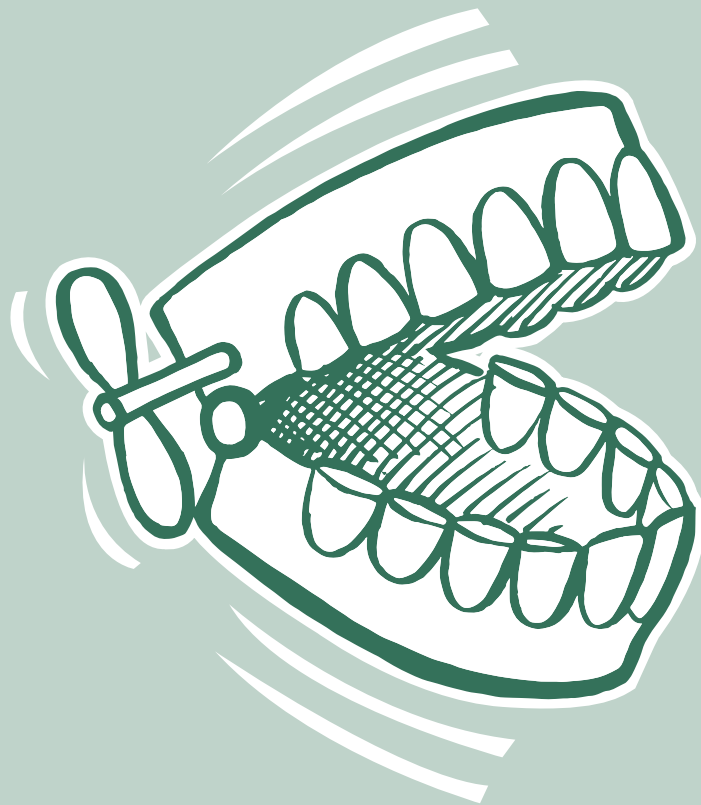


Dental Plan



**URBAN POSTAL OPERATIONS
& RURAL AND SUBURBAN MAIL**

FEBRUARY 2022

This benefit booklet

This booklet is one of six booklets about benefits. In each one, we have summarized what's covered under a particular plan and explained how to use the benefit.

Here is a list of the booklets, along with who is eligible for the different plans.

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

For more information, talk to your steward or a local union officer. Or contact Canada Life, or Access R.

This booklet is not a legal document

This booklet summarizes the group benefits to which you are entitled. Its purpose is to provide information about your plan. It is not a legal document. In the event of a question or dispute, the terms and entitlements of plan document number 51057 will prevail.

Do you have suggestions?

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

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

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

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

Acknowledgements

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Illustrations and graphic design by Tony Biddle

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Introduction to this plan





What is it?

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

The dental plan for employees is under Clause 22.03 of the RSMC and 30.04 of the Urban contracts.



Who is eligible for coverage under this plan?

 Eligible	 NOT eligible
<ul style="list-style-type: none"> ■ All rural and suburban mail carrier route holders and Permanent Relief are eligible. ■ All Urban regular (permanent) employees and temporary employees in Group 3 (maintenance) ■ Retirees are eligible for a modified version of the plan. 	<ul style="list-style-type: none"> ■ Rural and suburban mail carrier On Call Relief (OCRE) are not eligible. ■ Urban Temporary employees, except for those working in Group 3 (maintenance positions) are not eligible.



Introduction to this plan



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

The Dental Plan covers you, your spouse/partner and your children.

Your **spouse/partner** is defined as:

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



Note: The one-year requirement does not apply to common-law relationships where a child is born or adopted of the relationship.



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

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



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



Enrolment

Do you need to enroll (sign up)? Is this plan mandatory?

You are automatically enrolled in this plan, which is mandatory. You do not have to fill out an enrolment form. The Dental Plan is administered by Canada Life.

Your coverage will begin immediately.

However, you do need to put your dependents on the Dental Plan. Canada Life looks after the Extended Health Care, Vision/Hearing and Dental Plans. The company uses the Dependent Information Form for all three plans, so you only have to fill out this form once, unless your dependent information changes.



Introduction to this plan



Other coverage issues

Coverage will start on the first day actively at work.

When does coverage end*?

Coverage for you, your partner and your dependents ends on the earliest of the following dates:

- when your employment ends
- when you retire
- when you are on strike
- when you die your partner/child may apply to continue coverage
- your last day at work, when you go on leave of absence without pay for more than 30 calendar days (except for maternity, parental, adoption compassionate care or sick leave .

