



# Benefit Summary



**Class 022: Option 1 with 6 Month Waiting Period**

**Effective Date: May 1, 2022**



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## Benefit Summary

<b>Waiting Period</b>	<b>Six (6) Months</b>
<b>Benefit Period</b>	<b>Calendar Year</b>
<b>Child Maximum Age</b>	<b>Age 21</b>
<b>Student Maximum Age</b>	<b>Age 26</b>
<b>Basic Life Insurance</b>	<b>Carrier: Equitable Life of Canada      Policy # 814267</b>
Benefit Schedule	2 x annual earnings
Maximum	\$300,000
Non-Evidence Maximum	\$300,000
Reduction schedule	50% at age 65
Termination Age	Age 70 or retirement, whichever is earlier
<b>Optional Life</b>	<b>Carrier: Equitable Life of Canada      Policy # 814267</b>
Employee	Units of \$10,000 to a maximum of \$200,000
Spouse	Units of \$10,000 to a maximum of \$200,000
Termination Age	Age 70 or retirement, whichever is earlier
<b>Accidental Death &amp; Dismemberment</b>	<b>Carrier: AIG Insurance Company of Canada      Policy # 9125976</b>
Benefit Schedule	2 x annual earnings
Maximum	\$300,000
Non-Evidence Maximum	\$300,000
Reduction schedule	50% at age 65
Termination Age	Age 70 or retirement, whichever is earlier
<b>Long Term Disability</b>	<b>Carrier: Fenchurch General Insurance Company      Policy # FGHO004L001</b>
Benefit Schedule	60% of monthly earnings
Maximum	\$5,000
Non-Evidence Maximum	\$4,500
Elimination Period	119 days
Benefit Duration	To Age 65
Definition of Disability	2 Years Own Occupation
Taxability	Non-Taxable
Offsets	Please refer to your policy for details on applicable benefit offsets (i.e. CPP, WCB, etc.)
Termination Age	Age 65 less elimination period or retirement, whichever is earlier
<b>Extended Health Care</b>	<b>Adjudicator: ClaimSecure      Policy # 9707</b>
<b>Prescription Drug Coverage</b>	
Co-Insurance	80%
Deductible	Nil
Dispensing Fee Maximum	\$9 per prescription per covered person
Plan Type	Prescription Drug Plan – Mandatory Generic
Lancets	Included
Preventative Vaccine	Included
Non-Oral Contraceptives (Nuvaring)	Included
Sclerosing Injections	Included
Maximum	\$25,000 per calendar year per covered person

<b>Paramedical Practitioners</b>	
Co-Insurance	80%
Deductible	Nil
Chiropracist/Podiatrist	\$300 per calendar year per covered person; \$50 x-ray maximum per calendar year per covered person
Chiropractor	\$300 per calendar year per covered person; \$50 x-ray maximum per calendar year per covered person
Naturopath	\$300 per calendar year per covered person; \$50 x-ray maximum per calendar year per covered person
Osteopath	\$300 per calendar year per covered person; \$50 x-ray maximum per calendar year per covered person
Physiotherapist	Included
Psychologist/ Registered Psychotherapist (RP)/ Registered Social Worker (RSW)/ Psychoanalyst/ Registered Social Service Worker (RSSW)/ Registered Clinical Social Worker (RCSW)/ Licensed Clinical Social Worker (LCSW)	\$300 per calendar year per covered person
Athletic Therapist	\$300 per calendar year per covered person; \$50 x-ray maximum per calendar year per covered person <b>Note: Physician's referral not required</b>
Registered Massage Therapist	\$300 per calendar year per covered person
Speech Therapist	\$300 per calendar year per covered person
Dietician	\$300 per calendar year per covered person
<b>Medical Services and Supplies</b>	
Co-Insurance	80% - Major Medical 100% - Hospital and Vision
Deductible	Nil
Ambulance Services	Included
Hospital Care	Included; Semi-Private Room <b>Note: Room charges for outpatient care, day surgery, private hospital, nursing home, chronic care facilities, home for the aged, rest home are excluded</b>
Hearing Aids	\$400 every sixty (60) consecutive months per covered person <b>Note: Hearing tests, batteries and ear moulds are not covered; Physician's or Audiologist's referral required</b>
Custom Moulded Orthotics	\$400 every twelve (12) consecutive months per covered person <b>Note: Physician's or Chiropracist/Podiatrist's referral required</b>
Custom Made Orthopaedic Shoes	\$400 every thirty-six (36) consecutive months per covered person <b>Note: Physician's or Chiropracist/Podiatrist's referral required</b>
Off the shelf Orthopaedic Shoes and Orthopaedic Modifications	\$150 per calendar year per covered person <b>Note: Physician's or Chiropracist/Podiatrist's referral required. The Orthopaedic Shoe Benefit does not include shoes purchased only to accommodate orthotics or comfortable walking shoes such as Birkenstock, Nike, Brooks, Rockport, etc.</b>
Accidental Dental	Included <b>Note: Services must be rendered within twelve (12) consecutive months of the date of the accident</b>
Convalescent Care	\$20 per day up to one hundred twenty days (120) days per disability per covered person <b>Note: Immediately follows three (3) or more days of hospital confinement of acute care. Room charges for chronic care, custodial care, home for the aged, alcohol, substance abuse and mental health are excluded</b>
Diagnostic Services	Included
Medical Equipment/Supplies	Included, Pre-Approval may be required

