



GET IT TOGETHER.

Your Group Insurance Benefits

CA Insurance Plans West  
Coverage that counts.



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Your CAIPW group insurance benefits are an important part of your family's financial security. This booklet will help you understand your benefit package. Please refer to your certificate for the amounts of your personal coverage.

Your firm has selected the following benefits:



# TERM LIFE INSURANCE

Firms must select the term life insurance in order to participate in other benefits.

## Amount of Coverage

The firm chooses a benefit level of 1, 2 or 3 times annual earnings which is then applicable to all eligible CAs and employees. The benefit is rounded to the next higher \$1,000.

The maximum amount of term life insurance is \$250,000 per individual, with a minimum benefit of \$50,000 for CAs.

## Evidence of Insurability

Amounts of term life insurance will be provided without evidence of insurability (medical questionnaires or tests) up to the following limits, based on the size of the firm at the time of enrollment and every April 1 thereafter:

### Non-Evidence Maximums by Firm Size

Firm Size	Non-Evidence Max
Less than 5 lives	Nil
5 to 9 lives	\$ 75,000
10 to 24 lives	\$ 125,000
25 to 49 lives	\$ 175,000
50 lives and up	\$ 250,000

Once you have provided satisfactory evidence of insurability, further evidence will not be required for benefit changes of up to 10% in any policy year (April 1 to March 31). Increases in excess of 10% will be subject to evidence of insurability. Medical information will be required if CAIPW is not notified within 31 days of a change.

## Designating a Beneficiary

You should designate a beneficiary of your term life insurance. If a beneficiary has not been named, or dies before you, the benefit is paid to your estate. If your beneficiary is a minor (under age 18), you must appoint a trustee. Enter the name(s) of your beneficiary(ies) on the enrollment card. A notice of a change to your beneficiary must be signed, dated and witnessed.

## Premium Waiver for Disability

After 6 months of total and continuous disability prior to age 65, your life insurance premiums will be waived.

Satisfactory proof of disability must be submitted within one year of the onset of disability.

Premiums will be waived for as long as total disability continues, but not past the age of 69.

## Reduction and Termination Provisions

On April 1 coincident with or following your 66th birthday, term life benefits will reduce by 50%. The remaining insurance will terminate on the April 1 coincident with or following age 69. If you leave your employer, the insurance terminates, however CAs may transfer coverage to CAIPW's Individual Plan within 31 days of the termination.

## Conversion Privilege

If your insurance terminates, CAs or employees under the age of 65 may convert term life insurance to selected individual term plans by applying to Great-West Life within 31 days of the termination date. Evidence of insurability is not required.

## Premiums

Premiums are age-banded and will be automatically adjusted each year depending on your age as at April 1.

### Monthly Premium Rates Per \$1,000 of Benefit

Age at April 1	Non-Smoker		Smoker	
	Male	Female	Male	Female
< 31	\$ .05	\$ .03	\$ .10	\$ .06
31 - 35	.06	.04	.11	.07
36 - 40	.07	.05	.13	.10
41 - 45	.09	.07	.21	.15
46 - 50	.14	.11	.31	.21
51 - 55	.23	.17	.52	.36
56 - 60	.37	.28	.87	.63
61 - 65	.59	.43	1.36	.97
66	.77	.58	1.72	1.20
67	.81	.63	1.85	1.29
68	.89	.68	1.97	1.38

The term life benefits are underwritten by the Great-West Life Assurance Company, Policy Number 335693.

## DEPENDENT TERM LIFE INSURANCE

This optional benefit is selected by the firm for all partners and employees with dependents (spouse and/or children).

### **Benefit Payable**

The benefit is \$5,000 for a spouse and \$5,000 for each dependent child. You are automatically the beneficiary for Dependent Life insurance, unless CAIPW receives a written notice naming a different beneficiary.

### **Dependent Children**

Dependent children are unmarried, dependent on you for support, over 14 days and under 21 years of age, or in full time attendance at school or university if they are between the ages of 21 and 25. Additional children are automatically covered on becoming 15 days of age or, if in hospital at that time, on the date of discharge.

### **Premium**

The monthly premium is \$2.00 per family.



## ACCIDENTAL DEATH & DISMEMBERMENT

This is an optional benefit chosen by the firm for all eligible CAs and employees. The amount is equal to the term life benefit.