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



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

- * **The Union's position is that all article 30 benefit plans are maintained as long as you are an employee and reserves the right to grieve or otherwise contest the eligibility requirements and administration of the benefit plans**

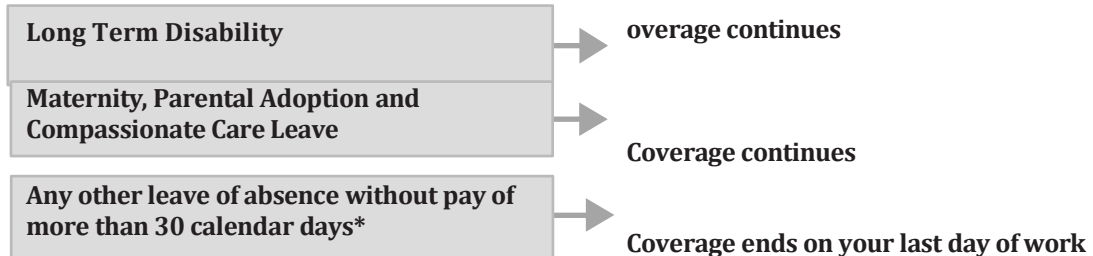


Introduction to this plan



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

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



* The Union's position is that all article 30 benefit plans are maintained as long as you are an employee and reserves the right to grieve or otherwise contest the eligibility requirements and administration of the benefit plans



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

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



Example: You return from sixteen months of leave and owe a total of \$168 in premiums for the time you were on leave (sixteen months x \$10.50). Canada Post will deduct the \$168 over a period that's twice as long as your sixteen-month leave (thirty-two months). You'll pay back the premiums at the rate of approximately \$5.25 a month.



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



Can I continue my coverage after retirement?

You are eligible to continue your coverage:

- if you are a retiree with 15 years of continuous service and entitled to receive an immediate pension, or
- if you take a medical retirement; or
- if you retire due to a total disability, with an unreduced pension; or
- if you are a retiree who deferred your pension for no more than five years.



Note: In any case, you must apply to continue your coverage within 60 days of your retirement or the date you receive a deferred pension.



Introduction to this plan



Where to get forms and what to do with them

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



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



What do I do with the forms?

You should mail the Dependent Information Form to Canada Life. The address is on the form and at the end of this booklet. You can also go on-line to fill out the form on CPC CL web site.



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



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

Keep your dependent information up-to-date. For example, if you have a new baby, or someone covered under the plan dies, be sure to fill out a new **Dependent Information Form** and send it to Canada Life. You can go on-line at Canada Life to change your dependent information.



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



Introduction to this plan





What do I do if my family status changes?

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

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

What are the costs?

Here are the monthly premiums for the Dental Plan, effective February 1, 2022:

Dental Plan premiums		Monthly premiums*	Deductibles
Employees	Single 	\$1.47	\$50
	Family 	\$3.28	\$80

*Check with AccessHR for retiree premiums



Overview of the plan




What expenses/services does this plan cover?

The plan covers three types of services:


1) Basic services

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

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


2) Major services

The plan covers 70% of the costs up to a maximum reimbursement of \$1,500 for retirees and \$2,000 for actives per calendar year .

 *Note: If you become eligible after June 30 of any year, and therefore have less than six months in which to claim benefits, the maximum reimbursement for Major services is \$1,000.*

3) Orthodontics *(children only)*

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

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

1) Basic services

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



Overview of the plan

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

2) Major services

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

3) Orthodontic services

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



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



What about coverage outside Canada?

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



What’s NOT covered?

Here are some examples of work that is not covered:

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



For more information: See the entire list of exclusions in *The fine print* section on page 23.

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

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

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

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



Overview of the plan

Deductibles

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

Fee guides

You will be reimbursed / paid back based on the Dental Association fee guide for the province or territory where you receive treatment. The fee guide is a list of prices for dental work. In general, for active employees, the previous year's fee guide applies but for certainty please review clause 22.03 (e) or 30.04 (e) of the RSMC and Urban collective agreements respectively. For retirees, the dental fee guide in effect two years prior to the date treatment is rendered is applied.

How much your dentist charges

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

The least expensive treatment

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

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



For more information: See *Examples of using this benefit*, page 13.



