



Your **group benefits**

*An overview of
your Great-West Life
group benefits plan*

Great-West Life
your Benefits Solutions People



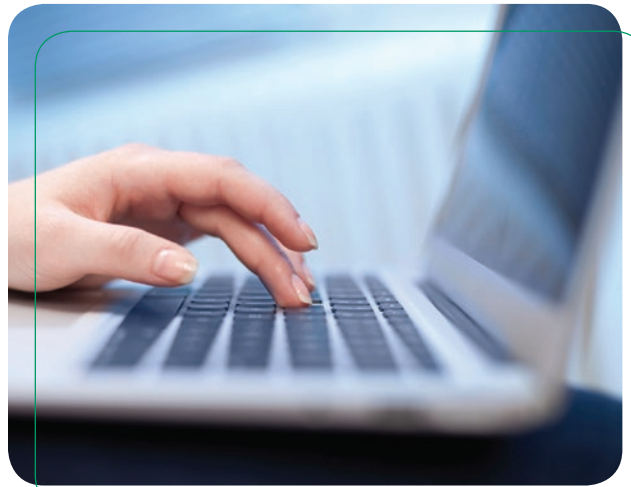
Welcome to Great-West Life

The attached information package provides an overview of the benefits and services included in your group plan. Take some time to review the product summaries to help ensure you're familiar with the coverage available and the services provided under your plan.

We want to connect with you

Great-West makes connecting easier than ever. We've made your plan information accessible any time, from anywhere. Our free, cutting-edge online and mobile services can save you time with features including finding the location of the nearest approved medical service provider, and submitting a claim in a few short steps. Read on to learn about our convenient services that provide you with access to your benefits plan information.

To register for online access to information, go to www.greatwestlife.com – *GroupNet for Plan Members*. *GroupNet* will be available to you one business day after the effective date of your plan.



| | Online | Mobile | Phone | Posted mail | Plan administrator |
|---|--------|--------|-------|-------------|--------------------|
| <i>I want to:</i> | | | | | |
| Register for <i>GroupNet</i> ™ for Plan Members | ● | | | | |
| Submit a claim | ● | ● | | ● | |
| Sign up for Direct Deposit of claim payments | ● | | | | |
| Find out what my plan covers | ● | ● | ● | | |
| Find out my personal benefit details – benefit maximums, next appt date for dentist or vision, and more | ● | ● | ● | | |
| Report a change in my coverage – birth, divorce, loss of spouse's coverage, etc. | | | ● | | ● |
| Get a paper claim form | ● | | ● | | ● |
| Get help completing a claim form | | | ● | | ● |

Connecting with you

Member eClaims

Save time and paper by submitting many of your claims online. Sign in to *GroupNet for Plan Members* at www.greatwestlife.com. Make sure you sign up for Direct Deposit and eDetails. Now you're ready to submit claims online. Hold onto your receipts for 12 months. We're committed to protecting your plan and claims submitted electronically are subject to random audits.



Provider eClaims

On-the-spot claims submission at approved providers. Claims will be assessed immediately and your provider will be able to let you know whether the claim is approved, declined or held for review. To view a list of approved providers, go to www.greatwestlife.com – *Client Services – Group Benefits Plan Members – Health, Dental, and Out-of-Country Coverage and Claims*.



GroupNet Mobile

All the convenience of Great-West's *GroupNet for Plan Members* on your mobile device. Available for Android, BlackBerry or iPhone, use this app to:

- Submit claims online
- Access personal coverage information
- Locate the nearest provider who has access to Provider eClaims through a built-in GPS mapping tool.



DrugHub

Available free for iPhone and iPod touch mobile devices, Great-West's *DrugHub* is a virtual medicine cabinet that lets you:

- Search thousands of medications – ingredients, interactions and side effects
- Set reminders for you and your family to take medications on schedule
- Know when you're running low, when to order refills and more!



Text message

If you submit a claim online and if it's auto-adjudicated, you can receive a text message that advises your claim has been processed and that payment will be deposited into your bank account. To sign up go to *GroupNet for Plan Members – Your Profile – Claim Payment Notification Preferences*.



To view benefit plan details including coverage, deductibles, claims history and more, sign in to *GroupNet for Plan Members* at www.greatwestlife.com.

Need more information?

Call us:




TTY: 1-800-990-6654

(Available 7 a.m. to 6 p.m. CST)

Co-ordination of benefits

If both you and your spouse have coverage under your group insurance plans, you may be able to recover 100% of your expenses.

If the claim is for:

| | | | | |
|---|---|--|---|---|
| YOU  | → | 1 Submit the claim to Great-West. | → | 2 Submit a claim through your spouse's plan for any amount unpaid by Great-West. |
| YOUR SPOUSE  | → | 1 Submit the claim to your spouse's insurance plan. | → | 2 Submit a claim to Great-West for any amount unpaid by your spouse's insurance plan. |
| YOUR CHILD  | → | 1 Send the claim to the insurance company of the person who has the earlier birth month and day. | → | 2 Submit the unpaid balance to the other insurance company. |

*Sign up once.
Benefit any time.*

GroupNet for Plan Members

Access to your group benefits information has never been easier with Great-West's GroupNet™ for Plan Members. Join the more than one million plan members who have signed up and connect to a world of secure, user-friendly services – available online, any time!



- Submit many of your claims online!
- Get text messages on your mobile phone when your claims have been processed.
- Choose eDetails for email notification when your claims have been processed.
- Sign up for Direct Deposit Claim Payments – claims paid directly into your bank account.
- Access expanded coverage information quickly and easily.
- Browse our [Health & Wellness Site](#) and the [Great-West Life Centre for Mental Health in the Workplace](#) website for extensive healthcare information and tools.
- Enjoy all the benefits of GroupNet on your Android™ device, BlackBerry® or iPhone with our mobile app!