Medical Services and Supplies	
Breathing Equipment	Included
• CPAP	One (1) per lifetime per covered person <b>Note: Supplies excluded</b>
• IPPB	One (1) per lifetime per covered person <b>Note: Supplies excluded</b>
Orthopaedic Equipment	Included, Pre-Approval may be required
Prosthetic Equipment	Included, Pre-Approval may be required
• External Breast Prosthesis	One (1) per calendar year per covered person <b>Note: Required because of a total or radical mastectomy</b>
• Artificial Limbs	Included <b>Note: Myoelectric limbs excluded</b>
Mobility Aids	Included, Pre-Approval may be required
• Wheelchair	\$3,000 every sixty (60) consecutive months per covered person Pre-Approval is required
Other Medical Equipment	Included
• Blood Glucose Monitoring Machine	One (1) every forty-eight (48) consecutive months per covered person
• Surgical Brassieres	Two (2) per calendar year per covered person <b>Note: Following a mastectomy</b>
• Support Hose/Compression Stockings	Four (4) pairs per calendar year per covered person
• TENS Machine	\$700 per lifetime per covered person
• Wigs	\$200 per lifetime per covered person <b>Note: For cancer patients undergoing chemotherapy</b>
Private Duty Nursing	\$10,000 per calendar year per covered person Pre-Approval is required
Eye Exams	One (1) every twenty-four (24) consecutive months per covered person
Vision	\$120 every twenty-four (24) consecutive months per covered person
Special Vision Benefit After Surgery	One (1) per eye per lifetime per covered person <b>Note: This benefit is <i>in lieu</i> of the frames and prescription lenses, or prescription contact lenses benefit</b>
Termination Age	Age 70 or retirement, whichever is earlier
Dental Care	Adjudicator: ClaimSecure Policy # 9707
Deductible	Single - \$25 Family - \$50
Recall Frequency (Exam, Polishing)	One (1) every nine (9) consecutive months per covered person
Units of Scaling	Ten (10) units every twelve (12) consecutive months per covered person
Fluoride	One (1) every nine (9) consecutive months per covered person
Fee Guide	Current Year
Co-Insurance - Basic Services	100%
Co-Insurance - Major Services	50%
Co-Insurance - Orthodontic Services	50%
Maximum - Basic and Major Services	\$1,500 per calendar year per covered person to a family maximum of \$4,000 per certificate
Maximum - Orthodontic Services	\$1,500 per lifetime per covered person
Age Limit - Orthodontics	Age 18
Termination Age	Age 70 or retirement, whichever is earlier

<b>Out of Country</b>	<b>Carrier: Manulife</b>	<b>Policy # PCO00013284</b>
Emergency Medical	\$5,000,000 per trip per covered person	
Coverage Period (# of days per trip)	60 days per trip per covered person	
Trip Cancellation	\$5,000 per trip per covered person	
Termination Age	Age 70 or retirement, whichever is earlier	
<b>Employee Assistance Program</b>	<b>Provider: LifeWorks</b>	
Termination Age	Age 70 or retirement, whichever is earlier	
<b>People Connect</b>	<b>People Corporation</b>	
Termination Age	Age 70 or retirement, whichever is earlier	

**\*\*\*This booklet is meant to provide information about your Group Benefit Plan. It is not a legal contract. The Group Policy itself determines the benefits, amounts, and effective dates that apply to you. If there is a discrepancy between this booklet and the Group Policy, then the terms and provisions of the Group Policy shall always prevail\*\*\***





## Out of Country Travel Benefit Summary

This summary is intended to provide an overview of the benefit to which it pertains. In the event that there is a discrepancy between this document and the group insurance contract, the contract will prevail.

Any Out of Country claims or inquiries should be directed to Global Excel by calling the number on your travel card. To help ensure a successful claim, please contact Global Excel prior to having any services performed.