For more information: See *What do I do if I think Canada Life made a mistake?*, page 22.



Using this benefit



How do I use this benefit?

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

- 1 You pay the dentist’s bill in full.**
You give your dentist a claim form. The staff at the dentist’s office will write in the work that’s been done, and the cost of each item on the form. You fill out the rest of the form, make sure that all the information is correct, and sign it. You mail the completed form to Canada Life, being sure to keep a copy. CL will mail you a cheque for the amount of money you are owed under the plan.
- 2 You pay the dentist’s bill in full. (electronic submission)**
The dentist shows you a printout of an electronic claim form containing a list of the dental work done, and the cost of each item. You make sure that the information is correct. The dentist sends the claim to Canada Life electronically, giving you a copy for your records. CL will mail you a cheque for the amount of money you are owed under the plan.
- 3 Your dentist agrees that Canada Life can pay them directly.**
The dentist sends the claim form to Canada Life, which will send the cheque directly to the dentist. The dentist will then bill you for the remainder of what is owed.

Be sure to bring a claim form with you to the dentist unless your dentist uses electronic forms. If you need to get a paper claim form, see *Where to get forms and what to do with them*, on page 5.

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



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



For more information: To better understand how the plan works, see *How much will I be reimbursed (paid back) for my expenses?* on page 9.



Tips for using this benefit

- **Do** get pre-authorization for any important dental work and get it IN WR T N . Sometimes a dentist says work will be covered under your plan because they believes it is: ask the dentist to call Canada Life, and wait for the confirmation that CL will mail to you.
- **Do** work with your dentist to schedule your dental work so that you get as much of it as possible paid for out of the plan. The authorization from CL says the treatment is covered under your plan, but it may not tell you how much of your yearly maximums you've already spent.
- **Do** check on-line on the Canada Life website to look at the claims you and members of your family have filed over the past two years. See *Contact information* at the end of this booklet for instructions on how to log on. Keep in mind that the records only go back two years: you will have to call CL if you are checking to find out how much you have left in an orthodontic maximum (which has a lifetime limit), or concerning appliances (which can only be replaced every five years, in most cases).
- **Do** send in your claim as soon as possible. Claims more than a year old (i.e., received more than 12 months from the date of the expense) will be rejected.
- If you've used up your maximums, **do** try to schedule non-urgent dental work to be done in the next calendar year.
- **Don't** forget to sign all the claim forms filed on this plan — not just your claims, but also claims for other family members on your plan.
- If your partner has a dental plan with Canada Post or with another employer, **do** highlight the fact you have coordination of benefits on your claim form.
- **Do** keep a copy of the claim forms you or your dentist sends to Canada Life.
- **Do** put your Canada Post employee number (R D number) on the claim form.



Some examples of using this benefit

A note about these examples

We used some real-life dental claims to create the examples you see below. If you filed a claim for the same expense as in one of the examples, you might receive more (or less) money back from Canada Life than shown here. That's because the rates in the dental fee schedule in your province or territory are the major factor in determining how much you will be paid for your claim. Because these rates vary from province to province, and the prices of the different services and materials go up (or down) a few cents or dollars every year, there's no such thing as a standard claim. It should be noted, that the examples were taken from quite a few years back so it does not represent current prices but the calculation of reimbursement is correct.



Farid goes to the dentist

Farid has single coverage. Like all members who are regular employees in the urban operations group and Route Holders & Permanent Relief in the rural and suburban mail carriers group, is covered by the Dental Plan. Farid makes two visits to the dentist. Farid gets a check-up and x-rays; later goes back to get some cavities filled. The plan has a \$50 deductible for people with single coverage. Farid files a claim, as explained in *How do I use this benefit?*, on page 11.

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

FARID'S CASE						
Service	Type of expense, maximum reimbursement available	Total amount spent	Eligible expenses under the plan	Calculating the percentage of eligible expenses payable	Minus the deductible (\$50)	Amount of reimbursement Farid will get back from Canada Life
Check-up, including, x-rays, scaling and polishing	Basic <ul style="list-style-type: none"> reimbursed at 80% maximum of \$1,000 a year per covered person 	\$165	\$160	80% of \$160 = \$128	\$128 - \$50 = \$78	\$78
Three cavities filled	Basic	\$240	\$232	80% of \$232 = \$185.60	0 (already paid)	\$185.60
						\$263.60




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



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

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

 **Note:** Farid would have to spend a total of \$920 to be reimbursed \$736.40 (80% of \$920 is \$736.40.) As well, they could be reimbursed up to \$2,000 for Major dental expenses, which are reimbursed at 70% — Farid would have to spend \$2,858 to be reimbursed the full \$2,000.