Member eClaims

Electronic claim submission is available for a variety of services, including prescription drugs, dentalcare, visioncare and paramedical, depending on your plan design.

Registration is simple and secure

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

1. Go to groupnet.greatwestlife.com
2. Click *GroupNet for Plan Members*
3. Click Register now

Have your plan number and member ID number available, as you'll be prompted to provide this information. (These details are available on the front of your benefit statements or on your Benefit ID card.)

4. Follow the instructions to register and choose your own user name and password

Enjoy the benefits – 24 hours a day, seven days a week! Registration will be confirmed in writing by posted mail. Sign up once, and return any time. All you need to remember is the personalized password and user name you've selected!

Sign up now at groupnet.greatwestlife.com.

*Submitting your claims is
faster, greener and more
convenient than ever*

eClaims

*With Great-West Life's
convenient eClaims
services, you have more
options than ever to
submit your claims, with
no paper forms to fill out.*

Provider eClaims

Claims submitted on the spot at approved providers.

Member eClaims

Submit your claims online with a few clicks of your mouse.



How Provider eClaims works

Provider eClaims is very similar to the way claims are submitted by most dental offices. Providers including acupuncturists, chiropractors, massage therapists, naturopaths, physiotherapists and visioncare providers can submit your claim for the service you received, on the spot, *as long as the provider is approved and registered for Provider eClaims.*

Claims are assessed automatically while you wait, and your provider can let you know immediately whether the claim is approved, declined or held for review. To protect your privacy, providers do not have access to your coverage details.

Provider eClaims is available at approved providers nationwide. New providers are added daily.

To submit your claim using *Provider eClaims*, your provider will need to know your group benefits policy/plan number and your member ID number. If you don't know this information, you can find it by:

- **Checking on our GroupNet Mobile app**
- **Logging on to [GroupNet for Plan Members](#)** – view or print your wallet ID card under **Forms & Cards**
- **Looking on your Great-West Life wallet ID card**
- **Checking your explanation of benefits (EOB)** from a recent health or dental claim
- **Asking your plan administrator**
- **Calling Great-West** at weekdays between 7 a.m. and 6 p.m. CST. TTY line for the deaf or hard of hearing: 1-800-990-6654

Don't know if your provider is registered?

Check out the *Provider eClaims* listing under Client Services – Group Benefits Plan Members – Health, Dental and Out-of-Country Coverage and Claims on www.greatwestlife.com, or at your next visit, ask your provider if he or she has heard about *Provider eClaims*. To learn more, providers can contact TELUS Health Solutions at 1-866-240-7492. TELUS provides the network and registers providers on Great-West's behalf.

How to use Member eClaims

You can save time and paper by submitting many of your claims online through *GroupNet™ for Plan Members*, Great-West's secure online services. Using *Member eClaims* is easy:

1. Sign in to [GroupNet for Plan Members](#). Not registered yet? You'll need your group benefits plan number and your member ID number.
2. If you haven't already, sign up for Direct Deposit of your claim payments (you'll need your bank account information) and select eDetails for email notification when your claims are paid. You'll need these features to access *Member eClaims*. You can also choose to get text messages on your mobile phone advising you when your claims have been processed.
3. On the *GroupNet* home page, click *Claims – Online Claim* and follow the steps to submit your claim.

What type of claims can be submitted online with Member eClaims?

Claims can be submitted online where Great-West is the first payor or where claims payment is coordinated with another provider, if:

- the service was provided in Canada, **and**
- the service was incurred within the last six months, **and**
- payment is to be made payable to you.

Claims cannot be submitted online if:

- they are for medical equipment and/or supplies **or**
- they are to be paid by Great-West directly to the service provider **or**
- they are for a Type of Claim or Expense Detail that is not listed as an option **or**
- the service was incurred more than six months ago. In this case, submit the claim using a paper claim form.



Protecting your benefits

Great-West is committed to protecting the benefits you value from the impact of benefits fraud and misuse. We apply state-of-the-art safeguards to all *eClaims*, along with additional electronic measures for even more protection. Claims submitted using our *eClaims* services are subject to random audits and detailed adjudication.

Hold on to your receipts

We ask that you retain your original receipt(s) for 12 months, as your claim may be randomly selected for audit upon submission, or within 12 months of submission. You do not need to send in your receipts when submitting a claim online unless your claim is selected for audit. If selected, you'll be asked to send us your receipt(s), along with a printout of the Audit Confirmation Screen. If the requested pieces aren't submitted, you risk losing access to *Member eClaims*. This audit feature is designed to protect your benefits plan from the cost of fraud and plan misuse.

The availability of online claims submission for specific types of benefits will depend on your plan design. For more information, contact your plan administrator.

Health information
whenever you need it

Great-West's Health & Wellness Site

Log on to the enhanced Health & Wellness Site with interactive features. Discover current, reliable health information you and your family can use, any time.

