeth to an Existing Denture or Bridgework	To replace natural teeth extracted after existing denture or bridgework was installed.
Implants	Implants are not covered; however, procedures related to tooth replacement may be eligible as a part of a different benefit.
Orthodontia	Braces and related expenses.

Core Plan	Optional Plan	Other Information
	50% coverage.	Only covered when procedures are used to restore natural teeth to normal function when this cannot be done with fillings.
	50% coverage.	
	50% coverage.	If a tooth can be restored with silver amalgam, silicate, or synthetic restorations, benefits are based on this cost.
	50% coverage.	Separate adjustment charges included only if incurred more than 3 months after initial installation. Personalization or characterization not covered.
	50% coverage.	Also covered: replacement of temporary bridgework or denture within 3 months of temporary denture installation.
	50% coverage.	Contact Green Shield for additional eligibility requirements, e.g., bridge/denture must be 5 years old.
	No coverage.	Some expenses related to tooth replacement may be reimbursed based on eligibility for other procedures; payment will be limited to that which is based on the least expensive procedure.
No coverage.	No deductible, 50% coverage; \$2,000 lifetime maximum per person.	

## Not Covered (in addition to exclusions noted previously)

- Charges that would not have been made if no insurance existed.
- Charges that are otherwise provided or paid for by any government or other employer-sponsored plan.
- Services and supplies rendered for a full mouth reconstruction, for a vertical dimension correction, or for diagnosis or correction of temporomandibular joint dysfunction (except those noted previously).
- Any hospital charges in connection with injury or disease of a dental nature.
- Prosthetic devices (including bridges and crowns) ordered while the individual was insured, but installed or delivered more than 90 days after termination of coverage.
- Replacement of lost or stolen prosthetic devices.
- Services and supplies that are partially or wholly cosmetic in nature, except covered expenses necessary for repair of accidental injury.
- Charges for completion of forms.
- Charges for appointments broken without notice. **Please be aware of your dentist's office policy.**

## Summary of Restorative Care Plan

<b>Eligibility</b>	Ministry personnel in pastoral charges, lay employees in pastoral charges, and staff in the General Council or Regional Council offices who are actively working and members of the United Church group benefits plans.
<b>Qualifying Period</b> (the period before disability benefits take effect)	2 weeks (during which time salary continuation is in effect).
<b>Disability Benefits Payable</b>	100% of salary (plus housing allowance or manse, if applicable), for 6 months. This is considered to be taxable income.

### How the Restorative Care Plan Works

If your absence from work due to illness or injury is certified by medical record and approved by the adjudicator (initially and ongoing), you are entitled to receive full salary paid by your pastoral charge or employer (plus housing allowance if applicable or use of the manse if applicable) for a 6-month period. Your pastoral charge or employer is reimbursed 85% of your salary (plus housing allowance if applicable) through this program.

### Return to Work

You may return to work from a period of disability by

- providing a medical certificate indicating readiness to return to work and/or working with the claims adjudicator to determine readiness,
- meeting with the appropriate Regional Council committee for authorization to return to work (if applicable), and
- consulting with the Case Manager and Disability Analyst from the General Council Office regarding rehabilitation program options.

### If You Are Unable to Return to Work

If your absence continues beyond the 6 months covered by the restorative care plan, your claims adjudicator and the Disability Analyst at the General Council Office will assist you in applying for long-term disability benefits. Please note: At this time, if you are ministry personnel, you will need to have a discussion with the pastoral charge, Regional Council, and/or Regional Council staff on needs related to alternative accommodation if you are living in a manse.

## Termination of Coverage

Coverage terminates at the earlier of

- termination of employment
- retirement
- the December of the year in which you turn 71, as this is when you must commence your pension

## Recurrent Disability

If you return to work at your pastoral charge or participating employer after an approved period on RCP, and within 3 months thereafter you are certified by the adjudicator as being unable to work again for the same reason, you are eligible for salary continuation under the RCP plan for the lesser of

- the time it takes you to return to work again, or
- 6 months of RCP coverage less the duration of benefits which were provided during the original absence period

A successive disability absence due to an entirely different and unrelated cause, and separated by at least one day of active work, will be considered a new case. Thus, you would be eligible for 6 months of salary continuance under the restorative care plan.

