



# HEALTH AND DENTAL BENEFITS

Understanding Your Plan

For Power Workers' Union (PWU)

Employees, Pensioners and Dependents

EFFECTIVE JANUARY 1, 2008

## YOUR BENEFITS AT A GLANCE

### BENEFIT PLAN

**Ontario Health Insurance Plan (OHIP)**

### Hospital Benefits

### Prescription Drug Benefits

### Extended Health Benefits

Vision Care, Paramedic  
Services and more...

### Dental Benefits

Basic Care,  
Prosthodontics,  
Major Restorations,  
Orthodontics

### BENEFITS

Covers many basic medical  
and hospital expenses

Covers the extra cost of a semi-private  
or private hospital room

Covers eligible prescribed  
drug expenses

Covers eligible expenses

Covers 100% of most basic  
procedures, 85% of  
many major procedures  
and 75% of orthodontics

### PARTICIPATION & COST

Automatic to most residents of Ontario

Automatic when enrolled in the Kinectrics Plan  
and paid by Kinectrics

Automatic when enrolled in the Kinectrics Plan  
and paid by Kinectrics

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## **PART 1**

# **BACKGROUND INFORMATION**

As an employee or pensioner of Kinectrics, you and your dependents are covered by benefit plans for health and dental expenses. This guide is a tool to help you understand your role and responsibilities in using these plans and the support you can expect from both Kinectrics and the plan administrator – The Great-West Life Assurance Company (GWL).

Coverage under this plan is intended to supplement that provided by government programs such as the Ontario Health Insurance Plan (OHIP). While the Kinectrics plan provides coverage for a wide variety of items and services, not all items or services are covered. Those which are covered are all subject to reasonable and customary limits, for example, medication is reimbursed at wholesale price + 10%. This booklet does not list all reasonable and customary charges which may apply.

This guide has two sections: an overview with reference and contact information and a summary table that outlines coverage and requirements for extended health products and services.

Unless otherwise indicated, coverage as outlined in this document is effective January 1, 2008.

## ROLES AND RESPONSIBILITIES

### EMPLOYEE/PENSIONER

- Must ensure all their claims and those of their dependents are legitimate
- Must ensure their personal information for benefits purposes is kept up to date (for example: current name, address and phone number, removal/addition of dependents, spouse's employer/insurance information)
- Should review plan provisions PRIOR TO purchasing an item/service to determine the level of coverage, if any
- Where clarification on a provision is required, contact GWL PRIOR TO purchasing an item/service

### KINETRICS BENEFITS CENTRE

- Communicate details of benefits coverage and related processes to employees/pensioners/dependents
- Provide interpretation, support and advice on benefits provisions

### GREAT-WEST LIFE ASSURANCE COMPANY (GWL)

- Administer the Kinectrics Health & Dental Benefits Plans (Plan Reference #51597)
- Respond to inquiries from employees/pensioners/eligible dependents on questions related to benefits coverage

## CONTACT INFORMATION

- For questions regarding benefits coverage and claim information, contact:  
**The Great-West Life Assurance Company**  
**255 Dufferin Avenue**  
**London, Ontario.**  
**N6A 4K1**  
**Toll free 1-800-318-6098** Hours for inquiries: 8:00 am to 4:30 pm - Monday to Friday excluding statutory holidays.  
Messages may be left after 4:30 pm, and all calls will be returned the following business day.  
**Online access for plan members: [www.greatwestlife.com](http://www.greatwestlife.com)**
- To request a change to personal information for benefits purposes (e.g. adding or deleting a dependent), contact:  
**The Kinectrics Benefit Centre**  
**Toll free 1-866-898-8517**
- To obtain copies of claim forms, contact:
  - The GWL Online website - [www.greatwestlife.com](http://www.greatwestlife.com)
  - The Kinectrics Human Resources Department
  - The Company Intranet site (for active employees only)

## COVERAGE UNDER THE PLAN

### COVERAGE IS PROVIDED AT NO COST TO: EMPLOYEES, PENSIONERS AND BENEFICIARIES AND THEIR QUALIFIED SPOUSES, CHILDREN AND OTHER DEPENDENTS

**EMPLOYEES** are defined as:

- Probationary employees
- Regular employees
- Employees on Long-Term Disability (LTD)

*Note:*

- Coverage commences on the first day worked and ceases immediately upon termination
- If both qualified spouses are employed by Kinectrics and are eligible for Health & Dental benefits, one employee is designated as the "subscriber" and the other employee is designated as the "qualified spouse"

### PENSIONERS, BENEFICIARIES AND THEIR QUALIFIED DEPENDENTS

- Employees who go from employee to pensioner WITHOUT a break in service and WITHOUT commuting all of their pension entitlement, and who had a minimum of 7 years of continuous service with the company prior to retirement, and who had health and dental coverage while employed, continue to receive benefits during their retirement
- Vested/deferred pensioners are eligible to receive benefits provided they received them as employees, AND had a minimum of 25 years of continuous service with the Company prior to terminating employment

*Note:*

- Qualified pensioners are entitled to the current health and dental benefits provided to the employee group they belonged to at the time of retirement
- Qualified beneficiaries and dependents who are in receipt of a survivor's pension, are entitled to the current health and dental benefits provided to the employee group the pension plan member belonged to prior to death or retirement

### QUALIFIED DEPENDENTS

#### Qualified Spouse:

- The person legally married to the employee/pensioner
- The person who is publicly represented by the employee/pensioner as their spouse
- Same sex partner

*Note:*

- At any one time, only one person is considered a qualified spouse of an employee or pensioner. In the event that an employee/pensioner takes up residence with an individual and publicly represents that individual as their spouse, the spousal status of any other individual is automatically terminated. An individual who fails or ceases to meet the criteria specified as eligible spouse is immediately rendered ineligible as a qualified spouse.
- Divorced spouses cannot be covered under the Kinectrics Health and Dental Plan

### **Qualified Children:**

Any child of the employee/pensioner or their spouse and legally adopted children who are:

- Unmarried AND
- Unemployed AND
- Attending school full time up to and including 23 years of age

*Note:*

- Benefits coverage ceases as of the child's 24th birthday or if any of the other above criteria are not satisfied
- Where one spouse is covered by a benefits plan other than Kinectrics, the spouse whose birthdate is earliest in the year (regardless of their age) must claim the eligible children on their plan first. Following initial reimbursement, any unpaid portion can later be claimed on the other spouse's plan up to its maximum.
- Children of any age who are dependent for financial support on the employee/pensioner or their spouse because of physical or mental infirmity are also included for coverage, provided the infirmity commenced while the child otherwise met the definition of an eligible child as outlined above. Coverage will continue as long as the child remains continuously dependent for financial support on the employee/pensioner or their spouse because of physical or mental infirmity. Based on information provided by the employee/pensioner/spouse, Kinectrics will determine the eligibility of physically or mentally infirm dependent children as eligible dependents and will furnish written proof with instructions for GWL to continue coverage.