Jane, Jeff and Joey go to the dentist

Jane is a postal worker with family dental plan coverage. Jane, Jeff her partner and their son, Joey, make several visits to the dentist in the same year. Jane files dental claims for them, as explained in *How do I use this benefit?* on page 11.

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


In Jeff's case, the examination costs \$50 and they get back \$8.40. The bridge costs \$3,000 and they get back \$2,000. For the exam an expense in the Basic category, the eligible expenses are \$48 and they are reimbursed 80% of this amount, which works out to \$38.40. The \$38.40 is reduced by the deductible of \$30, to \$8.40.

For the bridge an expense in the Major category, Jeff's eligible expenses are \$2,900 and they are reimbursed 70% of this amount, which works out to \$2,100. The maximum reimbursement for Major expenses is \$2,000, so this is what is received.

JANE AND JEFF'S CASE

	Service	Type of expense, maximum reimbursement	Total amount spent	Eligible expenses under the plan	Calculating the percentage of eligible expenses payable	Minus the deductible	Amount of reimbursement from Canada Life
Jane	Root canal	Basic • reimbursed at 80% • maximum of \$1,000 a year per covered person	\$900	\$875	80% of \$875 = \$700	\$700 - \$50 = \$650	\$650
Jeff	Exam and x-rays	Basic	\$50	\$48	80% of \$48 = \$38.40	\$38.40 - \$30 = \$8.40	\$8.40
	Bridge	Major • reimbursed at 70% • maximum of \$2,000 a year per covered person	\$3,000	\$2,900	70% of \$2,900 = \$2,100	Already paid	\$2,000 (the maximum for this category)



 **Note:** The deductible for family coverage is \$80. The first family member who uses the plan pays \$50. The next person in the family who uses the plan pays the remaining \$30 of the deductible.

If the family has three people in it, the third person who uses the plan doesn't have to pay any deductible.

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

Jane is entitled to a maximum reimbursement of \$1,000 for Basic expenses each calendar year. Jane has been paid \$650 of the \$1,000 maximum, leaving \$350 they could be reimbursed for more Basic expenses in this calendar year. Note: Jane would have to spend a total of \$438 to be reimbursed \$350 80% of \$438 is \$350. As well, they could be reimbursed up to \$2,000 for Major dental expenses, which are reimbursed at 70% — Jane would have to spend \$2,858 to be reimbursed the full \$2,000.

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

Jeff is entitled to a maximum reimbursement of \$1,000 for Basic expenses each calendar year. Jeff has been paid \$8.40 of the \$1,000 maximum, leaving \$991.60 they could be reimbursed for more Basic expenses in this calendar year. Note: Jeff would have to spend a total of \$1,240 to be reimbursed \$991.60 80% of \$1,240 is \$991.60. Jeff has used up the \$2,000 maximum for Major expenses in this calendar year; and will not get any more money back for Major dental work done this year.

Joey gets braces

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

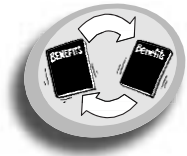
The \$2,000 lifetime maximum applies to Joey: if Jeff and Jane have another child who needs some orthodontic work, the plan will reimburse another \$2,000 maximum. Because the plan reimburses 50% for expenses in this category, they must spend at least \$4,000 to get the \$2,000 maximum reimbursement.

Jane got pre-approval

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



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



Coordination of benefits

Two plan, two-postie families

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

Anand gets a root canal, has a check-up and gets some cavities filled. Anand files a claim, as explained in *How do I use this benefit?*, on page 11, making sure to highlight that they have coordination of benefits. Anand spends a total of \$1,305 for dental work. Because they have coordination of benefits Anand will receive \$1,305 — 100% of what was paid.