### Benefit Payable

The benefit is paid if you suffer any of the losses described in the following schedule. If the benefit is paid as a result of death, it is paid to the designated beneficiary. In the event of loss by dismemberment or loss of use, the benefit is paid to you. When injury results in any of the following losses within 365 days after the date of the accident, the insurer will pay for:

	% of Principal Sum
Life	100%
Both Arms or Both Legs or Feet or Sight of Both Eyes	100%
One Hand or Foot and Sight of One Eye	100%
One Hand and One Foot	100%
Speech and Hearing	100%
Quadriplegia, Paraplegia, Hemiplegia	200%
One Arm or Hand or Leg or Foot	80%
Entire Sight of One Eye	75%
Speech or Hearing in Both Ears	66.6%
Thumb and Index Finger of One Hand	40%
Four Fingers of Either Hand or Hearing in One Ear	33.3%
All Toes of One Foot	25%
Critical Illness*	10%

\*Payable if you are diagnosed with one of the following diseases at least 90 days after this insurance becomes effective and become totally disabled for a period of nine months. Total disability is defined as the inability to perform any occupation. Benefits are limited to the first covered critical disease in a person's life-time: Poliomyelitis, Parkinson's Disease, Huntington's Chorea, Multiple Sclerosis, Alzheimer's Disease, Type 1 Diabetes (Insulin Dependent), Amyotrophic Lateral Sclerosis (ALS), Peripheral Vascular Disease, Necrotizing Fasciitis.

In addition, the following benefits may be payable if you die in a covered accident:

Repatriation	up to \$15,000
Spousal Retraining	up to \$15,000
Day Care/Education	up to \$5000/4 years

The following benefits may be payable if you suffer an accidental loss paid under the loss schedule other than death:

Rehabilitation	up to \$15,000
Eyeglasses, Contact Lenses and Hearing Aids	up to \$1,000
Family Transportation	up to \$15,000
Home Alteration or Vehicle Modification	up to \$15,000

### Limitations and Exclusions

"LOSS OF USE OF" must be total and irrecoverable and must be continuous for twelve consecutive months after which the benefit for Loss of Use is payable, provided such damage is determined to be permanent.

Any loss (except Critical Illness) must be the result of an accident, must occur within 365 days of the accident, and must be complete and irrecoverable. Payment will be made only for one loss, the greatest incurred as the result of one accident.

Losses caused by self-inflicted injury, war, full-time service in the armed forces, or flying (except as a passenger on a valid commercial airline) are not covered.

### Premium

The monthly premium rate is \$0.021 per \$1,000 of benefit.

The accidental death and dismemberment benefit underwritten by the Industrial Alliance Pacific Life Insurance Company, Policy Number 100005361.

*Notice of a claim must be provided within 30 days of an accident or diagnosis of a critical illness.*

# LONG TERM DISABILITY INSURANCE

This is an optional benefit available to firms that have our term life insurance. If you become totally disabled and unable to work for an extended period of time because of illness or injury, the long term disability (LTD) plan may help replace your earnings until you are able to return to work.

## Schedule of Insurance

The firm chooses one of the following schedules for all eligible members and employees:

1. If benefit is taxable (premiums are fully or partly paid by the employer), 75% of the first \$11,668 of monthly earnings and 60% thereafter to a maximum benefit of \$10,000 per month.
2. If benefit is non-taxable (premiums are fully paid by the employee), 60% of the first \$11,668 of monthly earnings and 50% thereafter to a maximum benefit of \$10,000 per month.

The benefit is rounded to the nearest \$50.

Benefits are payable following total disability for the period selected:

1. A 30 or 90 day waiting period for partners and proprietors who are CAs and not eligible for employment insurance benefits. A partner who is not a CA may be extended the same coverage; please contact CAIPW.
2. A 120 or 180 day waiting period for employees.

## Evidence of Insurability

Amounts of long term disability insurance will be provided without evidence of insurability (medical questionnaire or tests) up to the following limits, based on the number of people at time of enrollment and every April 1 thereafter:

### Non-Evidence Maximums by Firm Size

Firm Size	Non-Evidence Max
Less than 5 lives	Nil
5 to 9 lives	\$ 2,000
10 to 24 lives	\$ 3,000
25 to 49 lives	\$ 4,000
50 lives and up	\$ 5,000

Once you have provided satisfactory evidence of insurability, further evidence will not be required for benefit changes of up to 10% in any policy year (April 1 to March 31). Increases in excess of 10% will be subject to evidence of insurability.

Medical information will be required if CAIPW is not notified within 31 days of a change.

## Definition of Disability

“Total disability” or “totally disabled” means that during the elimination period and during the remainder of the period for which benefits are payable, as a result of injury or sickness occurring while insured under the plan,

- for CAs, the inability to perform the essential duties of your normal occupation, to age 69.
- for employees, the inability to perform the normal duties of your occupation during the first 24 months of total disability and thereafter, the complete inability to engage in any gainful occupation for which you are reasonably qualified by training, education or experience.