### **OTHER QUALIFIED DEPENDENTS**

A child to whom the employee stands in the position of a parent for purposes of the Income Tax Act, the Divorce Act or the Family Law Act. This may include: niece, nephew or grandchild of the employee/pensioner or their spouse. These dependents are covered only if the following conditions are met and supported by the evidence as outlined:

- The child is under age 19 AND
- The child is a resident in Canada and living with the employee/pensioner AND
- The child is fully dependent for support (i.e. food and shelter) on the employee/pensioner or spouse AND
- The child has a personal income of less than the Basic Personal Amount under the Income Tax Act

*Note:*

- For all of the above situations, the employee/pensioner **MUST** provide the following evidence attached to their enrollment form:
  - A court order giving the employee/pensioner **FULL** custody (joint custody is not acceptable) **OR**
  - A signed affidavit, witnessed by a notary public, confirming the above conditions in accordance with the Income Tax Act

## **COVERAGE MAY BE PURCHASED BY:**

### **TEMPORARY EMPLOYEES**

- Temporary employees may purchase Single or Family, Extended Health and Semi-Private Benefits coverage (excluding Dental Benefits)
- Coverage for temporary employees will commence on the first day of the month following purchase of the Benefit and will cease on the last day of the month for which benefits were purchased
- Rates for the purchase are available from the Human Resources Department

### **REGULAR PART-TIME EMPLOYEES (INCLUDES EMPLOYEES IN JOB-SHARING ARRANGEMENTS)**

- Regular Part-Time Employees may purchase Single or Family, Extended Health, Semi Private and/or Dental Benefits
- Purchase of these benefits is on a pro-rated basis:
  - The pro-ration formula is based on the hours worked, expressed as a percentage of the normal scheduled number of hours for the classification

For example:

Employee works 24 hours/week (i.e. 3 days at 8 hours/day) in a classification where the normal scheduled hours are 40 hours/week. The employee will be billed for 40% of the cost of the Health and Dental Plan but will receive 100% coverage under the Plan. If the employee elects not to pay this cost, NO coverage is provided

NOTE: Reference to employee/pensioner throughout the following also includes qualified dependents/beneficiaries

## CO-ORDINATION OF BENEFITS

In order to maximize their potential reimbursement and minimize the employer's cost, where both spouses have coverage through different employers, they must co-ordinate their claims through both insurers:

- The Kinectrics employee submits their own claim to the Kinectrics Plan first. If the full amount of the claim is not covered, the remainder can then be submitted to the plan of the employee's spouse
- Likewise, spouses of Kinectrics employees must submit their own claims to their insurance company first and if the full amount is not covered under that plan, the remainder may be submitted under the Kinectrics Plan
- For both the Kinectrics Plan and the benefit plan of the employee's spouse, benefits are limited to the maximum of the reasonable and customary limits
- The spouse whose birth date is earliest in the year (regardless of their age) must claim the eligible children on their plan first. Following initial reimbursement, any unpaid portion can later be claimed on the other spouse's plan up to its maximum.

### RIGHT TO RECEIVE AND RELEASE NECESSARY INFORMATION

For the purposes of determining the applicability of this Plan's Co-ordination of Benefits provision and implementing its terms, or those of any similar provision in any similar plans, GWL, without the consent of, or notice to, any person, may release to or obtain from any insurance company, organization, or person, any information, with respect to any person, which GWL deems to be necessary for such purposes. Any person claiming benefits under this Plan shall furnish to GWL the information as may be necessary to implement this provision.

## ANNUAL DEDUCTIBLES

The annual deductibles are as follows:

- Single coverage \$20.00 per calendar year
- Family coverage \$40.00 per calendar year

*Note:*

- Deductibles are automatically subtracted from claims submitted from January 1 of any calendar year, until the annual maximum of the deductible is reached
- For family coverage, two members of the family are each subject to a \$20.00 deductible per calendar year
- Vision care and hearing aids are excluded from the annual deductible
- Expenses incurred during the months of October, November and December may be carried over to the following calendar year and applied toward the deductible in that year

## SUBMITTING CLAIMS

To claim for Health & Dental benefits under the Kinectrics Plan, the employee/pensioner purchases the item or service first. The employee/pensioner then submits a claim and is reimbursed by GWL for the reasonable and customary cost of the item or service, up to the prescribed limits of the plan.

Claims can be made in 2 ways:

**Electronic** - for: medication, dental (depending on the Dentist)

**Paper** - for: medication, extended health, dental

*Note:*

- Employees/pensioners who claim medication items electronically (i.e. using the plastic drug card) are not required to pay for the item first. As long as the item is listed on the Kinectrics Formulary, GWL will pay the pharmacy directly for medication items claimed electronically.
- Pharmacies or service providers may charge over and above the reasonable and customary cost for an item or service. Any charge over the reasonable and customary charge, is the sole responsibility of the employee/pensioner

### **ELECTRONIC CLAIMS - Medication Only**

All eligible employees/pensioners are issued a plastic drug card for purposes of purchasing medication

- For single coverage - 1 card is issued
- For family coverage - 2 cards (maximum) are issued (If more than 2 cards are required, a photocopy of the information on the front of the card is sufficient)

To purchase medication electronically, present the drug card and prescription to the Pharmacist

### **PAPER CLAIMS - Medication, Extended Health Benefits, Dental**

- Paper claims **for medication** must be RECEIVED by GWL during the months of April and October ONLY
- All claim forms must be completed in their entirety and all pertinent documentation enclosed. Submit original copy of prescription and cash register receipt where applicable
- Paper claims require 7-10 days from time of receipt by GWL for processing
- Where all required information is received by GWL, reimbursement will be provided as soon as possible
- The mailing address for claims submission is printed on the top of the claim form

*Note:*

- For the following items ONLY – paper claims will be accepted by GWL during any month of the year: claims for non-medication items, claims for fertility drugs, co-ordination of benefit claims, claims for reimbursement of the \$100 Ontario Drug Benefit (ODB) deductible
- Claim forms are two sided - one side is for health claims ONLY - the other side is for dental claims ONLY
- Please use two separate forms if claiming for both health benefits AND dental benefits
- **Employees are responsible for ensuring they allow sufficient time when mailing paper claims for medications to GWL to RECEIVE the information during the months of April and October**
- Paper claims for medication received by GWL during any other month will be rejected and all information returned to the employee/pensioner for re-submission during April or October
- Paper claims for all non-medication items may be submitted during any month of the year
- For items and services requiring a prescription, the prescription must be obtained **before** the item or service is purchased

## **RIGHT OF RECOVERY**

If at any time, payments have been made by GWL with respect to allowable expenses, and such payments are in excess of the eligible amount, GWL shall have the right to recover such payments, to the extent of the excess, from any persons, insurance companies or any other organization to whom such payments were made.

