

Group Benefits Summary

for



**Life, Dependent Life, Accidental Death&Dismemberment and
Long Term Disability**

Policy # 96712

Insured by RBC Insurance

Out of Country & Travel Assistance

Policy #174193

Insured by Great-West Life

Health Care, Vision Care & Dental Care

Policy #3374

Adjudicated by ClaimSecure Inc.

November 2020

LIFE INSURANCE BENEFIT

INSURANCE CARRIER: RBC INSURANCE

BASIC LIFE INSURANCE BENEFIT	
Benefit Amount:	\$25,000
Benefit Maximum:	\$25,000
Non-Evidence Maximum:	\$25,000
Reduction:	50% at age 65
Benefit Termination Age:	Earlier of Age 70 or retirement
Waiting Period:	Three (3) months of continuous employment

DEPENDENT LIFE	
Spouse Amount:	\$10,000
Child Amount:	\$5,000
Benefit Termination Age:	Earlier of Age 70 or retirement
Waiting Period:	Three (3) months of continuous employment

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT	
Benefit Amount:	\$25,000
Benefit Maximum:	\$25,000
Reduction:	50% at age 65
Benefit Termination Age:	Earlier of Age 70 or retirement
Waiting Period:	Three (3) months of continuous employment

DISABILITY INSURANCE BENEFIT

LONG TERM DISABILITY

Benefit Amount:	66.7% of earnings to \$5,000
Non-Evidence Limit:	\$5,000
Elimination Period:	120 Days
Definition of Disability:	2 Year Own Occupation with Residual
Duration of Benefits:	To age 65
Taxability of Benefits:	Benefits are Non-Taxable
Long Term Disability Features	
Return to Work Services:	<ul style="list-style-type: none"> Worksite Modification Benefit Accumulation of Elimination Period Work Incentive Benefits Rehabilitation & Return to Work Benefits Partial Disability Benefits Extended Recurrent Disability Benefit
Claimant/Family Care Services:	<ul style="list-style-type: none"> Life Balance Employee Assistance Program Dependent Care Expense Benefit Best Doctors Accelerated 3 Month Survivor Income Benefit

HEALTH INSURANCE BENEFIT

IMPORTANT TIPS

D.M. Wills Associates Limited provides a wide variety of products and services in order to allow employees and their eligible dependents to maximize the advantages they are entitled to under the health and dental programs.

Should you have any questions or problems concerning the Health and Dental programs, please contact ClaimSecure at 1-888-513-4464.

CLAIM FORMS

Visit www.claimsecure.com to download and print all of the various claim forms available

Where do I mail my claims?

All claims are to be mailed to:

ClaimSecure
P.O. Box 6500 Station A
Sudbury, ON
P3A 5N5

PLEASE RETAIN COPIES OF ALL CLAIMS FOR YOUR RECORDS

How do I sign up for direct deposit?

If you currently have an eProfile account, logon with your User Name and password and access the screen Direct Deposit which is located in eProfile Main Menu. If you are not yet registered for eProfile, please access our eProfile Registration screen and follow the instructions on how to apply for online access to your account and Direct Deposit enrollment.

Claims Adjudicator: CLAIMSECURE Policy #3374

Contact Information: Website: www.claimsecure.com

For Claims/Eligibility/Confirm Coverage PLEASE CALL: 1-888-513-4464

EXTENDED HEALTH CARE BENEFIT

PLAN CO-PAYMENTS AND LIMITATIONS	
Benefit Period:	Calendar year
Annual Deductible:	\$25 single, \$50 family
Co-insurance (Plan pays):	
Drugs	100% less \$10 to max of \$5,000 per cal/yr
Major Medical Services	100%
Professional Services	80%
Hospital Care	Semi Private- maximum 10 days
Fertility Drugs:	Excluded
Erectile Dysfunction:	Excluded
Anti-Obesity:	Requires approval through ClaimSecure
Waiting Period:	Three (3) months
Benefit Termination Age:	Age 70 or retirement
Dependent(s) Termination Age:	Age 21 or Age 25 if a Student.

