

Benefits for Pensioners

Summary of Coverage

October
2018





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The United Church of Canada
L'Église Unie du Canada

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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. On retirement from active service, members can elect to have alternate coverage under the Group Benefits for Pensioners Plan.

Please read through this booklet carefully, as coverage under the pensioner health and dental plans is very different from the coverage you had as an active member.

This booklet describes the principal features of the Group Benefits for Pensioners Plan. 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.

Premiums and Contact Information

Life Insurance

You pay no premium for the life insurance coverage. The premium is paid by employers participating in the group benefits plans for active members, so it becomes a taxable benefit to you.

Health and Dental Benefits

For current rates, eligibility inquiries, or inquiries about the status of a claim other than health or dental, please contact:

The United Church Benefits Centre

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

E-mail: benefits@united-church.ca

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

Please ensure you have your employee number ready when contacting the Benefits Centre.

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

Green Shield Canada

Phone: 1-888-711-1119

Website: www.greenshield.ca

Eligibility and Enrolment

If you terminate service with The United Church of Canada at or after age 55 and receive an immediate or deferred pension from the church, and you had group insurance coverage at termination, you are eligible to participate in the Group Benefits for Pensioners Plan once your pension payments commence. Participation is optional. When you apply for your pension, you will have three choices: to enrol, to waive coverage, or to decline coverage. The difference between “waive” and “decline” is important. You may waive coverage if you have health and dental coverage under another employer-sponsored plan. If you lose coverage under the other plan, you may be able to join the United Church plan at that time. If you decline coverage, this decision is irrevocable and you will not be eligible to join the plan at a later date.

Eligible Family Members

The following family members are eligible to be insured under this plan:

- **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. *Exception:* A new spouse/partner of a member who has coverage under the plan as a surviving spouse is not eligible for coverage.
- **Your unmarried children** under 18 years of age, or under age 25 if still in school full-time (age 26 in Quebec for drug coverage). Proof of student status is required.
- **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.

Change in Status

Once you are enrolled in the plan, you cannot adjust your coverage (from single to family or from family to single) unless you experience a qualifying life event:

- Gaining a spouse/partner (marriage or common law)
Note: Not applicable to surviving spouses.
- Have new eligible dependent child
- Loss of a spouse/partner
- Loss of a child or child becomes/is no longer eligible for coverage
- Divorce or separation for one year/disqualification of common-law spouse
- Spouse/partner acquires equivalent coverage under another employer-sponsored plan
- Lose entitlement to coverage under another employer-sponsored plan

You must contact the United Church Benefits Centre to make changes to your coverage within 60 days of experiencing a change of status. Adjustments will be effective on the first day of the month following advice of the change.

When Coverage Ends

In all cases, failure to pay the insurance premium will cause your coverage to terminate.

Your coverage will end at the earlier of

- the date your pension stops,
- the date the plan ends, or
- the date you begin active duty in the armed forces of any country, state, or international organization.

Your **eligible family member's** insurance will end on the earliest of the following dates:

- The date the plan ends.
- The last day of your insurance.
- The date the individual stops being an eligible family member (as defined) or eligible survivor, or dies.
- The date the individual begins active duty in the armed forces of any country, state, or international organization.
- The date you choose to end coverage for your eligible family members upon a change in status.
- The earlier of one year after the date of separation, or divorce.

Summary of Benefits for Pensioners

Health benefits are subject to “reasonable and customary” limits and deductibles. This is a summary of the benefits for pensioners only; the guiding document on file in the Ministry and Employment unit at the General Council Office of The United Church of Canada serves as the final word for any discrepancy between this information booklet and the guiding document.

Benefit	Details	Coverage	Other Info
Life Insurance*	To claim: Obtain form from the United Church Benefits Centre. Claim cheques will be sent directly to the beneficiary/estate.	\$3,000	No coverage for eligible family members.
Health Care**		\$3,000/person/calendar year; \$50,000 family overall lifetime maximum.***	Deductible of \$150/family/calendar year (does not apply to drugs) + \$5 per drug prescription.
Dental Care**	Reimbursement is based on the current Fee Guide. For provinces with no Fee Guide, industry standards are applied.	\$3,000/person/calendar year; \$50,000 family overall lifetime maximum.***	Deductible of \$150/family/calendar year for Classes 1 and 2 combined; deductible of \$150/family/calendar year for Class 3 expenses.**

* *Please note:* Retired members who were insured for \$500 under the church’s “paid-up” plan prior to July 1981 are also insured for \$2,500 of term life insurance for a total benefit amount of \$3,000.

** *Health and Dental Care Coinsurance:* Refer to tables on pp. 9–12 for health care reimbursements. Refer to tables on pp. 13–17 for dental care reimbursements.

*** 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.

Predetermination of Benefits: If planned medical or dental treatment will exceed \$300, it is strongly recommended that the proposed course of treatment be forwarded to Green Shield for determination of coverage before starting the treatment. Green Shield will notify you about exactly how much of your expense will be reimbursed under the plan.

Health Benefits

Health benefits are subject to “reasonable and customary” limits and deductibles. The deductibles are \$150 per family per calendar year and a \$5 per prescription deductible.

