



# Welcome Plan

Member booklet

Basic health insurance for temporary, new and returning Canadian residents

*Important notice: This is not a contract. Actual terms and conditions are set out in the policy issued by Canada Life upon application approval. The policy contains important information concerning terms, conditions, limitations, exceptions, and exclusions.*

## Welcome Plan

Basic health insurance for temporary, new and returning Canadian residents. This booklet is designed to give you all the information you'll need to effectively use your benefits plan.

### You're now covered under a Welcome Plan with Canada Life

Your plan offers temporary coverage of expenses that would normally be paid under a provincial health care plan, like doctor visits, lab services, hospital accommodations, eye exams and emergency dental services. If you have a spouse and dependants, they're also covered, as long as they meet the eligibility requirements.

You may notice some words are in **bold**. Definitions for these terms are provided throughout this booklet. If you have any questions or need more information, please contact your plan administrator at your place of employment.

### Welcome Plan coverage

To be eligible for Welcome Plan coverage, you and your eligible dependants must be:

- Employed by the plan sponsor or be a dependant of the employed person
- Covered under a Canada Life supplementary health care plan (or covered under a spouse's group health care plan)
- Ineligible for coverage under the provincial health care plan in your province or territory of residence, either indefinitely or until the waiting period is satisfied
- Residing in Canada (whether as a temporary, new or returning permanent resident)

If your dependant is the only insured participant under the Welcome Plan, both of you must be covered under the plan sponsor's Canada Life supplemental health care plan.

### Amount payable

The Welcome Plan pays 100 per cent of **covered expenses** that are **incurred** while the patient is insured. No deductible is applied. The maximum amount payable per individual is \$1,000,000 per lifetime.

Some supplies and services covered under the Welcome Plan are subject to specific maximums over specific periods of time. Please review the appropriate section of this booklet to determine if a maximum applies to your situation. The Welcome Plan covers health care services and supplies required for treatment of disease or injury, when treatment is:

- Accepted by the Canadian medical profession
- Proven to be effective
- Of a form, intensity, frequency and duration essential to diagnosis or management of the disease or injury

Canada Life is fully responsible for assessing a person's entitlement to benefits.

***Covered expenses** are the lesser of actual expenses or customary charges for the covered services and/or supplies. Expenses are incurred when the patient receives them.*

Under the Welcome Plan, you and your dependants are covered **100 per cent** for:

### **Ambulance services**

Ambulance services, including air ambulance services, are covered if they're provided by a licensed ambulance company. Transportation must be to the nearest medical centre where essential treatment is available. If the patient is transported to a medical centre farther away, benefits will be based on the cost of transportation to the nearest centre where treatment was available.

### **Physician services**

Physician services are covered when they're provided in the physician's office, the patient's home, or in a **hospital** or other treatment facility. Coverage is provided for:

- Diagnosis and treatment, including X-ray procedures and the administration of anesthetics
- Annual health examination

*Hospital refers to an institution that meets all of the following criteria:*

- *Is legally termed a hospital*
- *Is open at all times*
- *Offers in-patient accommodation*
- *Has a staff of one or more physicians available at all times*
- *Continuously provides 24-hour nursing by graduate registered nurses*

### **Hospital in-patient services**

The following hospital in-patient services are covered:

- Hospital accommodation in a standard ward, including meals
- Drugs prescribed by a physician
- Use of operating and delivery rooms, radiotherapy facilities, and respiratory equipment, including anaesthetic and surgical supplies
- X-ray and laboratory services
- Nursing services
- Occupational therapy, speech therapy and physiotherapy, if prescribed by a physician
- Services of other hospital employees, such as nursing assistants
- A home visit, use of the hospital's home renal dialysis equipment and home hyperalimentation equipment, including supplies and medications, if prescribed by a physician

### **Hospital outpatient services**

The following hospital outpatient services are covered when the treatment is prescribed by a physician and performed in a hospital:

- X-ray and laboratory services
- Use of radiotherapy, physiotherapy, occupational or speech therapy facilities
- Use of operating rooms, including anaesthetic and surgical supplies
- Nursing services
- Drugs prescribed by a physician and administered in the hospital
- Meals provided by the outpatient department during a treatment program

## Dental services

Dental services are covered if they meet all of the following criteria:

- The patient is at risk medically.
- The services are performed by a dentist in a hospital operating room.
- The services represent treatment recognized by the Canadian Dental Association.

## Out-of-province emergency care

Out-of-province emergency care is covered when it's required as a result of a **medical emergency** when a patient is outside of their province or territory of residence, but still in Canada.

This provision covers the same expenses that would be covered in the patient's province or territory of residence.

*Medical emergency refers to a sudden, unexpected injury or an acute episode of disease.*

## Out-of-country emergency care

Out-of-country emergency care is covered when it's required as a result of a **medical emergency** when the patient is outside of Canada.

This provision covers the same expenses that would be covered in the person's province or territory of residence (since health care coverage is provided at the provincial or territorial level) .

Out-of-country emergency care benefits are limited to:

- \$400 per day for hospital in-patient services
- \$200 per day for hospital outpatient services
- 15% of the total submitted amount for physician services

Benefits won't be paid for expenses incurred more than 60 days after the date of departure from Canada. If the patient is confined to a hospital at the end of the 60-day period, benefits will be extended to the end of the confinement.