You will not be considered totally disabled during any period in which you are engaged in any other gainful occupation, or are not under the regular care of a licensed physician, surgeon or psychiatrist.

## Benefit Period

LTD benefits are payable until the earliest of recovery, age 65, or death.

For CAs whose disability occurs after age 63 but prior to age 69, benefits are payable for the earlier of 24 months or age 69.

If you die while receiving benefits, a 3 month lump sum payment will be made to your eligible survivor.

## LONG TERM DISABILITY INSURANCE (continued)

### Benefit Payable

If your total monthly earnings from all sources during disability exceed 100% of your net after-tax monthly earnings prior to total disability, the benefit will be reduced by the amount of such excess.

Total monthly income from all sources will include:

- any monthly income payable under the benefit;
- any monthly earnings or payments from the employer or partnership (excluding return of capital and/or sale of ownership interest);
- any disability benefits payable under the Canada/Quebec Pension Plan excluding benefits for dependents or any cost of living increase;
- any disability benefits payable under any Workers Compensation Act or similar legislation, or any other government plan;
- any disability benefits payable under any other association, group, or franchise insurance plans;
- any income payable from a group retirement or pension plan; or
- damages for loss of income recovered from a third party arising out of the same circumstance that caused your disability.

### Cost of Living Adjustment

Each April 1st, if you are receiving benefits, the monthly benefit will be adjusted for inflation using the Consumer Price Index, subject to a maximum increase of 5% per year.

A firm can increase the adjustment up to the lesser of CPI or 10%, for an additional 15% of the current premium schedule.

### Partial Disability

You will be considered partially disabled if, due to sickness or injury, you are only able to perform some of the normal duties of your regular occupation or are engaged in and receiving earned income from any other gainful occupation, providing:

1. if you are a CA, your earnings are reduced at least 20% from their pre-disability level as a result of the disability;
2. if you are an employee, you are totally disabled throughout your waiting period.

You must be under the regular care of a licensed physician, surgeon or psychiatrist.

### Partial Disability Benefit

Benefits for partial disability will equal the full insured benefit reduced by the ratio of earnings received while disabled to earnings prior to disability, adjusted to reflect changes in the Consumer Price Index.

Payments begin after the chosen waiting period has expired.

### Recurrent Disability

If total disability from the same or related cause recurs within 6 months of return to full-time work, benefit payments will resume without the usual waiting period.

### Premium Waiver for Disability

If you become entitled to total disability benefits, premiums will be waived retroactively after six months of total disability.

### Termination Provision

Insurance under this section will automatically terminate at age 65 for employees, and age 69 for CAs. If you leave your employer, the insurance terminates on the date you stop working.

### Exclusions

You must be under the care of a qualified physician and receiving appropriate treatment. No payment will be made for any period of disability resulting from self-inflicted injury or sickness, insurrection or war or active participation in a criminal offence.

### Pre-Existing Conditions

Benefits will not be payable for disabilities directly or indirectly due to or resulting from an injury, disease, illness, pregnancy or mental disorder for which you visited or consulted a physician, took tests or received treatment within 90 days prior to the date on which you became insured under the CAIPW plan. This exclusion will not apply to a disability commencing more than 12 months after you become insured.

### Important Note

We recommend that a firm choose the waiting period that integrates with their short term disability arrangements. If arrangements do not presently exist for continuing all or part of an employee's salary during the initial months of disability, the firm may wish to consider one of the following suggestions.

- Establish a self-insured short term salary continuance plan which qualifies for registration with the Employment Insurance office (EI) for a reduced contribution rate. Information on qualifying and applying for the EI premium reduction can be obtained from the EI office.
- The firm's employees claim short term disability benefits from EI, which are currently payable from the 3rd to the 17th week of disability.

### Monthly Premium Rates per \$100 of Benefit

#### Partners and Proprietors who are CAs

Age at April 1	30 Day Waiting Period		90 Day Waiting Period	
	Male	Female	Male	Female
Under 30	\$ .81	\$ 1.37	\$ .43	\$ .77
30-39	1.02	1.58	.56	.89
40-44	1.53	2.09	.95	1.28
45-49	1.90	2.81	1.53	1.87
50-54	3.32	3.62	2.47	2.65
55-64	3.72	3.72	2.81	2.81
65 & over	4.17	4.17	3.23	3.23

#### Employees (120 days Waiting Period)

Age at April 1	CAs		Employees	
	Male	Female	Male	Female
Under 30	\$ .39	\$ .68	\$ .43	\$ .77
30-39	.51	.81	.56	.89
40-44	.85	1.14	.96	1.29
45-49	1.45	1.76	1.57	1.92
50-54	2.30	2.47	2.55	2.72
55-64	2.65	2.65	3.40	3.40
65 & over	3.07	3.07		

### Employees (180 days Waiting Period)

Age at April 1	CAs		Employees	
	Male	Female	Male	Female
Under 30	\$ .34	\$ .60	\$ .39	\$ .68
30-39	.43	.68	.46	.77
40-44	.77	1.02	.87	1.17
45-49	1.37	1.62	1.48	1.79
50-54	2.22	2.38	2.47	2.65
55-64	2.47	2.47	3.23	3.23
65 & over	2.89	2.89		

Optional COLA (higher guaranteed indexing up 10%) - add 15% to the above rates.