### **Claim forms are available from:**

- The GWL Online Website – [www.greatwestlife.com](http://www.greatwestlife.com)
- The Kinectrics Human Resources Department
- The Company Intranet site (for active employees only)
- GWL provides a blank claim form with each reimbursed claim (for pensioners only)

## DEFINITIONS

**ATTENDING PHYSICIAN:** An individual who legally engages in the practice of medicine and/or surgery by virtue of a license issued by the duly constituted licensing authority of the jurisdiction in which treatment is provided.

**CALENDAR YEAR:** A period of time, commencing January 1 and ending December 31 or any other shorter period of time falling between those dates, during which the Plan is effective.

**CHRONIC CARE HOSPITAL:** A facility which is so designated in the Ontario Health Services Insurance Act.

**CO-INSURANCE PERCENTAGE:** The portion of the covered expenses which are reimbursed to the employee/pensioner.

**CONVALESCENT HOSPITAL:** An extended care facility, such as a special wing or ward of a hospital, which has a transfer agreement with the hospital.

**DENTIST:** An individual duly qualified and legally licensed to practice dentistry, provided they render a service within the scope of their license.

**DENTURIST:** An individual duly qualified and legally licensed to perform the services rendered, provided they render the service within the scope of their license.

**DISPENSING FEE:** Dispensing Fees are the amount charged by the pharmacy for filling a prescription. This fee is separate from the cost of the drug itself.

**HOSPITAL:** An institution accredited as a Hospital under a provincial hospital services program, or approved for resident in-patient care under a provincial hospital services program. This does NOT include: sanatoriums, mental hospitals, nursing homes, facilities for the care of the aged, institutions operated primarily as schools, institutions whose primary function is to furnish domiciliary or custodial care, or hospitals outside of Canada.

**ORTHODONTIST:** A Dentist duly certified to practice orthodontics.

**PROFESSIONAL NURSE:** A person who is registered as a Nurse under the Health Disciplines Act or licensed in the jurisdiction in which their professional services are rendered to the employee/pensioner/dependent to provide services equivalent to those which are provided by professional nurses in Ontario.

## EXTENDED HEALTH BENEFITS

### MEDICATIONS

- Medications covered are those listed on the Kinectrics Drug Formulary
- Employees/Pensioners may contact Great-West Life to obtain information about medications covered by Kinectrics

### PRESCRIPTION MEDICATION

- Prescription medication requires a prescription by law and must be dispensed by a pharmacist
- Employees may obtain medication to cover the current month, plus 2 additional months for a total of 3 months
- Pensioners may obtain medication to cover the current month, plus 7 additional months for a total of 8 months
  - Please note, this may differ from the amounts allowed under the Ontario Drug Benefits Plan (ODB)
- Reasonable and Customary Limit for prescription medication is wholesale price +10% (plus the dispensing fee where appropriate). Pharmacies may charge additional amounts over this limit - if so, the additional amount is the sole responsibility of the employee/pensioner
- Dispensing fees are capped at \$10.50 for all employees/pensioners and eligible dependents

### GENERIC SUBSTITUTES

- Where a brand name prescription medication exists with a generic substitute, unless the Attending Physician specifies "No Substitutes" on the prescription, the generic brand is automatically substituted for the brand name medication
- If an employee/pensioner wants the brand name medication, the difference between the cost of the brand name medication and cost of the generic substitute is the sole responsibility of the employee/pensioner

### OVER-THE-COUNTER (OTC) PRODUCTS

- Only those OTC products listed on the Kinectrics Drug Formulary are covered
- Dispensing Fees for these products are capped at \$6.11 per prescription (except for diabetic supplies and insulin that will have a \$10.50 dispensing fee cap)
- To claim for these products, the employee/pensioner must obtain a prescription from their Attending Physician. When filing a paper claim for OTC products and prescription medication, prescriptions for OTC medications must be separate from those for medications legally requiring a prescription.
- Employees/pensioners may either: have the Pharmacist submit the claim electronically, OR may submit a paper claim to GWL for reimbursement (during the months of April and October only)
- For paper claims: the employee/pensioner must provide the original prescription plus a copy of the cash register receipt on which the store clerk should handwrite the name and Drug Identification Number (DIN) and then initial the sales receipt
- When claiming for "repeat over-the-counter" products, the employee/pensioner must include a photocopy of the original prescription previously submitted to GWL along with the cash register receipt as outlined above.

## REASONABLE AND CUSTOMARY LIMITS

- Every item/service covered by the Kinectrics Plan has associated with it a reasonable and customary limit which is established by the insurance industry
- Medical services or supplies are considered reasonably necessary when they:
  - are ordered by the Attending Physician AND
  - are commonly and customarily recognized throughout the Attending Physician's profession as appropriate in the treatment of the patient's diagnosed sickness, injury or condition.
- Reasonable and customary limits can be defined as:
 

*Charges for services and supplies at the level usually required based on the nature and severity of the case being treated. For services: in accordance with the official fee schedule in the area (province), or in accordance with representative fee practices and tariffs where there is no such fee schedule; for supplies: in accordance with representative prices in the area (province)*
- Any amount in excess of the reasonable and customary limit is NOT covered by the Kinectrics Plan and is the sole responsibility of the employee/pensioner
- In addition to reasonable and customary limits for an item/service, under the Kinectrics Plan, there may also be a negotiated limit or maximum for an item/service
- Employees/pensioners may contact GWL to obtain information on reasonable and customary limits for any item/service covered by the Kinectrics Plan.

## ONTARIO DRUG BENEFITS PLAN ( O D B ) - P E N S I O N E R S O N L Y

PLAN	AMOUNT	TIME OF YEAR	REFUNDED BY GWL
Kinectrics Health & Dental Benefit Plan (Further details on these Deductibles are available on page 6)	Single coverage: \$10.00/calendar year Family coverage: \$20.00/calendar year	Automatically subtracted from claims submitted from January 1 of any calendar year, until the annual maximum of the deductible is reached	No
Ontario Drug Benefit Plan (ODB)	Flat Rate: \$100.00/calendar year	Commences in July of each year until the maximum amount is reached	Yes - see below

- Pensioners living in Ontario who are age 65 and older, are covered for most medication under the ODB plan, which is sponsored by the provincial government
- Once the expense for the ODB deductible has been incurred, a paper claim may be filed with GWL to claim the \$100 deductible, and any dispensing fee up to \$6.11 for over-the-counter products covered under the ODB Plan

*Note:*

- While drugs covered by the ODB are not reimbursed under the Kinectrics Plan, pensioners living outside Ontario who are age 65 or older and eligible for Kinectrics drug benefits are also entitled to claim the first \$100 per year and the payment for dispensing fees up to \$6.11 for OTCs normally covered by the ODB Plan

To file such a claim, follow the process for paper claims as outlined on page 7.