If a brand-name drug is prescribed when a generic (lower-cost) equivalent is available, only the cost of the generic equivalent will be covered (at 80%), unless your doctor specifies that the brand-name drug is required.

Benefit	Details	Coverage	Other Info
Ambulance Service within Province of Residence	Ground, air, or rail transportation from place of injury to first treating hospital or from the hospital to another hospital.	80% coverage.	
Artificial Limbs, Eyes		80% coverage.	Doctor’s letter required.
Braces, Casts, Crutches, Splints, and Trusses	For back, neck, arm, or leg.	80% coverage.	Doctor’s letter required.
Breast Prosthesis	Non-cosmetic purposes, following a mastectomy.	80% coverage.	Doctor’s letter required.
Compression Stockings	2 pairs per individual per calendar year.	80% coverage.	Doctor’s letter required. Subject to Green Shield’s approval, based on compression.
Dental Work	Performed by a dentist for prompt repair of sound natural teeth as a result of accidental 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.	80% coverage.	
Diabetic Supplies	Examples include glucometer and lancets.	80% coverage.	May require a doctor’s letter.

Benefit	Details	Coverage	Other Info
Drugs: Only drugs that legally require a prescription and have a Drug Identification Number (DIN) will be considered for reimbursement	See Making a Claim (p. 18) re. using the ID Card. For bulk purchases, only a 100-day supply of any drug will be covered at a time.	80% coverage.*	Doctor's letter is required to state that a brand name drug is medically necessary when generic is available.
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.	80% coverage.*	Doctor's letter required.
Durable Medical Equipment	Such as wheelchairs, walkers, etc. Predetermination of benefits recommended.**	80% coverage.	Doctor's letter required. For short-term use, only rental for equipment is covered. Repair may be preferred when cost efficient.
Fertility Drugs		80% coverage.	Lifetime maximum of \$3,500 per individual.
Hearing Aids	Cost, installation, and repair for one standard device per ear per 36 consecutive months.	80% coverage.	Audiologist's or doctor's letter required. Charges for ear moulds are not covered.

* If a brand-name drug is prescribed when there is a generic (lower-cost) equivalent available, only the cost of the generic equivalent will be covered (at 80%), unless your doctor specifies that the brand-name drug is required.

** Predetermination of Benefits: If planned treatment will exceed \$300, it is strongly recommended that the proposed course of treatment be forwarded to Green Shield for determination of coverage before starting the treatment. Green Shield will notify you about exactly how much of your expense will be covered under the plan.

Benefit	Details	Coverage	Other Info
Hospital Coverage	There is no coverage for semi-private or private hospital.		
Nursing Services: In-home	Services of a Registered Nurse or Nursing Assistant only.	80% coverage.	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.
Orthopaedic Shoes, Custom-Made	2 pairs per calendar year.	50% coverage.	Doctor's letter required.
Orthotics, Custom-Made		50% coverage; \$250 per person per calendar year.	Doctor's, chiropodist's, or podiatrist's letter required.
Out-of-Province Emergency Treatment	Inside Canada only. No out-of-country emergency medical coverage.	80% coverage; up to \$162 per day for hospital confinement.***	No coverage for semi-private or private hospital accommodation.
Out-Patient Hospital Services and Supplies	Some charges from the hospital for examination or operating room; drugs, dressings, or casts; anaesthesia used during procedures.	80% coverage.	

*** Includes charges by a medical practitioner or specialist in excess of the amount allowed under the plan of your normal province of residence, provided such charges are reasonable in the area in which they were incurred.

Benefit	Details	Coverage	Other Info
Paramedical Practitioners	Practitioners must be duly qualified, licensed, and acting within the scope of their licence.	For physiotherapists up to \$25.00 per visit; otherwise up to \$13.00 for other covered practitioners. \$45.50 per disability for diagnostic X-ray.	Doctor's letter not required for osteopaths, podiatrists/chiropodists, chiropractors, naturopaths. Doctor's letter required annually for speech, massage, acupuncture therapists, or physio-therapists.
Post-Mastectomy Bras	3 per individual per calendar year.	80% coverage.	Doctor's letter required.
Smoking Cessation Aids	Lifetime maximum \$500 per person.	80% coverage.	Doctor's letter required.
Wigs and Hairpieces	Necessitated because of hair loss caused by a medical condition or treatment.	80% coverage.	Doctor's letter required.

Not Covered (in addition to exclusions noted above)

- Charges that would not have been made if no insurance existed.
- Charges that are otherwise provided or paid for by any government.
- Charges that are not recommended or approved by the attending physician or 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 eye examination or eyeglasses.
- Nursing or convalescent home charges.
- Preferred hospital accommodation.
- Charges for incontinence supplies (catheters are covered).
- Charges for batteries for durable medical equipment or hearing aids.
- Charges for lab tests and blood tests.
- No benefits are payable to the extent that the provision of such benefits is prohibited by law.

Dental Coverage

Dental benefits are subject to “reasonable and customary limits” and deductibles. This is a summary of the benefits for pensioners only; the guiding document on file in the Ministry and Employment unit at the General Council Office of The United Church of Canada serves as the final word for any discrepancy between this information booklet and the guiding document.