Long term disability benefits are underwritten by Great-West Life, Policy number 335694.

## MEMBER/EMPLOYEE FAMILY ASSISTANCE PLAN

(for members/employees with LTD insurance)

The Member/Employee Assistance Plan (MEFAP) is a voluntary, confidential, short-term counseling, advisory and information service for you and your eligible family members.

The MEFAP provides professional assistance for a wide range of personal issues, including marital relationships, stress, depression, family matters, misuse of alcohol and drugs, bereavement, childcare/eldercare concerns, financial and legal concerns.

This confidential service is provided at no cost to you or your family. CAIPW pays for the services provided by Shepell-fgi. If long term or specialized counseling is required, your Shepell-fgi counselor will assist you with a referral to a community resource. You would then be responsible for any fees that your Extended Health care or provincial health insurance does not cover.

If you need additional information, or wish to arrange an appointment, call Shepell-fgi at 1-800-268-5211.



## EXTENDED HEALTH CARE BENEFIT

This is an optional benefit for firms that have chosen the term life and long term disability insurance. All eligible CAs and employees of the firm must participate and must be eligible for benefits under their provincial government health plan.

### Definitions

**Spouse:** includes a person who is publicly represented as your spouse, and with whom you have been living for at least one year. In the event of a divorce, your spouse is no longer an eligible dependent.

**Child:** a natural or adopted child, stepchild (spouse's child who lives with you), a child under your custody, or a child related by blood or marriage for whom you are the legal guardian. The child must be unmarried and dependent on you for support.

- **Age:** a dependent child must be under the age of 21, or under age 25 if in full-time attendance at a recognized school or university. If the child is physically or mentally disabled and was covered as a dependent before age 21, the child continues to be eligible for benefits.
- **Residence:** children must reside with you unless at school; if the child resides with your ex-spouse, you must have a significant financial responsibility as outlined in a legal agreement.
- If a child ceases to meet any of the above criteria during the year, the child is no longer an eligible dependent. Please contact your firm administrator to remove your child within 31 days of becoming ineligible.

You must notify CAIPW of changes to your dependent's status within 31 days of the change, including:

- Addition of a spouse as a result of a marriage or a common-law relationship.
- Addition of a child as a result of a birth, adoption, custody, marriage/common-law relationship or legal guardianship.
- Death of a spouse or child.
- Loss of eligibility (separation, divorce or child reaching the maximum eligible age).
- Total and involuntary loss of a spouse's benefits (important if you co-ordinate benefits with your spouse).

### Co-Ordination of Medical/Dental Benefits

If your spouse also has a benefit plan, you may submit claims to both plans to receive the maximum coverage on your expenses. For this to work, you must follow some insurance industry guidelines:

- Submit your personal expenses to the CAIPW plan first, and then to your spouse's plan for any remaining expenses.
- Your spouse must submit his/her personal expenses to their employer's plan first, and then to CAIPW for any remaining expenses.
- Submit claims for children to the plan of the spouse whose birthday is first in the calendar year, then to the other plan for any remaining expenses.

### Benefits Payable

Benefits are payable for the following expenses that are medically necessary and are not paid or payable under any government plan.

- Charges for drugs and medicines (including oral contraceptives) as prescribed by a licensed physician and legally available for sale in Canada. Erectile dysfunction drugs are covered up to \$1,000 annually. Smoking cessation products purchased with a doctor's prescription are covered up to a lifetime limit of \$300.
- Charges for a professional ambulance service for transportation to the nearest hospital where satisfactory treatment can be provided.
- Normal fees for the services of a registered massage therapist, physiotherapist or athletic therapist, chiropractor, acupuncturist, osteopath, naturopath, podiatrist, registered dietician and registered clinical psychologist to a maximum of \$500 per service per calendar year. Speech therapist to a maximum of \$1,000 per calendar year.
- Services of a registered nurse or registered nursing assistant when recommended by a physician, up to a maximum of \$10,000 per year, provided such nurse is not related to and/or does not normally reside in the individual's home. From January 1st coincident with or next following your or your dependent's 65th birthday, the maximum payable is \$10,000 per calendar year with a lifetime maximum of \$25,000. Note: The services will not be

## EXTENDED HEALTH CARE BENEFIT (continued)

considered as eligible expenses while you or your dependent are residing in a nursing home, home for the aged, rest home or any other facility providing similar care, or confined in a Licensed Hospital. Payment will not be made for services that are for custodial care and do not require the skill of a registered nurse or registered nursing assistant.