- Explore in-depth information on diseases, conditions, drugs and treatment options
- Learn how your lifestyle influences your health through the interactive *Personal Health Risk Assessment*
- Find community support resources by location



A screenshot of the Great-West Life GroupNet website. The header includes the logo and navigation tabs like HEALTH HOME, DRUGS, CONDITIONS, TESTS AND PROCEDURES, COMMUNITY SUPPORT, HEALTH TOOLS, and HEALTH FEATURES. A main banner asks "How much food do you need? Clear up serving size confusion and portion" with a "GO" button. Below the banner are several featured articles and tools, including "A SHOPPING LIST FOR EATING ACROSS THE RAINBOW", "CRACK THE FRUIT AND VEGGIE COLOUR CODE", "TEST YOUR BICYCLE SAFETY KNOW-HOW", "INVEST IN YOUR VISION", "FAT VS FICTION: WHAT DIETS WORK?", "HEARING LOSS: ARE YOU AT RISK?", and "MOST POPULAR HEALTH TOOLS". There is also a "TOP SUPPORT GROUPS BY LOCATION" section and a "SUBSCRIBE TO GREAT-WEST'S FREE HEALTH NEWSLETTER" form at the bottom.

Explore the *Health & Wellness Site* today. Go to www.greatwestlife.com and sign into *GroupNet™ for Plan Members*, then click the Health & Wellness tabs.

Generic Substitution

Many brand name drugs have generic alternatives that are just as effective, but cost less. They have the same active ingredient, same dosage strength and same dosage form.

What is Generic Substitution?

Your Great-West prescription drug benefits plan includes Generic Substitution, which means the amount you can be reimbursed for your prescriptions is limited to the cost of the lowest-priced generic alternative.

Keeping your drug plan affordable

By asking your doctor to prescribe the generic equivalent whenever possible, you can do your part to help keep your drug plan affordable for the long term. You can still request the brand name drug your doctor has prescribed, but you will have to pay the difference in cost between the lowest-priced generic drug and the brand name drug.

In some provinces, pharmacists must substitute brand name drugs with a generic drug or another brand name drug that is less expensive. If your doctor decides the brand name drug is most appropriate for you, he or she can indicate "no substitution" on your prescription. In this case, you will be reimbursed the cost of the brand name drug according to the terms of your benefits plan.



For more information

For more information, contact your plan administrator or visit us online at www.greatwestlife.com.

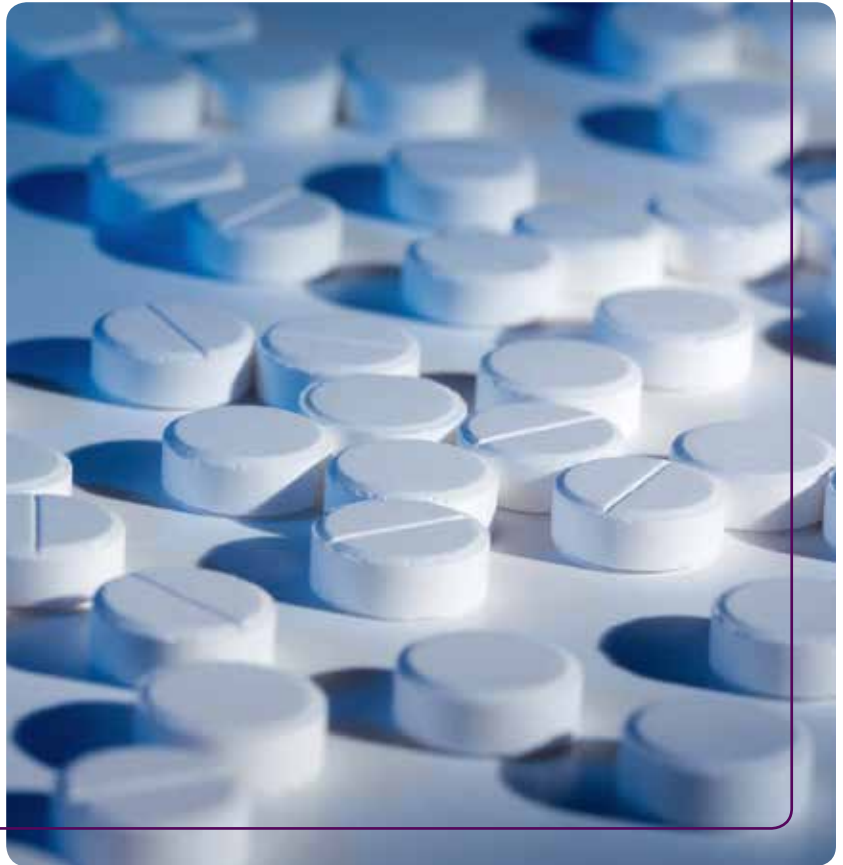
Pharmacy Network Value Plan

*As part of the Pharmacy Network Value Plan, you can save out-of-pocket costs when you fill your prescriptions at a Costco Wholesale pharmacy.**

Did you know?

- The cost to fill a prescription varies by pharmacy. Costco offers attractive pricing for prescription drugs through a combination of low dispense fees and overall lower than average prescription drug costs.
- Counselling services from Costco pharmacists are available to help you understand the drug you've been prescribed and achieve the best possible health outcomes. You can also take advantage of Costco pharmacy's complimentary health and wellness clinics.
- A Costco membership isn't required to use their pharmacy. When the store greeter asks to see your membership card, just indicate you're there to use the pharmacy. Costco sells other health-related products including eyewear and hearing aids, but you must be a Costco member to purchase any items other than prescription drugs.

You can still have your prescriptions filled at the pharmacy of your choice, but shopping at Costco can save you out-of-pocket expenses and reduce your plan sponsor's benefits plan costs.



When you fill your prescription at a Costco pharmacy, you'll be reimbursed at a coinsurance rate that's 10 per cent higher than if you'd used another pharmacy.

Great-West's Pharmacy Network Value Plan is dedicated to providing options that can benefit both you and your employer. For more information, contact your plan administrator.

*The Pharmacy Network Value Plan is not available in Quebec as Costco pharmacies located in Quebec are independently owned and operated.