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

ANAND CLAIM ON ANAND'S PLAN

Service	Type of expense, maximum reimbursement	Total amount spent	Eligible expenses under the plan	Calculating the percentage of eligible expenses payable	Minus the deductible (\$50)	Amount of reimbursement from Canada Life (Anand's Plan)
Root Canal	Basic <ul style="list-style-type: none"> reimbursed at 80% maximum of \$1,000 a year per covered person 	\$900	\$875	80% of \$875 = \$700	\$700 - \$50 = \$650	\$650
Check-up	Basic	\$165	\$160	80% of \$160 = \$128	(Already paid)	\$128
Cavities	Basic	\$240	\$232	80% of \$232 = \$185.60	(Already paid)	\$185.60
		\$1,305	\$1,267	\$1,013.60		
Total Reimbursement from Anand's Plan						\$963.60



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

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

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



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

ANAND'S CLAIM ON PAUL'S PLAN							
Service	Type of expense, maximum reimbursement	Total amount spent	Eligible expenses under the plan	Calculating the eligible expenses payable	Minus the deductible (\$50)	Amount Anand would be entitled to under Paul's plan but they can't get back more than they spent	So, Paul's plan reimburses up to the amount they spent at the dentist
Root Canal	Basic <ul style="list-style-type: none"> reimbursed at 80% maximum of \$1,000 a year per covered person 	\$900	\$875	80% of \$875 = \$700	\$700 - \$50 = \$650	\$650	\$900 - \$650 = \$250
Check-up	Basic	\$165	\$160	80% of \$160 = \$128	(Already paid)	\$128	\$165 - \$128 = \$37
Cavities	Basic	\$240	\$232	80% of \$232 = \$185.60	(Already paid)	\$185.60	\$240 - \$185.60 = \$54.40
		\$1,305	\$1,267	\$1,013.60			
						Total Reimbursed from Paul's Plan	\$341.40

Paul gets a bridge

Paul gets an exam, x-rays and a bridge. Paul files a claim, as explained in *How do I use this benefit?*, on page 11, making sure to highlight that they have coordination of benefits. Paul claims a total of \$3,048 for the dental work. Because they have coordination of benefits, they will receive \$3,048 — 100% of what was paid.

To understand how coordination of benefits works, we begin with Paul's plan. Paul is reimbursed 80% of the eligible expenses in the Basic category (80% of \$48), which works out to \$38.40, from which Canada Life subtracts a \$30 deductible, leaving \$8.40. Paul has already paid a \$50 deductible for Anand's previous claim. Paul is reimbursed 70% of the eligible expenses in the Major category (70% of \$3,000), which works out to \$2,100, of which CL will only reimburse the maximum for this category, \$2,000.



Paul's plan will reimburse Paul \$2,008.40.

PAUL'S CLAIM ON PAUL'S PLAN						
Service	Type of expense, maximum reimbursement	Total amount spent	Eligible expenses under the plan	Calculating the eligible expenses	Minus the deductible (\$30)	Amount of reimbursement from Canada Life
Exam and x-rays	Basic <ul style="list-style-type: none"> reimbursed at 80% maximum of \$1,000 a year per covered person 	\$48	\$48	80% of \$48 = \$38.40	\$38.40 - \$30 = \$8.40	\$8.40
Bridge	Major <ul style="list-style-type: none"> reimbursed at 70% maximum of \$2,000 a year per covered person 	\$3,000	\$3,000	70% of \$3,000	(Already paid)	\$2,000 (the maximum for this category)
		3,048	3,048	\$2,100		
Total Reimbursement from Paul's Plan						\$2,008.40

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

For a claim like Paul's, Anand's plan would reimburse 80% of Paul's eligible expenses in the Basic category 80% of \$48 , which works out to \$38.40, from which CL would subtract a \$30 deductible, leaving \$8.40. Anand's plan would also reimburse 70% of Paul's eligible expenses in the Major category (70% of \$3,000 , which works out to \$2,100, of which CL will only reimburse the maximum for this category, \$2,000.

Anand's plan would reimburse them \$2,008.40...but hey, wait a minute, Paul's plan has already paid out \$2,008.40, and you can't be reimbursed more than you paid.

Paul's plan will reimburse them \$2,008.40 Paul paid \$3,048 for services covered under the Dental Plan. Anand's plan will pay the difference, \$1,039.60. Paul has been paid for 100% of what was spent at the dentist.



Note: This example assumes that everything Paul's claimed was covered under the Dental Plan.