- Hospital charges in the province of residence for semi-private room accommodation (not including rental of telephone, TV, etc.)
- Fees of a dentist for repairs to natural teeth as a result of an accidental blow to the mouth which occurs when the person is insured under this plan, and if treatment is given within one year of the accident. If treatment is to be received more than 90 days after the accidental blow, a treatment plan must be submitted to Great-West Life within 90 days of the accident.
- Charges for the provision of oxygen, blood, blood plasma, artificial limbs or eyes, crutches, splints, casts, trusses or braces, and custom orthopedic shoes. Orthopedic shoes are limited to one pair per year. Orthotics up to \$200 per year.
- Charges for the rental, or where more economical the purchase, of equipment for therapeutic treatment, including wheelchairs and hospital beds.
- Wigs and hairpieces purchased as a result of chemotherapy or the disease Alopecia Totalis up to \$200 every five years.
- Charges for eyeglasses and frames, contact lenses, or laser surgery when prescribed by an optometrist or physician for the correction of defective vision, to a maximum of \$300 every 24 months. Sunglasses and safety glasses are excluded. One eye exam every 24 months.
- Charges for hearing aids, when prescribed by a physician, to a maximum of \$500 every four years.
- Charges, up to a lifetime amount of \$10,000, for hospital and physician services outside your province of residence if they are not available in your province. Full details of the services to be provided must be submitted by your doctor and approved by Great-West Life in advance.

In addition, for the first 60 days\* of a trip, the plan will reimburse 100% of the following:

- In the event of an emergency while traveling in Canada outside of the normal province of residence, reasonable charges for physicians' services to the extent that they are not payable under a government medical insurance plan, and reasonable charges of a hospital for semi-private room accommodation with reimbursement being made on the basis of comparable charges in the province of residence.
- In the event of an emergency while traveling out of Canada, reasonable and customary charges for hospital room, hospital services and supplies, and physician's diagnosis and treatment, in excess of the amount provided under your provincial medical coverage, up to \$1,000,000 per individual per event.

\*Dependent students attending an accredited educational institution or university will not be subject to the 60 day limitation provided they maintain their provincial medical coverage.

Great-West Life Emergency Medical Insurance and Travel Assistance offers extensive emergency assistance (separate brochure).

The Travel Assistance Centre must be contacted as soon as reasonably possible or reimbursement may be limited.

No benefits are payable as a result of an accident in which the covered person was impaired by alcohol or drugs.

Costs associated with a pregnancy or childbirth outside of Canada within 9 weeks of the expected delivery date are not covered.

### Exclusions

No benefits are payable for expenses incurred as a result of:

- The failure of any person to claim benefits under a provincial medical insurance plan.
- Dental services except as specifically provided, or care of dentures.
- The treatment of diseases, conditions or injuries for which care, benefits or services are provided under a government medical insurance plan, or

provided without cost or at nominal cost by public authorities.

- The treatment of any ailment for which the person is hospitalized at the time of becoming insured. After a three month period, during which the ailment requires no treatment, eligible expenses related to such an ailment may be included.
- War or participation in a riot, or self-inflicted injury.
- Active participation in a criminal offence.
- Cosmetic surgery.
- Charges for items such as vaccinations, vitamins, cosmetics, cold medications, “household” remedies, diet aids or weight-loss products, or any item available without a prescription, are not covered whether or not they have been prescribed for medical reasons.

### Single/Family Coverage

In the event of a change in status, you must complete and return a transaction card within 31 days of the date of the change.

### Spousal Exemption

If you do not require the extended health care plan because similar coverage is provided by your spouse’s plan, complete the spousal exemption information on the reverse side of the transaction card to obtain exemption.

### Termination Provision

Extended health care benefits will automatically terminate on the employee’s 65th birthday, and in the case of a CA, 69th birthday. If you leave your employer, the insurance terminates immediately.

### Filing a Claim

You must pay eligible expenses and then claim for reimbursement. Proof of expense (original receipts or itemized bills) is required. All claims are sent to Great-West Life for authorization and payment. Please ensure the correct policy, division and certificate numbers are on your claim form.

A claim may be filed when the expense is incurred, or at the end of the year.