*Paying for your
prescriptions has
never been so easy*

Assure Card

The Assure Card™ is an electronic payment system that provides on-the-spot submission of prescription drug claims at almost any pharmacy in Canada.

It's a convenient, easy-to-use alternative to submitting paper claim forms. Your personalized Assure Card is provided to you as part of your Great-West group coverage, and is administered by our pharmacy benefits manager (PBM) experts.

Using your Assure Card

When filling prescriptions, provide your Assure Card to the pharmacist – before the prescription is filled. The pharmacist will require the following information:

- name
- address and postal code
- telephone number
- date of birth
- relationship to the plan member
- plan sponsor name (e.g. your employer)
- plan number
- plan member ID number

Based on this information, the pharmacist is able to confirm your eligibility and drug coverage. Our PBM electronically pays the pharmacist the amount covered by your plan. You pay the pharmacist only the portion not covered by your plan, if any.

Always provide your card when filling a prescription

For security reasons, pharmacies generally don't share computer systems, even if they're part of the same chain. If you forget your card, you can still get your prescription filled. However, you will have to pay the full amount of your prescription up front and submit a paper Assure Card Claim Form with the receipt for reimbursement.

Keep your information current

All of your dependants must be registered with your plan sponsor to be covered through your Assure Card. Only you can register dependants or update information. Be sure to advise your plan



administrator of any changes to your address or marital status, if you adopt or have a baby, or if any of your children are attending university. Inform the pharmacist of any changes to your benefits or if you have been issued a new Assure Card.

Co-ordinating your family coverage

If you and your spouse both have drug coverage under separate plans but neither plan pays the full cost for prescription drugs, you may be able to submit claims to both plans and have the total cost covered.

If your spouse's plan offers a drug card

Provide both drug cards to the pharmacist when filling your prescriptions. **If the prescription is for:**

- **you** – ask the pharmacist to submit the claim to your plan first.
- **your spouse** – ask the pharmacist to submit the claim to your spouse's plan first.
- **your dependant** – ask the pharmacist to submit the claim first to the plan of the cardholder whose birthday occurs first in the calendar year.

Assure Card

If your spouse's drug plan does not offer a drug card

Prescriptions for you: provide your drug card to the pharmacist when you have your prescriptions filled. Your claim will be submitted electronically to Great-West. Pay the pharmacist the amount not covered by your plan and submit a claim form and the receipt to your spouse's plan for the balance of the prescription cost.

Prescriptions for your spouse: submit the claim to your spouse's plan in the usual manner. Submit the receipt and a completed Assure Card Claim Form to your plan for the balance of the prescription cost.

Prescriptions for a dependant:

- *If your spouse's birthday occurs first in the calendar year* – submit a claim for your dependant's prescription to your spouse's plan first. Then submit the receipt and a completed Assure Card Claim Form to your plan for reimbursement of the balance of the prescription cost.
- *If your birthday occurs first in the calendar year* – provide your Assure Card to the pharmacist when filling prescriptions for your dependant. The pharmacist will automatically be paid the portion of the cost covered by your plan. Pay the pharmacist the amount not covered by your plan and submit a claim form with the receipt to your spouse's plan for the balance of the prescription cost.

The Assure Card claim form is available from your plan administrator or visit www.greatwestlife.com. Go to *Client Services – Group Benefits Plan Members – Forms – Standard claim forms*.

Assure Claims Drug Utilization Review Program

It is not always practical or possible to visit the same pharmacist to have your prescriptions filled; however, it is important for the pharmacist filling your prescriptions to be aware of your recent drug history. This helps ensure the safety of you and your family, when prescriptions are filled.

That's why your Great-West prescription drug plan provides you and the pharmacist with access to the Assure Claims Drug Utilization Review Program.

The Assure Claims Drug Utilization Review Program promotes safe and effective use of prescription drugs by reviewing the prescription being filled to help ensure it:

- agrees with the drug manufacturer's recommended use and
- will not interfere with other prescriptions you have purchased with your Assure Card.

If a risk is detected, the Assure Claims Network issues a warning to the pharmacist indicating the nature of the concern. The pharmacist is then able to discuss the risk with you and, if necessary, consult your physician.

Common questions

Can I use my card at any pharmacy?

The majority of pharmacies in Canada are linked to our PBM and the Assure Card is recognized at any of these pharmacies. When filling prescriptions at a pharmacy that is not electronically linked to our PBM, pay the full amount of your prescription up front and submit a paper Assure Card Claim Form with your receipt to your plan.

What if I forget my card?

You will still be covered by your plan if you forget your card. Pay for your prescription in full, then submit the receipt and a completed Assure Card claim form to your plan.

What if my card is lost or stolen?

Report a lost or stolen card to your plan administrator immediately. For your protection, your card number will be cancelled and a replacement card will be issued. If you find your original card after receiving your new one, return the original card to your plan administrator.

Do I have to use the card to fill my prescription?

No, however, when you use your Assure Card your claim is electronically submitted when your prescription is filled – and you get the added advantage of the Assure Claims Drug Utilization Review Program.

Is there a difference in the amount covered using the Assure Card compared with sending in a paper claim?

Maybe. Depending on your plan design and the amount charged by your pharmacist for dispensing and/or additional fees, you may pay more for prescription drugs when you submit paper claims

Assure Card

than you would have if you'd used your Assure Card. When you use your card, you will never pay more for a prescription than you would have if you submitted a paper claim.

Is there a difference in the drugs covered using the Assure Card compared with submitting a paper claim?

No. The drugs covered by your plan are the same whether you use your card or submit a paper claim form. The difference is when you use your Assure Card to fill prescriptions, your claim is submitted electronically.