PAUL'S CLAIM ON ANAND'S PLAN

Service	Type of expense, maximum reimbursement	Total amount spent	Eligible expenses under the plan	Calculating the percentage of eligible expenses payable	Minus the deductible (\$30)	Amount they would be entitled to under Anand's plan but they can't get back more than what was spent	So, they get reimbursed up to the amount spent at the dentist
Exam and X Rays	Basic <ul style="list-style-type: none"> reimbursed at 80% maximum of \$1,000 a year per covered person 	\$48	\$48	80% of \$48 = \$38.40	\$38.40 - \$30 = \$8.40	\$8.40	\$48 - \$8.40 = \$39.60
Bridge	Major <ul style="list-style-type: none"> reimbursed at 70% maximum of \$2,000 a year per covered person 	\$3,000	\$3,000	70% of \$3,000 = \$2,100	(Already paid)	\$2,000	\$3,000 - \$2,000 = \$1,000
Total Reimbursed from Anand's Plan							\$1,039.60



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



Note: If you have coordination of benefits, you don't have to worry about whose plan pays what when you file a claim. Canada Life does these calculations if both plans are with CPC/CL.



Note: Before the 2003 collective agreement, two-postie families could not coordinate their benefits.



Which plan do we use?

Two-plan, two-postie families

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

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

Canada Life will reimburse the claim for Raj's dental expenses with benefits from both parents' plans. Raj's parents only need to fill out one claim form.



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

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

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

In the case of your partner, they will first claim with the plan that covers them as a member/employee. The second claim should be filed with the plan that covers them as a partner — the Canada Post-CL plan.

The process for determining the total amount of benefits that will be paid is the same as in the *Coordination of benefits* examples shown on page 16. Benefits are paid first from the Canada Post plan. Then benefits are paid from the second plan, up to the amount that was paid at the dentist (assuming everything that was claimed was covered by one plan, or the other). Just how much the second plan will pay depends on what it covers, and at what rates.

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

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

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



Example: Your partner's birthday is March 23, 1999 and your birthday is June 3, 1995. You first apply under your partner's plan, because March 23 comes before June 3 in the calendar year.

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



Common questions and problems



When will I get my cheque from Canada Life?

It normally takes about two weeks from when you mail your claim to when you will receive your cheque from Canada Life. You can make an on-line claim and also have an option for direct deposit. If you follow this path, make sure you keep your receipts.

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

Possible problems:

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

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



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

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



What do I do if I think Canada Life made a mistake?

Possible scenarios:

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

Here's what to do if you think Canada Life made a mistake:

- Call CL and ask for clarification. If you don't agree with the answer you get, put your complaint in writing. Mail your complaint to Canada Life, being sure to keep a copy of what you send.
- If you aren't satisfied with the response you get from CL, check with your local to see if a grievance is possible.



What Premiums Do I Pay When I am on Leave Without Pay?

When you go off on Leave Without Pay (LWOP) depending on the leave you are on your coverage may change and how much premiums you pay, may change as well.

Benefit	Legislated And Illness Leave	Non-Legislated Leave*
EHCP	Your coverage continues but you can opt out but can only opt back in when active at work. You pay only the employee share.	After 30 days of LWOP to maintain coverage while on LWOP you must pay both the employee and the employer's share
Basic Life Insurance,	Your coverage continues. You pay only the employee share.	After 30 days of LWOP you must pay both the employee and the employer's share
Long Term Disability (LTD)	Your coverage continues. You pay only the employee share. However if you are on LTD, you do not pay LTD premiums.	After 30 days of LWOP you must pay both the employee and the employer's share
Dental	Your coverage continues. You pay only the employee share. No premium.	If you are on a LWOP absence of more than 30 days, your coverage will end on your last day worked.
Vision & Hearing	Your coverage continues. You pay only the employee share. No premium.	If you are on a LWOP absence of more than 30 days, your coverage will end on your last day worked.

Legislated and Illness Leave: Legislated leave is any leave legislated by the government, such as parental, adoption or compassionate care leave. Illness would cover Long Term Disability insurance when you are no longer getting paid directly from CPC.

Non-Legislated Leave: These are unpaid leaves provided for under the Collective Agreement. Examples of non-legislated leave are: Education, Military, Relocation of Spouse, Personal Needs, Elder Care Leave etc.