## DENTAL BENEFITS

**Only those dental codes titled “Current ODA Codes Covered” (visit the Kinectrics Intranet site for the code listing) are covered by the Kinectrics Plan**

- Dental codes are divided into 2 categories:
  - Class A Services – covered at 100%
  - Class B Services – covered at 85%
- Orthodontic Services - covered at 75%
- The codes for Preventive Services (i.e. scaling/polishing/recall) are covered once every 6 months
- All dental codes covered are subject to the restrictions (both on fees to be charged and specific work to be done) as outlined in the current Ontario Dental Association's (ODA) Fee Guide for General Practitioners
- Dentists may charge additional amounts over this limit - if so, the additional amount is the sole responsibility of the employee/pensioner
- Charges are deemed to have been incurred on the date the services were completed
- Fees for specialists will be considered up to the ODA fee amount for a General Practitioner if applicable
- Dental Lab Fees are covered up to 60% of the ODA's suggested amount for General Practitioners for the related dental procedure
- Eligible charges for Dental Implants, as per employee's dentist recommendation, are subject to the Class B Major Services reimbursement level of 85%. Dental implants will be paid to the maximum of the least expensive alternative procedure.

### DENTAL PREDETERMINATION

- For the claimant's protection, if the course of treatment involves charges of \$600 or more, it is suggested that the Treatment Plan should be submitted to Great-West Life in advance for predetermination of benefits. Great-West Life will advise the employee before treatment is started of the amount allowed by the Plan.

### LEAST EXPENSIVE ALTERNATIVE

Where, according to customary dental practices, two or more services listed are separately suitable for the dental care of a specific condition, and if a charge is actually incurred for one of such services, only the least expensive of the two alternatives will be reimbursed, based on adjudication by GWL.

## **DENTURISTS**

- Fees (including lab fees) will be reimbursed, under the Denturist Fee Guide, for full upper and/or lower dentures at 85% once every 3 calendar years
- The fee for construction of full upper and/or lower dentures by a Denture Therapist/Denturist includes lab fees as set out in the Denturist Fee Guide. As such, separate lab fees are considered to be included in the allowable fees and are not reimbursed.

## **DENTAL TREATMENTS - ACCIDENTS**

Dental Treatment for the restoration of an area damaged as the result of an accident that occurs while the plan is in effect are covered as long as treatment commences within 90 days of the accident.

*Note:*

- Repair or replacement of artificial teeth is not covered
- No reimbursement will occur on charges for treatment performed after the 365th day following the accident or after termination of coverage, whichever is the earliest
- Claims for dental treatments as a result of an accident, must be completed using the Health Claim, not Dental Claim form

## **ORTHODONTIC BENEFITS**

The following Orthodontic services are covered under the Kinectrics Plan at 75% co-insurance to a maximum of \$4,000 per person per lifetime:

- Consultations
- Pretreatment Diagnostic Services
  - Diagnostic Models
  - X-Rays
  - Cephalometric work-up
- Preventive and Interceptive Orthodontics (including Appliances and Maintenance)
  - Habit inhibiting
  - Space regaining
  - Space maintenance
  - Cross bite correction
  - Dental arch expansion
- Corrective Orthodontics
  - Removable and fixed appliance therapy

- Retention
- Prior to the commencement of treatment, a treatment plan must be submitted by the Dentist to GWL
- The treatment plan must include the following:
  - A classification of the malocclusion or malposition
  - Recommendation and description of the necessary treatment by orthodontic procedures
  - Estimation of the duration over which the treatment will be completed
  - Estimation of the total charge for such treatment
  - Cephalometric x-rays, study models and other supporting evidence as GWL may reasonably require
- GWL will advise the employee/pensioner of the amount eligible for reimbursement under the Plan, prior to commencement of treatment
- The total eligible charges scheduled to be made in accordance with an Orthodontic Treatment Plan are made in monthly installments
- For the first month of treatment, the lesser of the initial fee OR 25% of the total estimated cost for orthodontic treatment will be paid
- The rest is paid over a period of time equal to the estimated duration of the Orthodontic Treatment Plan
- The first installment is considered to occur on the date on which the orthodontic appliance is first inserted, and subsequent installments are considered to occur at the end of each 1 month period thereafter
- Acceptable claims for reimbursement include the following:
  - A claim form submitted by the employee with the receipt attached
  - A claim form submitted by the orthodontist indicating “monthly orthodontic fee” and indicating the charge for same
- If an employee’s coverage under the Kinectrics Health & Dental Plan ceases, ongoing orthodontic benefits will continue until the end of the month in which employment terminates

*Note:*

Treatment Plans for eligible dependants must be fully completed prior to the eligible dependant's 24<sup>th</sup> birthday in order to receive reimbursement.

## BENEFITS COVERAGE OUTSIDE OF ONTARIO

### ALL INDIVIDUALS COVERED BY THIS PLAN – PERSONAL TRAVEL

- **No coverage is provided for emergency out of province/country medical assistance for personal travel**
- Extended Health and Dental Benefits as outlined in this brochure are provided outside of Ontario under the following conditions:
  - All of the same terms, conditions, restrictions and limits as if the benefit was being purchased in Ontario
  - At a rate NOT greater than the rate the benefit would be provided at in Ontario
  - For any dental procedure, a complete written description of the procedure must be obtained
  - Money payable under the Kinectrics plan will be paid in Canadian dollars regardless of where the item/service was purchased
  - The foreign exchange rate will be the rate in effect on the date the charges for services are incurred while in the foreign province/country
  - Any charges in excess of the specified limits or restrictions are the sole responsibility of the individual covered by the Kinectrics Plan

*Note:*

- Any coverage normally provided by the Ontario Health Insurance Plan (OHIP), the Ontario Drug Benefit Plan (ODB), the Assistive Devices Program (ADP), the Workplace Safety and Insurance Board (WSIB), or any other government agency may be covered by that Plan or Agency but are NOT covered by the Kinectrics Plan
- Individuals covered by the Kinectrics Plan should contact the government agency or their Attending Physician directly to determine their level of coverage and any restrictions

### EMPLOYEES - WORKING FOR Kinectrics OUTSIDE OF ONTARIO

- Kinectrics provides special Health and Dental coverage for Kinectrics employees who are working outside of Ontario
- Further information on this coverage may be obtained by contacting the Human Resources Department