## Home nursing care

Home nursing care is covered if it meets all of the following criteria:

- Requires the skill and training of a professional nurse
- Is provided by a **professional nurse** who isn't a member of the patient's family

Coverage is limited to the minimum number of hours and level of skill required to provide each essential nursing service. Applicable licensing restrictions will be recognized in determining the level of skill needed.

Home nursing care is limited to a maximum of \$5,000. Reinstatement of the maximum will be considered if either:

- The patient hasn't required home nursing care in the previous six months.
- The care is required for a condition not related to the previous condition(s) that required home nursing care.

Before beginning home nursing, you should apply for a pre-care assessment. This assessment, provided by Canada Life, will identify if all of the following criteria is met:

- The type of nurse whose services will be covered
- The number of hours to be covered per day or week
- The estimated duration of coverage

To request a pre-care assessment, submit a letter from the attending physician that includes all of the following information:

- A description of the patient's current medical condition and prognosis
- A list of the required nursing services and their frequency
- An indication of the level of skill required to perform the required services (i.e., a registered nurse, licensed practical nurse, registered nursing assistant or other practitioner)
- The number of hours of care required per day or week, and an estimate of the length of time care will be required

*A **professional nurse** is a - registered nurse, a registered practical nurse, if the person is a resident of Ontario; or a licensed practical nurse, if the person is a resident of any other province.*

*Conditions are considered related when they exist simultaneously, or they arise from the same or related causes.*

### **Laboratory services**

Laboratory services provided outside of a hospital are covered when authorized by a physician and performed in a licensed laboratory.

### **X-ray procedures**

X-ray procedures provided outside of a hospital are covered when authorized by a physician.

### **Eye examinations**

Eye examinations are covered if they're performed by a licensed ophthalmologist or optometrist. Benefits are limited to one examination every 12 months for dependants under age 19 and one examination every 24 months for any other person.

### **Exclusions**

Benefits won't be paid for:

- Expenses incurred in a private health care facility, except on the written referral of the person's physician
- Services or supplies received outside of Canada, on a non-emergency basis
- Organ transplants, whether expenses are incurred as a donor or a recipient
- Expenses arising from war, insurrection or voluntary participation in a riot
- Services or supplies associated with recreation or sports rather than with other regular daily living activities
- Services or supplies associated with treatment for cosmetic purposes only
- Fertility or weight control treatments or related drugs
- Expenses incurred after coverage terminates except as provided under the extension of benefits section below

## **How to make a claim**

Claims must be submitted within 15 months after services or supplies are provided.

1. Go to [canlife.co/welcomeplan](https://canlife.co/welcomeplan) for a claim form.
2. Sign in to [My Canada Life at Work](#), or register under your supplemental health care plan if you haven't already done so.
3. Go to Make a claim and select Upload documents. Attach your claim form and any receipts or supporting documents.

If you prefer to submit your claim through mail, submit the completed claim form and any receipts or supporting documents to:

**The Canada Life Assurance Company**  
Individual Health Unit P.O. Box 6000 Winnipeg, MB R3C 3A5

*Note: Canada Life pays the provider of the service directly unless you supply proof that you have already paid the provider, satisfactory to Canada Life.*

## Co-ordination of benefits

If you or one of your dependants is entitled to benefits for the same expenses under another group plan, or as both an employee and a dependant under the Welcome Plan, benefits will be co-ordinated so that total benefits from all plans won't exceed expenses.

## Claims inquiries

To confirm that an expense is eligible or to inquire about a claim, call 1-866-430-2863 or email [individual.health@canadalife.com](mailto:individual.health@canadalife.com).

## Protecting your personal information

At Canada Life, we recognize and respect the importance of privacy. Personal information about you is kept in a confidential file at the offices of Canada Life or the offices of an organization authorized by Canada Life. Canada Life may use service providers located within or outside Canada. We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

We use the personal information to administer the group benefits plan under which you are covered. This includes many tasks, such as:

- Determining your eligibility for coverage under the plan
- Enrolling you for coverage
- Investigating and assessing your claims and providing you with payment
- Managing your claims
- Verifying and auditing eligibility and claims
- Creating and maintaining records concerning our relationship
- Underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- Preparing regulatory reports, such as tax slips

We may exchange personal information with your health care providers, your plan administrator, any insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us or the above when relevant and necessary to administer the plan.

As plan member, you are responsible for the claims submitted. We may exchange personal information with you or a person acting on your behalf when relevant and necessary to confirm coverage and to manage the claims submitted.

You may request access or correction of the personal information in your file. A request for access or correction should be made in writing and may be sent to any of Canada Life's offices or to our head office.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to [canadalife.com](http://canadalife.com).

## Termination of coverage

Your coverage will end on the earliest of the following:

- The date your coverage under the plan sponsor's supplementary health care plan ends
- The date you obtain coverage under a federal or provincial health care plan
- The due date of the first premium, to which you haven't made the required contribution, if any
- The date the Welcome Plan terminates

## Extension of benefits

If you or a dependant is confined to a hospital when coverage ends, benefits will be paid for that person until the earliest of the following dates:

- The date hospital confinement ends
- Six months after coverage terminates
- The date the person becomes eligible for similar coverage under another plan

Extended benefits are limited to expenses that would have been payable if coverage had not terminated.

## Survivor benefits

If you die while your coverage is still in force, benefits will continue for your surviving dependants. See the plan sponsor for details.