Predetermination of Benefits: If planned treatment will exceed \$300, it is strongly recommended that the proposed course of treatment be forwarded to Green Shield for determination of coverage *before* starting the treatment. Green Shield will notify you about exactly how much of your expense will be reimbursed under the plan.

Benefit	Details	Coverage	Other Info
Dental Care*	Reimbursement is based on the current Fee Guide. For provinces with no Fee Guide, industry standards are applied.	\$3,000 per person per calendar year.	Deductible of \$150/family/ calendar year for Classes 1 and 2 combined; deductible of \$150/family/ calendar year for Class 3 expenses.**

* *Dental Care Coinsurance:* Reimbursement of 80% for Class 1 and Class 2 eligible expenses; 50% reimbursement for eligible Class 3.

** *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 only reimburse the expense up to the cost of another treatment that would have been appropriate (i.e., a surface restoration).

Class 1: Preventive

The following are subject to the deductible and “reasonable and customary” limits:

Benefit	Details	Coverage	Other Info
Complete Oral Examination	More comprehensive than a recall exam: 1 complete dental examination per person in 24 consecutive months.	80% coverage.	
Oral Exam	Oral exam and diagnosis limited to 1 per person in 9 consecutive months.	80% coverage.	
Cleaning of Teeth	1 unit of time in 9 consecutive months.	80% coverage.	1 unit of time = 15 minutes
Periodontal Scaling	Includes root planing and equilibration; limited to 6 units of time per calendar year.	80% coverage.	1 unit of time = 15 minutes
Fluoride Treatment	Topical application of sodium or stannous fluoride; for individuals under 18 only, every 9 months.	80% coverage.	
Dental X-Rays	Bite wings once every 9 consecutive months; full mouth once every 12 consecutive months.	80% coverage.	
Oral Hygiene Instruction	Once every 9 months.	80% coverage.	
Pit and Fissure Sealants	On permanent molars and bicuspid for individuals under 18 only; once per tooth in a 3-year period.	80% coverage.	

Class 2: Basic

Benefit	Details	Coverage	Other Info
Anaesthetics	Administered in connection with oral surgery or other covered dental procedures.	80% coverage.	
Appliances	Splints, bite plates, etc. used to correct vertical dimension, temporo-mandibular joint dysfunction (TMJ), or bruxism (grinding).	80% coverage.	Excluded: athletic appliances (mouth guards); orthodontia (braces).
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 and Stainless Steel Crowns		80% coverage.	For individuals under 18 years; only when a deciduous tooth cannot be restored using normal restorative dental material.
Periodontal Treatment	Periodontal and other diseases of the gums and tissues of the mouth.	80% coverage.	

Class 3: Major

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

Benefit	Details	Coverage	Other Info
Crowns, Onlays, Gold Fillings, and Initial Installation of Fixed Bridgework	Includes crowns and onlays to form abutments; to replace one or more natural teeth.	50% coverage.	Only covered when procedures are used to restore natural teeth to normal function when this cannot be done with fillings.
Repair or Recementing of Crowns, Onlays, or Bridgework		50% coverage.	
Replacement of Crowns, Onlays, or Bridgework	Only if the existing restoration is no longer serviceable.	50% coverage.	If a tooth can be restored with silver amalgam, silicate, or synthetic restorations, benefits are based on this cost.
Dentures: Initial Installation of Partial or Full Removable Dentures	To replace one or more natural teeth; adjustments may also be covered.	50% coverage.	Separate adjustment charges included only if incurred more than 3 months after initial installation. Personalization or characterization not 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.	50% coverage.	Replacement of temporary bridgework or denture within 3 months of temporary denture installation.

* **Predetermination of Benefits:** If planned treatment will exceed \$300, it is strongly recommended that the proposed course of treatment be forwarded to Green Shield for determination of coverage *before* starting the treatment. Green Shield will notify you about exactly how much of your expense will be reimbursed under the plan.

Benefit	Details	Coverage	Other Info
Addition of Teeth to Existing Denture or Bridgework	To replace natural teeth extracted after existing denture or bridgework was installed.	50% coverage.	Contact Green Shield for additional eligibility requirements, e.g., bridge/denture must be 5 years old.
Implants	For an implant related crown or prosthesis, the benefit paid is the same as for a tooth supported crown, or non-implant related prosthesis respectively, taking into account limitations that would have been applied if there had been no implant.	50% coverage.	

Note: All prosthetic devices must be installed or delivered within 90 days after termination of coverage.

Not Covered (in addition to exclusions noted above)

- 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 above).
- 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.**

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 your 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 referenced on the form.

Register on the Green Shield website (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 can be submitted up to 12 months after 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

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 change your coordination of benefits information on file, please contact the United Church Benefits Centre.

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 before mailing them in to the insurer.

Contact Information

The United Church Benefits Centre

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

E-mail: benefits@united-church.ca

When communicating with the United Church Benefits Centre, please ensure you have your employee number ready.

Green Shield Canada Customer Service Centre

Phone: 1-888-711-1119

Website: www.greenshield.ca

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