## EXCLUDED CHARGES

### The following are NOT covered by the Kinectrics Health & Dental Plan:

- Any items/services NOT specifically listed
- Charges incurred while coverage is not in effect
- Services or supplies normally paid through any provincial hospital plan, any provincial medical plan, Workplace Safety and Insurance Board (WSIB), other government agencies or any other sources
- The portion of any charge for any service or supply, in excess of the reasonable and customary charges
- Charges for unnecessary services and supplies for medical care of the patient's sickness, injury or condition
- Coverage of tuberculosis and mental illness when patient is confined to a special institution for treatment
- Rest cures, travel for health reasons or insurance examinations
- Charges for a dental procedure for which an active appliance was installed before the patient was covered
- Cosmetic dentistry or services otherwise not reasonably necessary or customarily performed, for the dental care of the covered individual
- Charges in excess of the amount shown in the Ontario Dental Association Suggested Fee Guide for General Practitioners
- Dental services paid through any other sources such as a government agency or any other insurer
- Attending Physician or Dentist's notes
- Charges by Doctors or Dentists for missed/cancelled appointments
- Delivery or transportation charges for items/services unless coverage is specifically indicated
- Mileage/travel time/travel expenses for attending medical appointments
- Coverage for non-OHIP substance abuse treatment programs

## PART 2

# EXTENDED HEALTH BENEFITS TABLES

### Using the table

The following table outlines coverage for Extended Health Benefits under the Kinectrics Plan

- The first column lists all of the Extended Health Benefits ALPHABETICALLY BY NAME
- The second column provides a description of the level of coverage provided under the Kinectrics Plan
- The third column provides further information about the benefit and also provides information of specific requirements for reimbursement
- The *NOTES* below provide further information on the Benefits covered, and outline the general requirements to ensure reimbursement

**IN ORDER TO ENSURE YOU UNDERSTAND WHAT WILL BE REIMBURSED, FOR EACH ITEM/SERVICE PLEASE READ COLUMNS 1, 2 AND 3 PLUS THE NOTES BEFORE PURCHASING THE ITEM/SERVICE**

### **NOTES:**

- Items/services not listed are not covered
- GWL reserves the right to request further information (this may include but is not limited to a statement from the Attending Physician detailing the condition being treated, the medical necessity for the provision and an estimate of the duration of need), prior to reimbursement of any claim
- All items/services are subject to reasonable and customary limits
- \*All service providers must be licensed, certified, registered and/or qualified, within the scope of their profession and by the jurisdiction in which they are practicing.
- Government coverage (e.g. OHIP, ADP etc.) is subject to change without prior notice.

## EXTENDED HEALTH BENEFITS TABLE

ITEM	LEVEL OF COVERAGE	REQUIREMENTS/COMMENTS
<b>*ACUPUNCTURISTS</b>		- Refer to <b>PARAMEDICAL SERVICES</b>
<b>AERO CHAMBERS</b>		- Refer to <b>RESPIRATORY DEVICES</b>
<b>AMBULANCE SERVICES</b>	<ul style="list-style-type: none"> <li>- Coverage provided for the portion not covered by a government agency</li> <li>- <b>NOT COVERED:</b> no costs are reimbursed if a government agency does not provide coverage</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – for Air Ambulance Services ONLY – written prescription by the *Attending Physician, detailing the condition and medical necessity for the provision</li> <li>- Professional ambulance services will be paid to the nearest facility competent to care for the individual when the service is paid for in part by a government plan or agency (e.g. OHIP).</li> </ul>
<b>ARCH SUPPORTS</b>		- Refer to <b>ORTHOTICS</b>
<b>ARTIFICIAL LIMB OR EYE</b>		<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician</li> <li>- Assistance must be sought through the Assistive Devices Program (ADP) first</li> </ul>
<b>BACK BRACE</b>		- Refer to <b>LUMBO-SACRAL SUPPORT BELT</b>
<b>BACK SUPPORT</b>		- Refer to <b>OBUS FORM®</b>
<b>BEDS</b>		- Refer to <b>HOSPITAL BEDS – MANUAL</b>
<b>BLOOD AND BLOOD PRODUCTS</b>	<ul style="list-style-type: none"> <li>- Reasonable and customary limits will be paid where the service is not paid for or provided by a government department or agency (e.g. OHIP, WSIB)</li> </ul>	- <b>REQUIRES</b> – written prescription by the *Attending Physician

<b>BLOOD PRESSURE KITS</b>	- Maximum of 1 per person every 3 calendar years	- <b>REQUIRES</b> – Written prescription by the *Attending Physician
<b>BOOST®</b>		- Refer to <b>FOOD SUPPLEMENTS</b>
<b>BOOTS – CUSTOM MADE</b>		- Refer to <b>FOOTWEAR</b>
<b>BRACES</b> (neoprene supports, support bands, rib supports)	- Purchase, repair, replacement as determined by GWL	- <b>REQUIRES</b> – written prescription by the *Attending Physician, detailing the condition - Braces are defined as devices used to hold a body part in a properly aligned position
<b>BREAST PROSTHESIS – EXTERNAL</b>	- The amount not covered by the Assistive Devices Program (ADP), once per person every 2 calendar years	- <b>REQUIRES</b> – written prescription by the *Attending Physician - For use following mastectomies, includes coverage for up to 3 brassieres per year
<b>BREATHE EASY® AND BREATHE RIGHT® STRIPS</b>		- <b>REQUIRES</b> – written prescription by the *Attending Physician - Claim electronically using the drug card
<b>CANE</b>	- Purchase/replacement as determined by GWL	- <b>REQUIRES</b> – written prescription by the *Attending Physician
<b>CASTS</b> (plastic, fiberglass, air)	- Purchase/replacement as determined by GWL	
<b>CATHETERS</b>	- Covered as submitted	- Assistance is available through the Assistive Devices Program (ADP) when these are in use with an ostomy
<b>CERVICAL COLLARS</b>		- <b>REQUIRES</b> – written prescription by the *Attending Physician
<b>CERVICAL PILLOWS</b>	- Maximum of 1 per person per calendar year	- <b>REQUIRES</b> – written prescription by the *Attending Physician (not a Chiropractor)