Please accumulate expenses until your claim is over \$75. Claims for expenses in respect of a calendar year must be submitted by March 31 of the following year.

Keep copies of your health and dental receipts. Great-West Life will only return receipts in cases where the claim should have gone to another insurance carrier first. The explanation of benefits statement, in conjunction with the photocopied receipts, can be used to co-ordinate benefits and for income tax submissions.

### Online Access

Once you are enrolled for Extended Health and/or Dental benefits, you can access your claims history and claim forms at [www.greatwestlife.com](http://www.greatwestlife.com)

Follow these steps to register and log in for the first time:

1. Visit [www.greatwestlife.com](http://www.greatwestlife.com)
2. Have the following information ready so we can identify you:
  - Plan Number (56579) and your certificate number (available on your certificate)
  - Your date of birth
  - Date of birth of one of your dependants
  - Your postal code
  - Your Email address
  - Your name must be entered exactly as it appears on “Explanation of Benefits” (refer to a prior claim reimbursement).
3. Follow the registration instructions to choose your own user name and password.
4. Enjoy the benefits — 24 hours a day, 7 days a week!
5. Registration will be confirmed in writing by posted mail.

Sign up once and return anytime. All you need to remember is the personalized password and user name you’ve selected!

### Premiums

Rates vary by province. Please contact CAIPW for current rates.

Extended Health Care Benefits are underwritten by Great-West Life, policy number 56579.

## BEST DOCTORS

### If the worst happens, help is only a phone call away

Having the best medical knowledge for any important healthcare decision can make a critical, even life-saving, difference.

CAIPW and Great-West are pleased to offer a medical consultation service to members/employees with EHC coverage. This is an innovative service that connects you to the world's leading medical centres and experts.

Best Doctors®, one of the most respected and comprehensive medical service companies in the world, has been selected to provide this service.

Through Best Doctors, you and your local doctor or specialist will have immediate access to the latest technologies, the opinions of world-class specialists, and clinical guidance. Best Doctors can assist with confirming the diagnosis of a covered condition, and can suggest the most effective treatment plan by drawing on a global database of 50,000 peer-ranked specialists.

### Covered Conditions

If you contract one of these covered conditions, the Best Doctors Service Card can be your connection to valuable medical expertise. Best Doctors provides services for all of the following illnesses, but excludes any unrelated conditions:

- AIDS
- Alzheimer's Disease
- Benign brain tumour
- Blindness
- Cancer
- Cardiovascular conditions
- Coma
- Deafness
- Kidney failure
- Loss of speech
- Major organ transplant
- Major trauma
- Motor neuron disease (ALS, Lou Gehrig's)
- Multiple Sclerosis
- Paralysis
- Parkinson's Disease
- Severe burns
- Stroke

Some less serious forms of the covered conditions are excluded. For specific definitions of a covered condition, call the Best Doctors at 1-888-362-8677. Best Doctors is a referral service — neither Best Doctors, Great-West Life, nor CAIPW are responsible for the quality of treatment received.

## BEST DOCTORS SERVICES

**With the Best Doctors, you have access to the following services**

### **InterConsultation™: Medical Advice and Treatment Planning**

InterConsultation is an in-depth review of your medical files to determine a diagnosis and treatment plan. You and your physician will have access to the latest tests, technologies, and the opinions of world-class specialists. With a fast and detailed turnaround of results, the InterConsultation process may reduce potentially serious complications from a misdiagnosis, and help your treating physician determine the proper course of action.

To take advantage of the InterConsultation service, just follow these four simple steps:

1. Call 1-888-362-8677 toll-free. Have your Great-West Life plan number (335693) and certificate number on hand so you can provide the information required to verify your eligibility.
2. Best Doctors will provide two forms that must be completed by you and your physician.
3. Your physician will forward your medical file to Best Doctors, whose team of specialists will carefully review it.
4. The medical file review usually takes seven to 10 days. Afterwards, you and your physician will receive a written report outlining the conclusions and recommendations of Best Doctors.

### **FindBestDoc™: Identification of the Right Care Provider**

If you decide to seek treatment outside Canada at your own expense\*, Best Doctors can identify the best specialist to meet your needs. FindBestDoc is a customized search across a constantly updated global database of over 50,000 world-class specialists who are best qualified to meet your specific medical needs. You will be assigned a personal Advocate, who will work with physicians affiliated with the world's leading medical institutions to help explain your options and determine the best care provider for your specific condition.

Using the FindBestDoc service is quick and easy:

1. You discuss your condition with Best Doctors; they help you find the specialists best qualified to provide the care you need.
2. Best Doctors provides you with a list of recommended physicians and verifies their availability.