<b>Trip Duration: 60 days</b>	<b>Overall maximum for all benefits: \$5,000,000 per trip</b>
Medical Referral Maximum	\$75,000 per insured person, per lifetime
Trip Cancellation	Up to \$5,000 per trip
Trip Interruption	Up to \$5,000 per trip
Baggage Insurance	Reasonable & Customary Costs
Pre-existing Medical Condition Stability Period	Sudden and Unforeseen
Age Limits for Dependent Children	Under age 21 or under age 26 if a full-time student

This insurance product is underwritten by The Manufacturer Life Insurance Company (Manulife) and First North American Insurance Company (FNAIC) a wholly owned subsidiary of Manulife.

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## Frequently Asked Questions

### Who is ClaimSecure?

ClaimSecure is the adjudicator of your Extended Health Care (EHC) and Dental benefits. ClaimSecure works closely with HealthSource Plus to maintain a live record of your benefit coverage selections and dependent details, track your pre-authorizations, and retain your claims history. You can submit your EHC and Dental claims to ClaimSecure through their eProfile website or through the ClaimSecure mobile app.

### What is an over-age dependent?

An over-age dependent is a dependent child age 21 or older. Over-age dependents are eligible to remain on your group benefits plan until age 26 provided the following conditions are met:

- a) They are enrolled in full time post secondary education, and
- b) They are not working full time.

Coverage for over-age dependents terminates on August 31st of each year. This means, you must re-apply if your child re-enrols in the following school year.

Please note: proof of enrolment is required. Suitable proof includes a letter from the University or College advising the child is a full-time student or a copy of the paid tuition. Class schedules are not considered proof of enrolment. A new form and proof must be submitted each school year.

## **Will my spouse and/or child receive their own benefits card?**

If you have a spouse they will receive their own benefits card. Both your card and your spouse's card will have your name on them. You will not receive a benefits card for your child unless they are an over-age dependent. The over-age dependent card will have your child's name on it.

## **Where can I find my policy and certificate numbers?**

Your policy numbers can be found in the Schedule of Benefits at the beginning of this booklet, on your benefits card, and on your Statement of Coverage. Your certificate number can be found on your benefits card and on your Statement of Coverage.

## **What are my responsibilities?**

You are responsible for:

- a) Reviewing your Statement of Coverage and immediately advising your employer of any errors or omissions.
- b) Keeping your information current. Be sure to let your employer know about any life changes or changes to your covered dependents (e.g. if you get married, you have a child, your spouse loses or gains a benefits plan) within 31 days of the event that affected the change. Otherwise, satisfactory evidence of insurability will be required for yourself and your dependents, at your expense. Your benefits will only become effective on the date the evidence is approved by the insurer, provided you are actively at work with full pay and according to your regular work schedule on that date.
- c) Keeping copies of your receipts when submitting claims. Submit the originals, but always keep copies of all receipts for your own records.

## **Do I need to submit a predetermination for dental work?**

When a planned course of dental treatment is expected to exceed \$500 or more, it is highly recommended that ClaimSecure receive a predetermination of benefits from the attending dental provider. This predetermination will include a description of the proposed treatment, an estimate of the charges for services and dental radiographs where applicable. ClaimSecure will determine and confirm the amount of approved benefits.

Predeterminations can take up to 10 business days to process. You can check the status of your predetermination on your ClaimSecure eProfile account.

## **How do I apply for a Prior Authorization drug?**

Please contact your Group Benefits Team for any questions regarding prior authorizations for exception drugs.

## **Are eye exams and vision the same benefit? How do I submit these claims electronically?**

While both benefits provide care for your eyes, eye exams and vision are different benefits when submitting claims to ClaimSecure.



Submit your eye exam claims performed by an optometrist or ophthalmologist under your EHC benefit, and your vision claims for glasses or contacts under your Vision benefit.

### I'm submitting a claim for orthotics. What do I need to know?

Orthotics, Custom Made Orthopaedic Shoes, and Orthopaedic Modifications may be obtained on the written recommendation of the prescribers listed below, accompanied by a diagnosis of the conditions and symptoms and a gait analysis/biomechanical exam.

A description of how the Orthotics or Custom Made Orthopaedic Shoes were constructed, or of the modifications made to an Orthopaedic Shoe, and the raw materials used, plus a breakdown of the costs must accompany the claim. The name and license number of the dispenser must also be provided.