Why do I have to pay part of the cost of each prescription?

Most drug plans include a co-payment or deductible, or both. That means you and the plan share the cost of your prescriptions.

- A *co-payment* means you pay either a flat amount on each prescription (for example, \$5 each time you get a prescription filled) or a percentage of the cost of the prescription (for example, 20 per cent of each prescription).
- A *deductible* means you pay the full cost of your prescriptions up to a certain amount. For example, if you have a \$100 deductible, you pay the first \$100 of prescription costs. The plan begins paying after that.

What if my claim is declined?

Depending on your plan design, there may be certain situations when drug claims could be declined.

- **Your plan may not cover drug being prescribed.** Often there are equally effective alternative medications available that are covered by your plan. You or your pharmacist may want to contact your physician to discuss alternatives.
- **Some drugs may require special authorization.** Some drugs may be covered for specific conditions or circumstances only, and/or in pre-defined amounts. These drugs require special authorization from Great-West before they will be covered.

For prior authorization forms, visit www.greatwestlife.com. Go to *Client Services – Group Benefits Plan Members – Forms*.

For more information, contact Great-West Group Customer Contact Services at:

TTY line: 1-800-990-6654.

- **Your prescription exceeds the allowable supply.** Some plans pay for a supply of medication up to a certain period of time (e.g., 30 or 90 days). If you refill a prescription too soon or request a large quantity, your claim may be declined. If you require a larger supply than is covered by your plan, contact your plan administrator to find out what options are available. If your doctor increases your dosage, be sure to get a new prescription. That way, the allowable supply will be adjusted and your claim will be approved.

How do I change the information on my card?

You should inform your plan administrator of any changes to your address, dependants or any other information that may affect coverage or claims payment.

The most common changes include a change in marital status, the addition of a dependant or the removal of a dependant who no longer qualifies under the terms of your plan.

Who can I contact for more information?

For questions about your group benefits plan, contact your plan administrator.

If there are any problems with your Assure Card, the pharmacist should call our PBM's toll-free number for assistance. This number is provided to the pharmacist on our PBM's website.

Balancing safety with confidentiality

With the Assure Card and Health Assure, your personal prescription information is completely confidential. For Drug Utilization Review purposes, our PBM will only release information about your claims history and warning notices about possible drug conflicts to the pharmacist. **No information concerning what you are being treated for is ever shared with the pharmacist.**

Travel Assistance

Travel Assistance provides support worldwide to travellers in emergency medical situations.

Imagine yourself away from home, faced with large unexpected expenses and potential language barriers at a time when you need immediate, professional medical attention.

Your group benefits plan includes enhanced protection against a medical emergency anywhere in the world. You also have protection in Canada, if your trip takes you more than 500 kms from home.

Travel Assistance is also referred to as Global Medical Assistance.

Why is Travel Assistance important?

Your provincial and group healthcare plans provide good protection, but they may not be enough when faced with a medical emergency.

Your protection through your group healthcare plan supplements the provincial plan by covering the reasonable and customary costs of medically necessary services or supplies relating to the initial treatment of a medical emergency.

Travel Assistance provides benefits and services over and above the basics. Through *Travel Assistance*, you have access to multilingual assistance co-ordinators who can direct you to the nearest, most appropriate physicians and health care facilities, and help you with travel arrangements.



How do you benefit from Travel Assistance?

Assistance Company Communications Network –

You have access to a direct line 24 hours a day, every day. The assistance company can help you locate hospitals, clinics and physicians, and arrange medical evacuation if necessary. 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 you take note of the appropriate number to call before travelling.

Medical Advisors – Qualified licensed physicians, under agreement with the assistance company, provide consultative and advisory services as well as second opinions.

Courtesy Assistance – The assistance company can help you locate qualified legal advice, local interpreters and appropriate services for replacing lost passports.

Admission Advance Assistance – The assistance company may make advance payment to the hospital when required for admission.

Travel Assistance

Assisting Unattended Children – If you're hospitalized, the assistance company will help organize travel arrangements, boarding and travel connections for your unattended children. Transportation expenses will be covered up to a maximum of one-way regular economy airfare per child.

Return of Vehicle – If sickness, injury or death prevents you from driving, *Travel Assistance* will pay up to \$1,000 toward the cost of your vehicle's return home or to the nearest rental agency.

Transportation Reimbursement – Airfare expenses will be covered for you if you're in a hospital and you miss prearranged and prepaid return transportation. (*Travel Assistance* provides either Return of Vehicle or Transportation Reimbursement, but not both.)

Medical Evacuation – If you experience a medical emergency while travelling and suitable local care isn't available, *Travel Assistance* covers the cost of a medical evacuation to a hospital in Canada, or to the nearest hospital outside of Canada equipped to provide the required treatment. A medical evacuation to Canada may also be arranged if extensive treatment is needed and your medical condition permits transportation.

Family Member Travel Assistance – If you're hospitalized for more than seven consecutive days and are travelling alone, *Travel Assistance* will cover the expense of bringing one family member to the hospital. *Travel Assistance* covers the expense of one round-trip economy airfare, plus up to \$1,500 in lodging expenses. Meals aren't covered.

Travelling Companion Expenses – If you're admitted to a hospital on the date you were originally scheduled to return home and have been travelling with a companion, *Travel Assistance* will cover the transportation and accommodation expenses incurred by your companion as a result of your hospitalization. The maximum payable for accommodation is \$1,500. Meals aren't covered. (*Travel Assistance* provides either Family Member Travel Assistance or Travelling Companion Expenses, but not both.)

Transportation of Remains – In the event of death, *Travel Assistance* will pay expenses legally required for preparing and transporting a traveller's remains home. The assistance company can help make the arrangements.