<b>*CHIROPODISTS</b>		- Refer to <b>*PODIATRISTS/CHIROPODISTS</b>
<b>*CHIROPRACTICS (includes X-rays)</b>		- Refer to <b>PARAMEDICAL SERVICES</b>
<b>CHRONIC CARE HOSPITAL</b>		- Refer to <b>HOSPITAL</b>
<b>*CLINICAL ECOLOGISTS</b>		- Refer to <b>PARAMEDICAL SERVICES</b>
<b>COMPRESSORS</b>		- Refer to <b>RESPIRATORY DEVICES</b>
<b>CONTACT LENSES</b>		- Refer to <b>VISION CARE</b>
<b>CONVALESCENT or REHABILITATIVE HOSPITAL</b>		- Refer to <b>HOSPITAL</b>
<b>CPAP MACHINES</b>		- Refer to <b>RESPIRATORY DEVICES</b>
<b>CRUTCHES</b>	- Purchase/rental as determined by GWL	- <b>REQUIRES</b> - written prescription by the *Attending Physician
<b>CUSTOM MADE BOOTS/SHOES</b>		- Refer to <b>FOOTWEAR</b>
<b>DIABETIC SUPPLIES</b> (Includes: needles, syringes, dextrosticks, glucosticks, autolets, autoclicks, lancets, preci-jet guns, insulin pumps, necessary hardware, blood glucose meters (glucometers))		- <b>REQUIRES</b> – written prescription by the *Attending Physician - NOTE – patient does not need to be insulin dependent to be eligible for a blood glucose meter - Replacement of a blood glucose meter, preci-jet gun, insulin pump and necessary hardware, are eligible once every 3 calendar years
<b>DIAGNOSTIC SERVICES</b>		- Refer to <b>LABORATORY TESTS</b>
<b>ENSURE®</b>		- Refer to <b>FOOD SUPPLEMENTS</b>

<b>ERECTILE DYSFUNCTION DRUGS (Cialis®, Levitra® and Viagra®)</b>	<ul style="list-style-type: none"> <li>- Combined maximum of \$500 per person per calendar year (includes all EDD)</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician</li> <li>- Claim electronically using the drug card</li> </ul>
<b>EXTRA DEPTH SHOES</b>		<ul style="list-style-type: none"> <li>- Refer to <b>FOOTWEAR</b></li> </ul>
<b>EYE EXAMINATIONS</b>		<ul style="list-style-type: none"> <li>- Refer to <b>VISION CARE</b></li> </ul>
<b>EYE GLASSES</b>		<ul style="list-style-type: none"> <li>- Refer to <b>VISION CARE</b></li> </ul>
<b>FERTILITY DRUGS</b>	<ul style="list-style-type: none"> <li>- Up to 12 months or a maximum cost of \$5,000, whichever comes first, per lifetime</li> <li>- <b>NOT COVERED</b> – in-vitro fertilization (IVF) and related drugs</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician, detailing the condition and the medical necessity for the provision</li> <li>- Covers only drugs on the Kinectrics drug formulary</li> <li>- For these items <b>ONLY</b> – paper claims must be submitted and will be accepted during any month of the year</li> </ul>
<b>FOOD SUPPLEMENTS</b>	<ul style="list-style-type: none"> <li>- Nutramigen® - for children only</li> <li>- Ensure® and Boost® for very sick adults</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician, detailing the condition and the medical necessity for the provision</li> </ul>

<b>FOOTWEAR</b>		
<b>Custom made boots/shoes</b>	<ul style="list-style-type: none"> <li>- 2 pairs per person per calendar year AND</li> <li>- Required adjustments and/or modifications to same</li> <li>- GWL will pay the reasonable and customary charges</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – initial written prescription from an *Orthopedic Surgeon or *Podiatrist, *Chiropodist or *General Medical Practitioner detailing the condition being treated and the medical necessity for the provision</li> <li>- Subsequent prescriptions can be provided by the *Attending Physician</li> <li>- Reimbursement will be provided for custom made boots/shoes OR stock item footwear and adjustments/modifications (if required) but NOT for both</li> </ul>
<b>Stock Item Footwear</b>	<ul style="list-style-type: none"> <li>- 2 pairs per person per calendar year AND</li> <li>- adjustments/modification to same, if required</li> <li>- <b>NOT COVERED</b> - orthopedic winter boots, sandals and comfort shoes such as Reebok®, Nike® Rockport®, or Mephisto®</li> <li>- GWL will pay the reasonable and customary charges</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – initial written prescription from an *Orthopedic *Surgeon or *Podiatrist, *Chiropodist or *General Medical Practitioner detailing the condition being treated and the medical necessity for the provision</li> <li>- Subsequent prescriptions can be provided by the *Attending Physician</li> <li>- Reimbursement will be provided for custom made boots/shoes OR stock item footwear and adjustments/modifications (if required) but NOT for both</li> </ul>
<b>Shoes – Extra Depth (Ready Made Shoes)</b>	<ul style="list-style-type: none"> <li>- <b>NOT COVERED</b> – these are not covered to accommodate orthotics or for extra wide feet</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician indicating they are medically required to treat hammer toes or clawfoot</li> </ul>

<b>HEARING AIDS</b>	<ul style="list-style-type: none"> <li>- Reasonable and customary limits, for purchase or repair, will be reimbursed, once per person per ear in any period of 3 consecutive calendar years</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by an *Audiologist or *Attending Physician</li> <li>- Coverage provided for hearing aids (including ear moulds and batteries with initial purchase only)</li> <li>- No deductible for hearing aids</li> <li>- Where required for both ears – both hearing aids should be purchased at the same time</li> <li>- The Assistive Devices Program (ADP) covers a portion of these costs, for each ear, once every 3 calendar years</li> </ul>
<b>*HOMEOPATHS</b>		<ul style="list-style-type: none"> <li>- Refer to <b>PARAMEDICAL SERVICES</b></li> </ul>
<b>HOSPITAL</b>  <b>Chronic Care</b>         <b>Convalescent/Rehabilitative Care</b>         <b>Hospital Room</b>	<ul style="list-style-type: none"> <li>- Up to \$40 per day for a maximum of 120 days in any period of 365 consecutive days</li> <li>- up to \$20 per day for a maximum of 365 days per person per lifetime</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician</li> <li>- Towards the cost of semi-private or private room accommodation in a hospital for the chronically ill or a chronic care unit of a general hospital</li> <li>- Towards the cost of semi-private or private room accommodation in a contract (private) hospital, or a convalescent/rehabilitative hospital</li> <li>- Refer to <b>PRIVATE HOSPITAL ROOM</b> and/or <b>SEMI-PRIVATE HOSPITAL ROOM</b></li> </ul>
<b>HOSPITAL BEDS – MANUAL</b>	<ul style="list-style-type: none"> <li>- Purchase, Repair, Replacement as determined by GWL</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician</li> </ul>
<b>LABORATORY TESTS</b>		<ul style="list-style-type: none"> <li>- Where received in a hospital or laboratory, and administered by a qualified person, GWL will pay to the extent the services are not covered by OHIP</li> </ul>