Approved Prescribers:		Approved Dispensers:	
Physician Podiatrist Chiropractist	M.D. D.P.M. D.Ch. or D Pod M	Podiatrist Pedorthist Orthotist Physiotherapist	D.P.M. C.Ped. (C) or C Ped MC C.O. (c) or CPO (c)
Note: The dispenser must be a different provider than the prescriber.			

### What is co-ordination of benefits and how does it work?

Many people have coverage under more than one benefit plan – for example, their own plan and their spouse's plan or a plan offered through a professional association or a retiree plan. If this is your situation, you can use both plans when claiming your expenses. This is referred to as coordinating your benefits and it's a great way to cover more of your health, dental and drug costs.

The insurance industry has rules for how coordination of benefits works. This ensures that claims are charged to the correct benefit plan. You can never receive more than the actual cost of a product or service. This means you cannot be reimbursed for more than 100% of the expense under both plans. Under the second plan, you can only claim the amount that the first plan did not cover. Please see the chart below for instructions on how to claim.

Who is the claim for:	And	First submit the claim to:	Then submit the claim to*:
You	You are covered as a dependent with your spouse's plan	Your plan	Your spouse's plan
Your spouse	Your spouse is an eligible dependent under your plan	Your spouse's plan with their insurance company	Your plan
A dependent child	The children are listed as eligible dependents under both plans	The plan of the parent whose birth month and date is earliest in the calendar year	The plan of the parent whose birth month and date is later in the calendar year
You	You have coverage as a plan member under another group benefits plan in addition to your HealthSource Plus plan	To the plan with the earlier effective date	To the plan with the later effective date

\* When submitting your claim form, please ensure that you include the original Explanation of Benefits (EOB) received from the first payer as well as copies of the claim and receipts.



## Online Resources

### eMobile

Access your plan information even when you're on the go, thanks to ClaimSecure's eProfile eMobile app for Smartphones. Claims history, payment details, benefit and patient totals can be accessed easily and securely.

### Interactive eCard

Now you can conveniently access your health card through your Smartphone, thanks to interactive eCard – ClaimSecure's digitized health identification card.

### MyCoverage

A simple-to-use tool that allows you to quickly search for specific information about your health and dental coverage.

### Direct Deposit

No waiting for cheques to arrive in the mail or time wasted standing in line at the bank. With ClaimSecure's direct deposit service, payments are made automatically to your bank account.

### eClaims

ClaimSecure's eClaims service enables you to get your claim payments faster – often as quickly as the following day. Claims are submitted electronically and adjudicated in real-time.

### PhotoClaims

Use the PhotoClaims app to take a picture of your receipts and immediately submit for reimbursement, it's that easy!

## Contact ClaimSecure

By Phone	By Mail
1 (855) 885-8188 7am to 11pm, Eastern time Monday to Friday Your certificate number will be required	ClaimSecure Inc. P.O. Box 6500 Station A Sudbury, Ontario P3A 5N5

# My Wellness

## GET WELL. STAY WELL. LIVE WELL.

Welcome to My Wellness, a suite of wellness offerings included in your workplace employee benefits package.

As a plan member, you have access to complimentary Wellness tools to help you and your family get well, stay well, and live well!

1. **MY WELLNESS CONNECTION EMAIL**  
Receive a monthly email chalk full of wellness tips, articles, recipes, and more, delivered straight to your inbox.
2. **TARGETED INITIATIVE**  
Our monthly targeted initiative will keep you up to date on important health and wellness information, upcoming webinars and wellness initiatives.
3. **RISK REDUCTION CAMPAIGN**  
Keep an eye out for our monthly reduction poster, complete with up-to-date health and wellness information to encourage healthy living!
4. **ONLINE HEALTH RISK ASSESSMENT**  
Easy to use and completely confidential. Find out if you're at risk in under 10 minutes! Simply visit [www.mywellsite.com/12weekstowellness](http://www.mywellsite.com/12weekstowellness) select **PeopleCorporation** as the company and complete the registration process to create your own unique log in and password



Plan members can enjoy free access to online courses for you and your family.

### Get started today:

1. Visit the Self Help Works website at <https://portals.selfhelpworks.com/peoplecorporation>
2. Click on New Users Start Here and enter your personal information to register
3. Click on the course you would like to participate in
4. Click Unlock Course, enter your Activation Code  
MCCA-SHW and select Start Now to enter the course

Questions? Email us at [wellness@peoplecorporation.com](mailto:wellness@peoplecorporation.com) to learn more about My Wellness Today.

### Courses Include:

#### LivingLean

Weight Loss & Nutrition Program

#### LivingEasy

Stress & Resiliency Program

#### LivingFree

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#### LivingSmart

Alcohol Program

#### LivingFit

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Sleep Program



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