## Limitations

Benefits are not payable for a period of disability

- during any leave of absence (including maternity or parental leave)
- during which you are not participating/working with the claims adjudicator or you refuse to participate in a rehabilitation program deemed appropriate by the claims adjudicator or attending physician
- during which you are working for remuneration anywhere other than under an approved partial disability plan with the United Church
- arising from intentionally self-inflicted injuries
- arising from addiction to a controlled substance unless you are receiving active treatment according to professional standards
- arising from voluntary participation in a war (declared or not), riot, or insurrection
- during any period of incarceration, confinement, or imprisonment by authority of law
- that commences on or after the date a strike or layoff begins (except as required by law)

**Please note:** If benefits are being received through workers' compensation or from a provincial automobile insurance plan that does not take employment insurance income benefits into account when paying their benefits, RCP benefits will be scaled back by any benefits received from those sources.

## Summary of Long-Term Disability (LTD) Benefits

For the first 24 months of LTD benefits (after the 6-month qualifying period has elapsed), you must be considered by the adjudicator as being unable to work at your **own** occupation because of disease or accidental injury. LTD benefits will continue after this 24-month period only if you are considered by the adjudicator as being unable to perform **any** occupation for which you may be trained or qualified.

## Limitations

You are not insured against loss of earnings if disability results from

- voluntary participation in war (declared or not), insurrection, rebellion, riot, or civil commotion. If your work for the church takes you to a region where this situation is probable, you must contact the United Church Benefits Centre prior to departure.
- addiction to a controlled substance (drugs or alcohol), unless you are receiving active treatment according to professional standards. If you refuse to participate in a rehabilitation program deemed appropriate by the insurance company or attending physician, benefits are not payable.

Additionally, benefits are not payable for a period of disability

- during any period where you are outside of Canada. This exclusion does not apply during the first 30 days of absence, or if Great-West Life pre-authorized the absence before departure.
- during any period of incarceration, confinement, or imprisonment by authority of law

## Payments

The period of disability starts on the day you are certified as disabled by your physician and the insurer. If approved, you become eligible to receive the first LTD payment after you have completed the qualifying period of 6 months.

The LTD benefit is 60% of your monthly pre-disability pensionable earnings, to a maximum of \$5,000 per month. Payments are made by the adjudicator. LTD payments are tax-free because you pay the full premium for this coverage, so do not report the amount you receive on your tax return.

Benefit payments will continue until

- you recover
- you commence work (other than an Approved Rehabilitation Program)
- you cease to be under the care of a physician, fail to meet the definition of disability as defined by the adjudicator, or refuse to be examined by a physician
- the end of the month in which you turn 65
- you die

### **Income That Will Offset Your LTD Benefits**

Your LTD benefit may be offset if “other income” you receive totals 85% of your pre-disability pensionable earnings.

Once your LTD benefit is approved, you must provide information on all “other income.” You must also provide evidence that you have applied to the relevant agencies for “other income” where appropriate. You are encouraged to apply for CPP/QPP disability benefits as soon as you are eligible. These benefits are also considered “other income,” and are offset at 70% of the CPP/QPP amount.

### **Waiver of Premiums**

If you qualify for and receive LTD income payments from the plan, the coverage you have under the group benefits plans and the pension plan as of the last day worked continues until you are no longer disabled, or reach the age of 65, at no cost to you. After age 65, coverage is reduced as it would be if you were not disabled. This applies only to individuals who are receiving monthly LTD income payments. This does not apply to those who receive litigated lump sum payments.

### **Partial Disability**

For partial disabilities, you may still be eligible for disability benefits under the rehabilitation support provisions.

If approved, your LTD benefits will be reduced by 50% of the income from the rehabilitation work. Benefits will continue, and continue to be adjusted if income levels increase, until your income reaches 80% of your pre-disability pensionable earnings and LTD benefits are totally offset.

### **Appeals**

To appeal a denial or termination of long-term disability, you must submit a written notice of appeal to your insurer within 60 days along with medical or other supportive documentation. (Supporting documents can be submitted up to 6 months from the notice of appeal, if not immediately available). Expenses incurred by the appeal are the responsibility of the member.

### **Canadian Residency Requirement**

No benefits are payable if you reside outside of Canada while disabled for any period exceeding 90 consecutive days, or a total of 180 days in any 365-day period, unless

- you have previously notified and received written approval from your insurer,
- you remain under the regular care of a licensed physician considered appropriate by your insurer, *and*
- proof of ongoing disability can be determined on evidence satisfactory to your insurer within 30 days of a request.

### **To Apply**

To obtain forms to apply for long-term disability benefits, or if you have any questions, please contact the Benefits Centre (see page 36).