Note: all benefit payments are made in Canadian funds.

Questions & Answers

How do I arrange for assistance?

In the event of a medical emergency, call the assistance company using the toll-free number on the back of your *Travel Assistance* card, your benefits card and your *Global Medical Assistance* card. In some countries, you have to dial 00 rather than 1, in front of the toll-free number. The assistance company will help you arrange for appropriate medical care, verify your insurance coverage, and provide necessary travel assistance, such as flight, hotel accommodation and vehicle return. If required, the assistance company can also provide advance payments, subject to Great-West's approval.

What if I'm unable to reach the assistance company at one of the toll-free numbers?

If you have any problems, call 1-204-946-2577 collect. You can call this number from anywhere in the world. Phone numbers are provided on your benefits card issued by Great-West and on our website at www.greatwestlife.com.

If I'm admitted to a hospital, does the card confirm that I am covered?

Hospitals will not accept your *Travel Assistance* card as proof of medical coverage, but will use it to call the assistance company, which then contacts Great-West to verify coverage.

What if the hospital refuses to recognize my card or call the assistance company?

This is very unlikely. However, if it happens, you or your family member should call the assistance company. The assistance company will call the hospital directly and take whatever measures are appropriate.

Am I required to pay hospital and doctor bills, or will Great-West automatically pay these bills when I'm discharged?

You are responsible for arranging payment for all hospital and doctor bills when you are discharged. In some cases, hospitals may allow you to assign your insurance benefits in place of full payment. Your *Travel Assistance* card is **not** a credit card. It does not provide payment.

Travel Assistance

How do I submit a claim?

Complete and print the [Out-of-Country Expenses claim form](#). Submit the claim form along with the original receipts, to Great-West.

In most cases, Great-West will pay your provincial health plan's share of the claim on the province's behalf. Great-West will also reimburse you on the balance of expenses covered by your group healthcare plan.

We suggest you review your provincial health plan prior to leaving the country to determine the extent of its coverage. Many provincial health plans have time limitations on the submission of claims. These time limits apply to your Great-West claim as well. If your provincial health plan refuses payment, you may be asked to reimburse Great-West for any amount already paid on its behalf.

Send claims directly to:

Great-West Life, Out-of-Country Claims Department
PO Box 6000
Winnipeg MB R3C 3A5

If you have any questions about your claim or coverage, call Great-West's Group Customer Contact Services toll-free at _____ and select the option to speak with a client service representative in the Out-of-Country Claims Department. A TTY line is available for the deaf or hard of hearing at 1-800-990-6654.

Do I need to purchase additional healthcare coverage when I travel?

Your Great-West group healthcare plan provides comprehensive out-of-country and *Travel Assistance* coverage for emergency medical treatment that may be required when you're travelling temporarily outside of Canada. However, it is impossible to foresee all the costs you may incur.

To help you plan, consider the maximums and reimbursement levels applicable under your group healthcare plan. These are included in your benefits booklet.

For example, if your plan reimburses 80 per cent of the balance after your provincial plan benefits have been paid, you may want to purchase additional coverage for the remainder.

If you do purchase additional insurance, Great-West will co-ordinate the payment of your claim with your other carrier.

Does my *Travel Assistance* plan include trip cancellation insurance?

Your plan doesn't cover transportation costs if you're unable to leave home at the start of a trip due to a death in your family, or if you or a family member becomes seriously ill. This type of coverage is provided by flight cancellation insurance.

If you miss prearranged and prepaid return transportation to Canada because you're in a hospital, the assistance company will arrange and pay the cost of comparable return transportation for you.

Who do you call?

For assistance while travelling, call toll-free:

In Canada or the United States – 1-855-222-4051

In Mexico – 0-1-800-522-0029

In Dominican Republic – 1-800-203-9530

In Universal countries – 1-800-9006-7555*

In Cuba – 1-204-946-2946 (call direct**)

All other countries – 1-204-946-2577 (call collect or direct**)

* 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 you take note of the appropriate number to call before travelling.

** Submit long distance charges to Great-West for reimbursement.

These numbers are also available on *GroupNet™ for Plan Members*, on our [corporate site](#), and on your mobile device if you download GroupNet Mobile.

*This information highlights features of Travel Assistance. The plan provisions are detailed in the Group Contract issued to your plan sponsor by The Great-West Life Assurance Company. **The Group Contract shall be the governing document.** Neither the assistance company nor The Great-West Life Assurance Company nor your plan sponsor is responsible for the availability, quantity, quality or results of any medical treatment received by an Insured Traveller, or for the failure of an Insured Traveller to obtain medical services.*

PVS is a value-added feature of your Great-West plan. PVS offers discounts from preferred providers for vision and hearing correction products and services.

Purchasing through providers associated with PVS entitles you to:

- An eyewear discount as high as 20 per cent depending on the outlet and other promotions offered
- A discount on laser eye surgery
- A 10 per cent discount on hearing aids and hearing devices

Your group insurance plan member ID card is proof that you are eligible to receive the PVS discount. If you don't have a Great-West plan member ID card, you can print a personalized card from Great-West's GroupNet™ for Plan Members. Go to www.greatwestlife.com – GroupNet for Plan Members – Forms and Cards. Show your eligibility card at the time of purchase and pay a reduced price.

Visit www.pvs.ca and use the provider search feature or call the toll-free customer service line at **1-800-668-6444** to find the location of a PVS provider near you.

**In some cases the PVS discount cannot be combined with provider promotions or store sales. Check with your provider before making a purchase.*



Offering additional
protection to you
and your spouse

Optional Group Term Life Insurance

Your group insurance plan provides you and your family with a range of benefits. Optional Group Term Life Insurance can enhance your coverage.