COVERED EXPENSES AND MAXIMUMS

Medical Services and Supplies

Private Duty Nursing:	\$10,000 per year calendar year
Hearing Aids:	\$500 per 5 calendar years
Orthotics:	\$200 per 24 months
Orthopaedic Shoes:	One pair per calendar year

Professional Services

Acupuncturist	<i>Practitioners must be licensed, certified and/or registered within the province the services were incurred.</i>
Chiropracist/Podiatrist	
Chiropractor	
Naturopath	
Osteopath	
Physiotherapist	
Massage Therapist	
Psychologist	
Speech Therapist	
Psychotherapist	\$500 per calendar year – Referral Required

Vision

Eye Exams/Glasses	\$200 every 24 months
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DENTAL INSURANCE BENEFIT

Claims Adjudicator: CLAIMSECURE Policy 3374

Contact Information: Website: www.claimsecure.com

For Claims/Eligibility/Confirm Coverage PLEASE CALL: 1-888-513-4464

IMPORTANT TIPS

DECLINING YOUR HEALTH AND/OR DENTAL COVERAGE

You may decline Health and/or Dental benefits for yourself and/or your family only if you have coverage for these benefits under your spouse's plan. If your spouse's coverage subsequently terminates, you have 31 days to apply for coverage under this plan. If you fail to apply within 31 days, your application for coverage may be declined or limited based on your state of health.

COORDINATION OF BENEFITS

CLHIA regulations state: A spouse must first claim from his or her own employer's plan. Children must first claim under the parent with the earlier birthday. If the parents are separated/divorced, children must first claim under the parent with sole custody.

PREDETERMINATION

For dental procedures anticipated to cost more than \$500, employees should obtain a predetermination from ClaimSecure. Speak to your dentist and ClaimSecure.

DENTAL BENEFIT

Benefit Period: Calendar year

Annual Deductible: Nil

Recall Frequency: Once every 9 months

Fee Guide Year: Current

Benefit Termination Age: Age 70 or retirement
Dependent(s) Termination Age: Age 21 or Age 25 if a Student.

Waiting Period: Three (3) months

COVERED EXPENSES AND MAXIMUMS

Level 1 - Basic Services	100%
Level 2 – Endodontic & Periodontic	100%
Maximum:	Level 1,2,3 Combined Maximum \$1,500
Level 3 – Major Restorative	50% - Lifetime max \$1,500 Orthodontics
Level 4 - Orthodontics	
Diagnostic, Preventative, Adjunctive Services	
Minor Restorative, Minor Oral Surgical, Crown/Bridge/Denture Maintenance	
Endodontics, Periodontics	

IMPORTANT TIPS

WHEN USING YOUR PAY DIRECT DRUG CARD AT THE PHARMACY

1. Present your drug card **AT THE SAME TIME** as you give your prescription, **BEFORE** your claim is processed.
2. As a security check you may be asked by the pharmacist to provide your Date of Birth or your dependent child's Date of Birth. **MAKE SURE YOU KNOW EACH DEPENDENT 'S BIRTH DATE.**



A cardholder or eligible dependent goes presents a prescription and the CLAIMSECURE CARD to the pharmacist. The pharmacist inputs the transaction details into the system and the pharmacist's practice management system initiates an online communication to CLAIMSECURE'S on-line, real time processing system. CLAIMSECURE'S network verifies:

- Transaction submission by a valid pharmacist
- Cardholder eligibility
- Provincial and private plan coordination of benefits
- That the drug being submitted is covered by the plan

Details regarding drug and member eligibility, deductibles, co-payment amounts, any plan maximums that apply (such as annual, lifetime, etc.) on a single or family basis; along with pricing information are returned electronically to the pharmacist. The results of these checks and the adjudication are returned to the pharmacist indicating how much of the drug cost and dispensing fee will be paid for each drug item.