## Making a Claim

### Life Insurance Claim

Obtain a life insurance claim form by contacting the United Church Benefits Centre. Claim cheques will be sent directly to the beneficiary/estate. A claim must be made within 6 months of date of death.

### Drug and Dentist Claims

#### Step 1. Green Shield ID Card

You can use the ID Card to pay for drugs at the pharmacy and for the dentist or other paramedical practitioners (if they are registered with Green Shield), as it simplifies payment.

If it is not possible to use the ID Card at your pharmacy or dentist, you will need to submit a Claim Submission Form to Green Shield, to the address indicated on the form.

Register on the Green Shield website (at [www.greenshield.ca](http://www.greenshield.ca)) to take advantage of all of their services, including direct deposit of benefit payments.

#### Step 2. Claim Submission Form

The Claim Submission Form requires a signature of the member or eligible family member who is making the claim. This form is available on the Green Shield website or by contacting Green Shield, and must be sent directly to Green Shield. **It is prudent in all cases to make copies of all receipts sent to Green Shield Canada.**

- **Make photocopies of all receipts and attach the originals to the form.**  
In provinces that require the originals to be submitted to the provincial drug plan, copies are acceptable.
- Include a doctor's letter when required.
- **Sign the form.**

**A claim has to be submitted within 12 months from the date of service.**

For any questions about specific coverage, for the status of any health or dental claim, or for predetermination of benefits, contact **Green Shield** directly at:

**Green Shield Canada**

Phone: 1-888-711-1119

Website: [www.greenshield.ca](http://www.greenshield.ca)

#### Step 3. Coordination of Health and Dental Benefits

If you have additional coverage through your spouse/partner's membership in a health and dental plan, benefits can be coordinated. This means that the church's plan will be your first payer for a benefit, and any eligible amounts that are left over can be claimed through the other plan you are covered under. The reimbursement from plan coordination will never exceed 100% of allowable expenses.

To coordinate claims, you need to submit the "explanation of benefit" that you receive from the first payer (in your case, from Green Shield), a claim form, and the receipts for the expense to the second plan. Your spouse/partner can do the same, submitting an "explanation of benefit" with receipts to Green Shield.

Eligible children's expenses should be first submitted to the plan of the parent with the earliest birth date (month/day) in the year.

**We recommend that you always make copies of receipts prior to sending them to the insurer.**

### Accidental Death and Dismemberment

For claims related to AD&D, please contact the United Church Benefits Centre.

### Employer Indemnity, Restorative Care Plan (RCP), or Long-Term Disability (LTD) Claims

For claims related to Employer Indemnity, Restorative Care Plan, or Long-Term Disability, please contact the Disability Analyst in the Benefits Centre by calling 1-855-647-8222.

## Contact Information

For inquiries about the status of a claim other than health or dental, please contact the United Church Benefits Centre. **Please ensure you have your employee number ready when calling.**

### **The United Church Benefits Centre**

Phone: toll-free 1-855-647-8222

E-mail: [benefits@united-church.ca](mailto:benefits@united-church.ca)

To review United Church group benefits visit [www.united-church.ca/leadership/church-administration/group-benefits](http://www.united-church.ca/leadership/church-administration/group-benefits).

Please forward written inquiries and completed forms to:

### **The United Church of Canada**

#### **The Benefits Centre**

3250 Bloor St. West, Suite 200

Toronto, ON M8X 2Y4

For health and dental claims or detailed coverage inquiries, please contact the Green Shield Canada Customer Service Centre:

### **Green Shield Canada**

Phone: 1-888-711-1119

Website: [www.greenshield.ca](http://www.greenshield.ca)

To inquire about Best Doctors services, please contact them directly:

### **Best Doctors**

Phone: 1-877-419-2378

Website: [www.bestdoctorscanada.com](http://www.bestdoctorscanada.com)

For a confidential counselling service for members and their eligible family members call toll-free 24 hours a day, 7 days a week:

### **Employee and Family Assistance Program**

For first-time appointments and counselling:

1-800-387-4765 (English)

1-800-361-5676 (French)

For administrative matters, appointment changes, office locations, directions, and general information, please call 1-888-814-1328.

For online wellness help and information please visit:

**workhealthlife**

English: [www.workhealthlife.com/?lang=en](http://www.workhealthlife.com/?lang=en)

French: [www.workhealthlife.com/?explicitSoftLogin=true](http://www.workhealthlife.com/?explicitSoftLogin=true)