The reason is simple – your plan has been tailored to meet average needs. It may not necessarily reflect your own personal circumstances.

Great-West's *Optional Group Term Life Insurance* allows you to increase your existing insurance coverage, at low group rates, to reflect your needs.

Highlights of the Optional Group Term Life Plan

- You and your spouse are eligible for this additional coverage if you are under age 65.
- If you become totally disabled under the terms of your plan, you may be eligible for waiver of premium. If your claim is approved, you won't have to pay premiums on your coverage for the time you are disabled.
- The cost of this additional coverage is very low, and you pay your premiums through payroll deduction.
- If you change employers, you may be eligible to convert the coverage you have for both you and your spouse to individual plans within 31 days, without any medical exams or tests.

How it works

To apply for coverage for you or your spouse, complete, print and submit the [Evidence of Insurability form](#) and return it to your plan administrator. If you don't have a printer, contact your plan administrator for a paper copy. Your coverage will take effect as soon as your plan administrator receives written confirmation from Great-West.



No benefits will be paid for suicide within the first two years after your *Optional Group Term Life Insurance* goes into effect or increases.

Insuring your spouse

The loss of your spouse can have a devastating effect on your ability to meet your financial obligations. This is especially true if you rely on two incomes to maintain your family's lifestyle. Spousal life insurance may be essential to replace lost income. *Optional Group Term Life Insurance* helps you protect your family's financial future.

Cost advantages

Group life insurance rates are lower than individual life insurance rates because marketing and administration costs are lower. To find out what premium you qualify for, contact your plan administrator.

Because your plan sponsor has endorsed this coverage, you can make your payments through payroll deduction.

Completing the Healthcare Expenses Statement

You can use the Healthcare Expenses Statement form to submit claims for the following benefits:

- Healthcare
- Visioncare
- Prescription drugs

The form is divided into four sections:

Part 1: Employee Information

Information requested in this section identifies you and your group benefits plan.

When accessing this form on *GroupNet for Plan Members*, information will be pre-filled to the greatest extent possible. Review the information to ensure it is complete and correct.

If any information shown requires a change and/or correction, click on the blue text and edit as appropriate.

If you are completing this section, provide your Employee ID number, plan number, division number, and plan name. Depending on where you look up the information, the plan number and plan name may be referred to as policy number and name. You can find the information you need on your plan ID card, on the Explanation of Benefits statement, or from your plan sponsor (i.e. employer). If you do not know your division number, leave it blank, as it is not pertinent to your claim submission.

Part 2: Coordination of Benefits

The person you are submitting a claim for may be covered under government plans, or the benefits plan of a spouse. This section helps us determine how your claim should be processed depending on your age and circumstances.

Read this section to determine if any of the questions apply to you. If you are claiming for yourself or a family member, and are covered under the benefits plan of a spouse (common law or married), provide the name of your spouse's insurer, and the policy number.

If you or any other family member is covered under a benefits plan other than this Great-West plan, check "Yes" when asked, "Are you or any other member of your family entitled to benefits under any other plan?"

If any other family member is insured under this benefits plan with their own benefits (i.e. are employed by the same employer as yourself), check "Yes" when asked, "Is any member of your family (other than yourself) insured as an employee under this plan?" If you have answered "Yes" to this question, provide your spouse's date of birth.

The screenshot shows the 'PART 2: COORDINATION OF BENEFITS' section of the form. It includes the following questions and fields:

- Are you or any other member of your family entitled to benefits under any other plan? ☐ Yes ☐ No
- If yes, name of family member insured: _____ Relationship to employee: _____
- Name of other insurance company: _____ Policy Number: _____
- Is any member of your family (other than yourself) insured as an employee under this plan? ☐ Yes ☐ No
- If yes, name of family member: _____
- If yes, to either question above, and the patient is a dependent child, please provide spouse's date of birth: (Year / Month / Day) _____
- Is treatment required as the result of an accident? ☐ Yes ☐ No If yes, give date, location and explain how accident happened: _____
- Is a claim being made for Workers' Compensation Benefits? ☐ Yes ☐ No

Birthdate information is very important when submitting claims for a dependent child who has coverage under both you and your spouse, as the earliest birthdate (month/day, not year) is used to determine whose plan pays for the claim.

Part 3: Dependant Information

Information requested in this section identifies the dependants covered under your benefits plan. Complete this section if you are making a claim for one or more of your dependants.

Part 4: Claim Details

Information requested in this section provides details about the claim(s) you are making. All original receipts must be attached to each claim submission (receipts will not be returned).

Completing the Standard Dental Claim Form

The dental claim form is divided into three sections:

Part 1: Dentist

Either you or your dentist can complete the patient information. Your dentist must complete the remaining information. Please ensure your dentist signs (signature #2) the form once he or she has completed this section.

If you choose to have payment sent directly to your dentist, you must sign where it states, "I hereby assign my benefits payable from this claim to the named dentist and authorize payment directly to him or her" (signature #1). If this area is not signed, you will receive the payment. You must, in all instances, sign where it states, "I understand that the fees listed in the claim may not be covered..." (signature #3).

Part 2: Employee Information

Information in this section identifies you and your group benefits plan.

When accessing this form on *GroupNet for Plan Members*, information will be pre-filled to the greatest extent possible. Review the information to ensure that it is complete and correct.

If any information shown requires a change and/or correction, click on the blue text and edit as appropriate.