*\*The cost of medical treatment, travel and accommodation is not covered by Best Doctors or CAIPW's EHC plan.*



## DENTAL CARE BENEFIT

This is an optional benefit for firms that have chosen the term life and long term disability insurance.

### Coverage Available

There are three levels of service available, depending on the size of your firm.

**A. Basic Preventive Services** covers diagnostic and preventive services associated with regular dental care: examinations (maximum of four per patient per calendar year), X-rays, fillings, extractions, anesthetics, oral surgery, and space maintainers for dependent children under age 15. Services for root canal and gum disease, denture lining and rebasing are also covered. Fluoride treatment is covered only to age 19.

Reimbursement options are 80% or 100%, with an annual (calendar year) maximum of \$1,500 per insured individual/dependent.

Basic services are available to firms of five persons or more.

**B. Major Restorative Services** covers dentures, crowns, inlays, onlays and bridgework.

Replacements are covered only if the existing ones are at least five years old and no longer serviceable.

Reimbursement is at 50%, with an annual maximum of \$1,500 per insured individual/dependent.

Major services are available to firms of ten persons or more.

**C. Orthodontics Services** (for dependent children only) provide coverage for orthodontics and all necessary dental treatment which has as its objective the correction of malocclusion of the teeth.

Reimbursement is at 50% with a lifetime maximum of \$2,500 per dependent child.

Orthodontic services are available to firms of fifteen persons or more.

### Pre-Authorization for Treatment Over \$500

If dental expenses are likely to be more than \$500, you should submit a "Pre-determination" to Great-West Life. A Pre-determination is simply an outline of the proposed treatment prepared by your dentist prior to any work being performed. Great-West Life will advise your dentist of the portion that is covered by your dental plan, enabling you to determine your costs.

### Claims

Claims can be either filed electronically or with a standard claim form. Please ensure the correct policy, and certificate number are on the claim form.

A claim can be filed when the expense is incurred, or at the end of the year. Claims for expenses in a calendar year must be submitted by March 31 of the following year.

### Co-Ordination of Medical/Dental Benefits

If your spouse also has a benefit plan, you may submit claims to both plans to receive the maximum coverage on your expenses. For this to work, you must follow some insurance industry guidelines:

1. Submit your personal expenses to the CAIPW plan first, and then to your spouse's plan for any remaining expenses.
2. Your spouse must submit his/her personal expenses to their employer's plan first, and then to CAIPW for any remaining expenses.
3. Submit claims for children to the plan of the spouse whose birthday is first in the calendar year, then to the other plan for any remaining expenses.

Dependents are as defined in the Extended Health Care Benefit (see page 9).

## Exclusions

- Any claim resulting from self-inflicted injury, insurrection or war, or active participation in a criminal offence;
  - Any cause for which you or your dependent may apply for and receive indemnity or compensation under the Workers' Compensation Act, or any dental care or treatment for which you are not legally obligated to pay;
  - Any dental care or treatment which is mainly for cosmetic reasons;
  - Any charges for appointments not kept or for the completion of claim forms;
  - Any dental treatment that has a purpose of correcting temporomandibular joint dysfunction (TMJ);
  - Any endodontic treatment (root canal) started before you or your dependent became insured under this plan;
  - Replacement of mislaid, lost or stolen appliances;
  - Any crowns placed on teeth that are not functionally impaired by incisal or cuspal damage;
  - Any crowns, bridges or dentures for which tooth preparations were made before you or your dependent became insured under this benefit;
  - Any charge for a Full Mouth Series of X-rays for your dependent under age twelve or whose policy does not provide for orthodontic benefits;
  - Any charge for other than "metal" crowns or pontics, posterior to the second bicuspid tooth;
  - Any procedures, appliances or restorations used to increase vertical dimensions, or to repair or restore teeth damaged or worn due to attrition or vertical wear or to restore occlusion;
  - Any services or supplies for implantology, including tooth implantation and surgical insertion of fabricated implants;
  - Any orthodontic expenses which were incurred prior to the date on which you became insured;
- Any treatment must be the least expensive that will produce a professionally adequate result.

## Participation Requirements

To be eligible for the dental plan, certain requirements must be met:

- The employer must pay at least 50% of the dental premiums.
- The firm must have life and long term disability benefits.
- All employees must join the firm's dental plan, unless they have a spousal exemption. In addition, certain participation requirements apply to the firm over all.
- If the firm has both extended health care and dental benefits, you must have the same status (single or family) for both benefits.

## Termination Provision

Dental care benefits will automatically terminate on the employee's 65th birthday, and in the case of a CA, their 69th birthday. If you leave your employer, the insurance terminates immediately.

## Premiums

Rates vary by province. Please contact CAIPW for current rates.