- * **The Union's position is that all article 30 benefit plans are maintained as long as you are an employee and reserves the right to grieve or otherwise contest the eligibility requirements and administration of the benefit plans.**



The Fine Print

Exclusions (what's NOT covered)

The Dental Plan does not reimburse expenses for:

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



Dictionary

Canada Life (CL)

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

Children

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

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

Exceptions:

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

Continuous Service

The length of service as an employee since the date of your last hiring. (clause 8.01 and 11.01 RSMC and Urban agreements respectively)

Coordination of benefits

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

CPC

Canada Post Corporation



CUPW

Canadian Union of Postal Workers

Eligible expenses

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

Employee Self Service (ESS)

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

First payer

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

Maximums

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

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

In many cases, the maximum amount is allotted for a one-year period (such as for paramedical services like acupuncture), or a four-year period (e.g., eyeglasses). Some limits are for five years (e.g., hearing aids), and a few are lifetime maximums (e.g., wigs for cancer patients). Some time limits vary depending on the age of the person claiming reimbursement, for example a child can obtain a new wheelchair earlier than an adult.

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

National Capital Region

The Ottawa-Gatineau area

Premium holiday

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

Regular employee

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



Dictionary

Reimbursement

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

Rural and Suburban Mail Carriers (RSMCs)

A group of workers covered by a collective agreement with Canada Post. The collective agreement covers, the 10,779 Rural and Suburban Mail Carriers RSMCs who work as Route Holders, Permanent Relief (PRE) and On-Call Relief (OCRE).

SAP

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

Second payer

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

Spouse/Partner

A spouse/partner is defined as:

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



Note: The one-year requirement does not apply to common-law relationships where a child is born or adopted of the relationship.



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



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

Student

A child is considered as a full-time student if they have been in registered attendance at an elementary school, high school, university, or similar educational institution. Full-time status will be designated by the institution. A full-time student qualifies for prescription drug benefits until their 26th birthday if they are a child of a Quebec resident and otherwise meets the qualified child definition.

Urban postal operations (UPO)

A group of workers covered by a collective agreements with Canada Post. The collective agreement for urban postal operations covers the 47,203 people who work as letter carriers, postal clerks, despatchers, mail service couriers, mail handlers, technicians and mechanics.



Contact Information

Canadian Union of Postal Workers (CUPW) — your union

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

My union contacts



A large rectangular area with a grey header and four horizontal dashed lines for writing contact information.

Internet address

www.cupw-sttp.org

On this site, you can:

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



Contact Information

Canada Post Corporation (CPC)

AccessHR

Canada Post AccessHR is where you can get forms and information about your pay and benefits coverage. It is staffed by members of the Union of Postal Communications Employees (UPCE), a sister union in the post office. Access HR can be reached by phone at 1-877-807-9090 or by email at accesshr@canadapost.ca

Always have your Canada Post employee number and R D number at hand when you call. If you have problems with a particular claim, call Canada Life.

Canada Post employee ESS (SAP) site

<http://mysite.canadapost.ca>

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

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

Notes:

- You need a user name and password to use the site. If you did not receive a password or it doesn't work, call (877) 411-8585.



Contact Information

Canada Life

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

Mailing addresses

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

Service Des Indemnités De Montréal
800, de la Gauchetière ouest, Suite 5800
Montreal QC H5A 1B9

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

Winnipeg Benefit Payments
P.O. Box 3050 Stn. Main
Winnipeg, MB
R3C 0E6

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

Canada Life
Group Electronic Enrollment, 4
South P.O. Box 6000, Station
Main Winnipeg, MB
R3C 3A5

Phone numbers

**Quebec residents
(except those in the Montreal area):**

English and French: 800 663-2817

Montreal residents:

514 878-1288

**All other residents —
call the Winnipeg office:**

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

Contact Information



Internet address

www.gwl.ca or www.canadalife.com

On this site, you can:

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

Notes:

- You log onto the Canada -Life website using the number of a Canada Life plan and your Canada Post employee number R D number . You can pick your own password for future access. On the Canada Life site, you can check your electronic file, to check on the progress of a claim, for example.
- The Canada Life -site has confusing names for two of the plans. The Vision/ hearing Plan is called " ealth & Vision 51392 " and the Extended Health Care Plan is called "Health, Drugs, Vision 51391)". The Dental Plan is called "Dental (51057)".
- Don't use the generic claim forms on this site; use the ones on the CUPW or CPC sites instead. Using the forms designed for our plan will speed up reimbursement.

cupw•sttp

Canadian Union of Postal Workers

NATIONAL OFFICE • 377 BANK STREET, OTTAWA, ON K2P 1Y3 • CUPW.CA