ADVANTAGES TO HAVING A PAY-DIRECT DRUG CARD

- **EMPLOYEE PAYS ONLY THE DEDUCTIBLES AND THE CO-PAYMENTS**
- **NO RECEIPTS FOR YOU TO KEEP**
- **NO CLAIM FORMS TO BE COMPLETED**
- **NO WAITING FOR PAYMENT**
- **NO MAILING COSTS**
- **REDUCTION IN OUT OF POCKET EXPENSES**

CO-ORDINATION OF BENEFITS (For Employees covered under 2 or more Health Plans)

Co-ordination of benefits is a claim procedure developed by the Canadian Life & Health Insurance Association for individuals covered under two or more health plan policies. The guidelines for co-ordination of benefits are as follows:

- Spouse's insured elsewhere will claim from their employers' plans first.
- Children claim from the plan insuring the parent with the date of birth that falls earliest in the year.
- For amounts outstanding from claims made with the drug card (i.e. plan offers 90 per cent coverage on drugs), they may be submitted under the spouse's plan where applicable.

OUT OF COUNTRY COVERAGE – OUT OF COUNTRY CARD

IMPORTANT TIPS

Trip Duration: 60 days

How to Make a Claim

All out-of-country claims should be submitted to Great-West Life as soon as possible after the expense is incurred. It is very important that you send your claims immediately as your Provincial or Territorial Medical Plan has very strict time limitations.

Obtain claims form M5432 found at <https://www.greatwestlife.com/you-and-your-family/forms/group-claim-forms/out-of-country-claim-forms.html>. You must also obtain the Government Assignment form. The Great-West Life Out-of-Country Claims Department will forward the appropriate government forms to your attention when required. Be sure you complete all applicable forms and all required information is included.

For assistance please contact:

**Great-West Life Out-of-Country Claims Department
1-800-957-9777**



TRAVEL ASSISTANCE: For help locating assistance during a medical emergency while travelling, call the number of the location nearest you. Service is available 24 hours a day.

Call toll free from:
Canada or U.S.A.: 1-855-222-4051
Mexico: 0-1-800-522-0029
Dominican Republic: 1-800-203-9530
Universal countries: 1-800-906-7555 *
Cuba: 1-204-946-2946 call direct**
All other countries: 1-204-946-2577 call direct** or collect

*To view the universal countries list, go to www.greatwestlife.com - Client Services - Group Benefits Plan Members.
**Submit long-distance charges to Great-West Life for reimbursement. The number to call in case of a medical emergency while travelling depends on the location you're calling from. In some countries you have to dial 00 rather than 1, in front of the toll-free number. We recommend that before travelling, you take note of the appropriate number to call.

This card must be returned to Great-West upon request or when coverage terminates. This card is not transferable and the terms and conditions governing its use are subject to change without prior notice. Great-West may cancel this card at any time. The unauthorized or fraudulent use of this card to obtain benefits is punishable by law. Report a lost or stolen card immediately to your plan administrator.

Global Medical Assistance and Out-of-Country Care

- Trip Duration:
 - 1) 60 Days: employee, or a dependent who is not a full time student
 - 2) 275 days: dependent who is full time student
- Maximums
 - 1) \$50,000: Non- Emergency Referral
 - 2) Unlimited: Global Medical Assistance
 - 3) Unlimited: Emergency Expenses

NOTE: Purpose of this booklet is to outline the benefits for which you are eligible as an employee of D.M. Wills Associates. This booklet is not a contract of insurance, while every effort has been made to insure the accuracy of this booklet your rights and benefits are governed by the terms of the group benefits contract and group policy. If there are any discrepancies between this booklet and the group master contract or group policy, the group master contract and or the group policy will be the governing documents in all cases. Any amendment to the governing documents is effective without notice to you, except as required by law.