<b>LASER EYE SURGERY</b>		- Refer to <b>VISION CARE</b>
<b>LEARNING DISABILITIES</b>		- Refer to <b>*REGISTERED CLINICAL PSYCHOLOGIST</b>
<b>LIQUID MEALS</b>		- Liquid meals for cancer patients receiving chemotherapy or radiation treatment
<b>LUMBO-SACRAL SUPPORT BELT</b>	- 1 per person every 5 calendar years	- <b>REQUIRES</b> – written prescription by an *Orthopedic Surgeon or *Chiropractor
<b>LYMPHA-PRESS PUMP</b>	- Purchase/rental as determined by GWL	- <b>REQUIRES</b> – written confirmation from the *Attending Physician, that the patient has lymphadema and has been unresponsive to other types of therapy - Assistance must be sought through the Assistive Devices Program (ADP) first - Coverage is provided for the pump itself as well as the pump sleeves, gauntlets and graduated compression sleeves
<b>*NATUROPATHS</b>		- Refer to <b>PARAMEDICAL SERVICES</b>
<b>NEBULIZERS</b>		- Refer to <b>RESPIRATORY DEVICES</b>
<b>NUTRAMIGEN®</b>		- Refer to <b>FOOD SUPPLEMENTS</b>
<b>OBUS FORM®</b>	- 1 per person every 5 calendar years - <b>NOT COVERED</b> – Maxi and Mini Obus Form® back supports, and seat support	- <b>REQUIRES</b> – written prescription by an *Orthopedic Surgeon or *Chiropractor (but not a *General Practitioner)
<b>ORTHOTICS</b>	- Maximum of \$375 for 1 pair of orthotics per person every 3 calendar	- <b>REQUIRES</b> – written prescription by a *Podiatrist, *Chiropodist, *Chiropractor, *Orthopedic Surgeon or *Attending Physician - Coverage provided for hard/semi-rigid/regular orthotics made out

	<ul style="list-style-type: none"> <li>years</li> <li>- <b>NOT COVERED</b> – sport orthotics unless there is written justification from the prescriber indicating that the person has a medical condition preventing them from wearing regular orthotics; soft orthotics (leather or cork) or fashion orthotics</li> </ul>	<ul style="list-style-type: none"> <li>of plastic</li> <li>- NOTE – As children’s feet grow, reimbursement may be up to a maximum of \$375 per year until the age of 18</li> </ul>
<b>ORTHOVISC® INJECTIONS</b>		<ul style="list-style-type: none"> <li>- Refer to <b>SYNVISC®</b></li> </ul>
<b>OSTOMY SUPPLIES</b>	<ul style="list-style-type: none"> <li>- Covered as submitted</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician</li> <li>- Assistance must be sought through the Assistive Devices Program (ADP) first</li> </ul>
<b>OXYGEN &amp; RENTAL OF EQUIPMENT FOR ADMINISTRATION THEREOF</b>	<ul style="list-style-type: none"> <li>- Purchase of oxygen</li> <li>- Rental/Purchase of equipment as determined by GWL</li> <li>- The cost of delivery is included</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician detailing the condition</li> <li>- Assistance must be sought through the Assistive Devices Program (ADP) first</li> </ul>
<b>*PARAMEDICAL SERVICES (Includes: Naturopaths, Clinical Ecologists, Homeopaths, Chiropractics, Acupuncturists, Registered Massage Therapists (RMT))</b>	<ul style="list-style-type: none"> <li>- Aggregate maximum of \$1,000 per person per calendar year (for all paramedical services)</li> <li>- <b>NOT COVERED</b> – Drugs/medicines prescribed and dispensed by these providers</li> </ul>	<ul style="list-style-type: none"> <li>- Reimbursement is on a per-visit basis and is based on the date on which the treatment was administered by the service provider</li> </ul>

<p><b>*PHYSIOTHERAPY</b></p>	<ul style="list-style-type: none"> <li>- Maximum of \$100 per initial assessment</li> <li>- Maximum of \$60 per subsequent treatment</li> </ul>	<ul style="list-style-type: none"> <li>- GWL will reimburse the cost of treatment only if the *Physiotherapist is not registered with OHIP</li> <li>- If *Physiotherapist is registered with OHIP, reimbursement will be made by OHIP, not GWL</li> <li>- The *Physiotherapist cannot be a member of, or related to a member of the employee's family</li> </ul>
<p><b>PSYCHOLOGICAL TRAINING COURSES</b></p>		<ul style="list-style-type: none"> <li>- Refer to <b>*REGISTERED CLINICAL PSYCHOLOGIST</b></li> </ul>
<p><b>*PODIATRISTS and CHIROPODISTS</b></p>	<ul style="list-style-type: none"> <li>- Maximum of \$200 per person per calendar year, when in excess of OHIP</li> </ul>	
<p><b>*PRIVATE DUTY NURSING</b></p>	<ul style="list-style-type: none"> <li>- Maximum of \$50,000 per calendar year with a lifetime maximum of \$150,000</li> <li>- Hourly rate covered is subject to a reasonable and customary hourly limit</li> <li>- <b>NOT COVERED</b> – agency fees, shift/overtime premiums, services which are custodial, services which are mainly to assist with the functions of daily living, dispensing of oral medication, services which could be provided by someone who does not have the</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician, detailing the condition and the medical necessity for the provision</li> <li>- Services must be provided by a *Professional Nurse who is registered in any of the Provinces of Canada</li> <li>- A professional nurse is a licensed practical nurse (LPN), registered practical nurse (RPN), registered nursing assistant (RNA) or registered nurse (RN)</li> <li>- Eligible services are only those that are provided outside a hospital setting</li> <li>- The nurse cannot be a member of, or related to a member of, the employee's family</li> <li>- Coverage is provided only to the extent the patient's medical needs for Registered Nursing cannot be provided through the Community Care Access Centre (CCAC)</li> </ul>

	professional qualifications of a Professional Nurse	
<b>PRIVATE HOSPITAL ROOM</b>	- The differential between semi-private and private room accommodation (but not a suite) in an active treatment hospital	
<b>PROSTHETIC APPLIANCES</b> (e.g. cleft palate obturators)	- Purchase/repair as determined by GWL	- <b>REQUIRES</b> – written prescription by the *Attending Physician, detailing the condition
<b>*PSYCHOLOGIST</b>		- Refer to <b>*REGISTERED CLINICAL PSYCHOLOGIST</b>
<b>RADIUM &amp; RADIOACTIVE ISOTOPE TREATMENT</b>		- <b>REQUIRES</b> – written prescription by the *Attending Physician, detailing the condition and the medical necessity for the provision - GWL will pay the customary charge where reasonable, to the extent to which such service is not provided by a government department or agency (e.g. OHIP, WSIB)
<b>*REGISTERED CLINICAL PSYCHOLOGIST</b>	- Maximum of \$2,000 per person per calendar year - Includes coverage to treat learning disabilities	- <b>REQUIRES</b> – full itemized receipt, signed by the *Registered Clinical Psychologist, indicating the dates of the services, who is being treated, and the amount charged for each service - <b>Psychological Training Courses</b> are covered on the written recommendation of an *Attending Physician or *Registered Clinical Psychologist, for families of chronically ill patients (i.e. where the patient is dying) - <b>Learning Disabilities</b> - Coverage provided only when performed by a *Registered Clinical Psychologist - Some charges are covered for initial testing - Aptitude testing is not covered as it is not treating an illness, injury or medical condition - Reports are not generally covered