Dental Care Benefits are underwritten by Great-West Life, Policy Number 56579.

# GROUP ENROLLMENT & ADMINISTRATION

## Eligible Firms

The following firms are eligible to apply for group benefits:

- Any firm of at least two eligible CAs and/or employees, engaged full-time in the practice of public accounting in one of the four western provinces or territory;
- Any associated company or firm exclusively serving an eligible firm and consisting of at least two eligible CAs and/or employees, if authorized by a participating Institute and approved by Great-West Life.

All eligible CAs and employees must participate in the group plan.

## Eligible CAs and Employees

All CAs and employees of a firm that has established a group plan are eligible for insurance, provided they are a permanent resident of Canada, under age 65, and are actively working with the firm a minimum of 20 hours per week. Contract employees are also eligible for benefits provided they meet the same criteria.

## Annual Earnings

Annual earnings means:

For an employee, the regular rate of remuneration paid by the employer, excluding bonuses, overtime, extra compensation or expense allowances.

For a CA, the average income earned for their services whether paid as fees, salary, bonus, commissions or honorarium (excluding investment income) in the previous fiscal year or previous six months, whichever is greater.

## Enrollment

Firms must complete a "Firm Application" selecting the benefits for all its eligible CAs and employees. A transaction card must be completed for each eligible CA and employee. Those eligible for benefits in excess of the firm's non-evidence maximums must complete a short medical questionnaire.

## Commencement of Coverage

Insurance for an employee who is not a CA will commence after three months of continuous full-time employment, and in the case of a CA, on the first day of active employment, provided CAIPW receives notification within 31 days of this date. If evidence of insurability is required, the insurance will commence after the waiting period, on the date the application is approved by Great-West Life.

## Evidence of Insurability

If evidence of insurability is required, a medical questionnaire must be completed. Usually this is sufficient, however Great-West Life reserves the right to request, at its expense, any additional medical information on any application.

## Certificate of Insurance

Once your application has been accepted, a certificate confirming coverage will be issued. An updated certificate will be issued whenever a change is made.

## Premium Payments

Premiums are payable to CAIPW on the 1st day of each month. If remittance is not received within 31 days of the billing date, all coverages under the plan will lapse, and may only be reinstated with the approval of Great-West Life.

## Reporting of Additions, Changes and Terminations

A transaction card must be completed for each new employee. If the employee is eligible for insurance in excess of the firm's non-evidence maximums, the medical questionnaire form must be completed.

Changes in earnings or marital status can change an employee's coverage and must be reported. When an employee terminates, CAIPW must be notified within 31 days. Changes and terminations will be effective on the actual date of change or termination.

Application for benefits and notification of changes must be received by CAIPW within 31 days of the eligibility date. Application for new or increased insurance received after 31 days will be subject to evidence of insurability.

## CONTACT INFORMATION

### Beneficiary Designations

Members and employees appoint a beneficiary on their transaction card. A change of beneficiary may be made by providing written notice, signed, witnessed, and dated to CAIPW.

### Claim Procedures

Forms for filing a death or disability claim are available from CAIPW. For prompt payment, the claim form should be completed and proof of the claim attached. Proof may include itemized bills, reports from doctors, and certified copies of hospital records and reports depending on the nature of the claim being filed.

The completed form should be submitted to CAIPW within 90 days of the date of the claim. If a delay in submitting a claim is anticipated, please contact CAIPW.

All applications, notice of changes/terminations, premiums, request for claim forms, and correspondence should be directed to:

**CA Insurance Plans West**  
**10309C - 100 Avenue**  
**Fort Saskatchewan, Alberta**  
**T8L 1Y9**  
**Telephone: 780-998-1798**  
**Toll Free: 1-800-661-6430**  
**Fax: 780-997-6467**  
**Email: [mail@caipw.ca](mailto:mail@caipw.ca)**

[www.caipw.ca](http://www.caipw.ca)

Please visit our website for the following forms:

- transaction card (adds, deletes, and changes)
- firm application
- medical questionnaire
- EHC application form
- EHC claim form

### Other Services Available from CAIPW

- Home insurance (and auto in Alberta):  
TD Meloche Monnex 1-877-494-7887
- Office contents:  
Gore Mutual 1-800-663-9437
- Member/Employee Assistance Plan:  
Shepell-fgi 1-800-268-5211

### Master Contracts

This summary is for information purposes only. Benefits will be provided in accordance with the terms of the master contract. These contracts may be amended by mutual agreement between the insurer and CAIPW.





[caipw.ca](http://caipw.ca)

CA Insurance Plans West  
10309C - 100 Avenue  
Fort Saskatchewan, AB  
T8L 1Y9

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Fax: 780.997.6467  
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