<b>*REGISTERED MASSAGE THERAPISTS (RMT)</b>		- Refer to <b>*PARAMEDICAL SERVICES</b>
<b>RESPIRATORS</b>	<ul style="list-style-type: none"> <li>- Purchase/Rental/Repair as determined by GWL</li> <li>- <b>NOT COVERED</b> – no costs associated with this item are covered by the Plan where a government department or agency (e.g. OHIP, WSIB) provides coverage</li> </ul>	- <b>REQUIRES</b> – written prescription by the *Attending Physician, detailing the condition and the medical necessity for the provision
<b>RESPIRATORY DEVICES</b> (Includes: aero chambers, nebulizers and compressors, CPAP machines and associated equipment (headgear, hose, mask and filters))		<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician, detailing the condition and the medical necessity for the provision</li> <li>- Assistance must be sought through the Assistive Devices Program (ADP) first. Coverage is provided for the amount above which the ADP pays.</li> <li>- If ADP does not cover a respiratory device, GWL will provide full reimbursement, provided the item is the least costly to satisfy the medical necessity</li> </ul>
<b>SCOOTERS – electric</b>		- Refer to <b>WHEELCHAIRS</b>
<b>SHOES – custom made or stock item</b>		- Refer to <b>FOOTWEAR</b>
<b>SEMI-PRIVATE HOSPITAL ROOM</b>	- The differential between ward accommodation (covered by OHIP) and semi-private accommodation in an active treatment hospital (such as Toronto Hospital, Shouldice Clinic)	

<b>SMOKING CESSATION PRODUCTS</b>	<ul style="list-style-type: none"> <li>- Up to \$1,000 per person per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician</li> <li>- Covers products such as nicorette gum®, nicotine patch and zyban®</li> <li>- Claim electronically using the drug card</li> </ul>
<b>*SPEECH THERAPISTS</b>	<ul style="list-style-type: none"> <li>- Maximum of \$300 per person per calendar year</li> </ul>	
<b>SPLINTS</b>		<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician</li> <li>- Splint must be made of a rigid material</li> </ul>
<b>SUPPORT STOCKINGS</b>	<ul style="list-style-type: none"> <li>- Maximum of 3 pairs per person per calendar year</li> <li>- <b>NOT COVERED</b> – support hose, elastic stockings or any other non-graduated compression hose</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician</li> <li>- Coverage provided for graduated compression hose only</li> <li>- Examples of products covered are Jobst® and Sigvarus®</li> </ul>
<b>SYNVISC® INJECTIONS OR ORTHOVISC® INJECTIONS</b>	<ul style="list-style-type: none"> <li>- Maximum of \$3,000 per person per lifetime</li> <li>- Benefits will be paid for SYNVISIC® or ORTHOVISC®, but not both</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician</li> <li>- For treatment of osteoarthritis</li> </ul>
<b>TENS – TRANSCUTANEOUS ELECTRONIC NERVE STIMULATOR UNITS</b>	<ul style="list-style-type: none"> <li>- 1 per family per lifetime except in extenuating circumstances</li> <li>- Purchase/Rental as determined by GWL</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician detailing the condition and the medical necessity for the provision, duration of treatment and past treatments used</li> </ul>
<b>TMJ DEVICES</b>	<ul style="list-style-type: none"> <li>- Maximum of \$1,300 per person/lifetime</li> <li>- For dental codes listed on the intranet coverage at 85% of the ODA Suggested Fee Guide</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician detailing the condition and medical necessity for the provision.</li> </ul>

<b>TRUSSES</b>		- <b>REQUIRES</b> – written prescription by the *Attending Physician
<b>URINARY KITS</b>		- <b>REQUIRES</b> – written prescription by the *Attending Physician, detailing the condition and medical necessity for the provision
<b>VISION CARE</b> (Includes: contact lenses, eye examinations, eye glasses, laser eye surgery)	<ul style="list-style-type: none"> <li>- \$500 per person every 2 calendar years – use for eye glasses or contact lenses ONLY AND</li> <li>- \$100 per person every 2 calendar years for eye examinations AND</li> <li>- \$3,000 lifetime maximum per person for laser eye surgery</li> <li>- <b>NOT COVERED</b> – non-prescription sunglasses, eyeglasses for cosmetic purposes and recreational eyewear (e.g. diving masks, goggles, etc)</li> </ul>	<ul style="list-style-type: none"> <li>- Prescription sunglasses (corrective lenses only) are eligible under the Plan</li> <li>- No deductible for eye glasses/contact lenses/laser eye surgery</li> <li>- Claims should not be submitted to GWL until the eye glasses/contact lenses/laser eye surgery has been paid in full and a receipt for “full payment” can be supplied to GWL. The date of the final bill is the effective date of the claim</li> <li>- 2 year period is: January 1, 2008 to December 31, 2009 and so on</li> <li>- For laser eye surgery – if charged for initial assessment but not a candidate for surgery, the cost of the assessment will be reimbursed by GWL and the amount of the assessment subtracted from the \$3,000 lifetime maximum</li> </ul>
<b>WALKER</b>	- Purchase/rental as determined by GWL	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician</li> <li>- Assistance must be sought through the Assistive Devices Program (ADP) first</li> </ul>
<b>WHEELCHAIRS</b>	- Purchase/rental/repair as determined by GWL	- <b>REQUIRES</b> – written prescription by the *Attending Physician, detailing the condition, the medical necessity for the provision and the estimated duration of need

		- <b>NOTE</b> – electric wheelchairs/scooters are excluded unless a certified orthopedic specialist recommends a power-driven unit because of a medical necessity
<b>WIGS</b>	<ul style="list-style-type: none"> <li>- Maximum of \$500 per person every 3 calendar years</li> <li>- <b>NOT COVERED</b> – hair care products or dry cleaning</li> </ul>	<ul style="list-style-type: none"> <li>- <b>REQUIRES</b> – written prescription by the *Attending Physician detailing the condition and the medical necessity for the provision</li> <li>- For patients undergoing chemotherapy or radiation treatment</li> </ul>

\* All service providers must be licensed, certified, registered and/or qualified, within the scope of their profession and by the jurisdiction in which they are practicing.