If you are completing this section, provide your plan number, employee ID number, division number, and plan name. Depending on where you look up the information, the plan number and plan name may be referred to as policy number and name. You can find the information you need on your plan ID card, on the Explanation of Benefits statement, or from your plan sponsor (i.e. employer). If you do not know your division number, leave this field blank, as it is not pertinent to your claim submission.

Part 3: Patient Information

The person you are submitting a claim for may be covered under a government plan, or the benefits plan of a spouse. This section helps Great-West determine how your claim will be processed depending on your age and circumstances.

Read this section to determine if any of the questions apply to you. If you are claiming for yourself or a family member, and are covered under the benefits plan of a spouse (common law or married), provide the name of your spouse's insurer, and the policy number.

If you or any other family member is covered under a benefits plan other than this Great-West plan, you must check "Yes" when asked, "Are you or any other member of your family entitled to benefits under any other plan?"

If any other family member (other than yourself) is insured under this benefits plan with their own benefits (i.e. are employed by the same employer as yourself), check "Yes" when asked, "Is any member of your family (other than yourself) insured as an employee under this plan?" If you have answered "Yes" to this question, provide your spouse's date of birth.

Birthdate information is very important when submitting claims for a dependent child who has coverage under both you and your spouse; the earliest birthdate (month/day, not year) is used to determine whose plan pays first.

HEALTHCARE EXPENSES STATEMENT

INSTRUCTIONS: Attach the bills and receipts for all expenses and itemize them by providing all the information requested.

Note: Drug bills and receipts, other than those required for government drug plans, are part of our records and will not be returned. Therefore, please retain the itemization of expenses that will accompany our cheque or explanation for Income Tax purposes.

IMPORTANT: Please answer all questions. This claim will be returned to you if it is incomplete or contains errors. All claims under this group benefits plan are submitted through the plan member. We may exchange personal information about claims with the plan member and a person acting on his or her behalf when necessary to confirm eligibility and to mutually manage the claims.

Please print

SEND THIS CLAIM TO:

Questions? Call Toll Free:



For the deaf or hard of hearing:
Toll Free: 1.800.990.6654

| PART 1 EMPLOYEE INFORMATION | | | | | | |
|--------------------------------|-----------------|---------------|----------|-------------|---------------------------------------|-------|
| PLAN NUMBER | DIVISION NUMBER | PLAN NAME | | | | |
| EMPLOYEE IDENTIFICATION NUMBER | | EMPLOYEE NAME | | | DATE OF BIRTH (Year / Month / Day) | |
| ADDRESS: NUMBER AND STREET | | TOWN | PROVINCE | POSTAL CODE | PHONE # | |
| | | | | | HOME: | WORK: |

| PART 2 COORDINATION OF BENEFITS | |
|--|--|
| Are you or any other member of your family entitled to benefits under any other plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, name of family member insured _____ Relationship to employee _____ | |
| Name of other insurance company _____ Policy Number _____ | |
| Is any member of your family (other than yourself) insured as an employee under this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, name of family member _____ | |
| If yes, to either question above, and the patient is a dependent child, please provide spouse's date of birth: ____ / ____ / ____ Year Month Day | |
| Is treatment required as the result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, location and explain how accident happened _____ | |
| Is a claim being made for Worker's Compensation Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| PART 3 DEPENDENT INFORMATION | | | | | | | If child over 18 years | | |
|------------------------------|--------------------------|---------------|-------|-----|---|---|--------------------------------------|---|---------------------------------|
| Patient Name | Relationship to Employee | Date of Birth | | | Does patient reside with you? YES NO | Full-Time Student? YES NO | If student, how many hours per week? | Employed? YES NO | How many hours worked per week? |
| | | Year | Month | Day | | | | | |
| | | | | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | |

| PART 4 CLAIM DETAILS (If additional space is needed, attach a separate page) | | | | | |
|--|--------------------|--------------|-----------------|-------------------|--------------|
| DRUG EXPENSES | | | OTHER EXPENSES | | |
| Patient Name | Number of Receipts | Total Charge | Type of Expense | Nature of Illness | Total Charge |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

At Great-West Life, we recognize and respect the importance of privacy. Personal information that we collect will be used for the purposes of assessing your claim and administering the group benefits plan. 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 Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.

I authorize Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life, located within or outside Canada, to exchange personal information when necessary for these purposes. I understand that personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. I certify that the information given is true, correct, and complete to the best of my knowledge.

Employee's Signature _____ Date _____

**STANDARD DENTAL
CLAIM FORM**
Please print



| PART 1 DENTIST | | | | | | | | | | UNIQUE NO. | | SPEC. | | PATIENT'S OFFICE ACCOUNT NO. | | I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM TO THE NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO HIM/HER. | |
|---|--|--|--|--|--|--|--|--|--|---|--|---|--|-----------------------------------|--|---|--|
| P LAST NAME A GIVEN NAME T ADDRESS I APT. E CITY PROV. POSTAL CODE N T PHONE NO. | | | | | | | | | | D E N T I S T | | SIGNATURE OF SUBSCRIBER | | | | | |
| FOR DENTIST'S USE ONLY, FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATION. | | | | | | | | | | | | | | | | | |
| I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE TREATMENT. I ACKNOWLEDGE THAT THE TOTAL FEE OF \$ _____ IS ACCURATE AND HAS BEEN CHARGED TO ME FOR SERVICES RENDERED. I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY/PLAN ADMINISTRATOR. I ALSO AUTHORIZE THE COMMUNICATION OF INFORMATION RELATED TO THE COVERAGE OF SERVICES DESCRIBED IN THIS FORM TO THE NAMED DENTIST. SIGNATURE OF PATIENT (PARENT/GUARDIAN) _____ OFFICE VERIFICATION _____ | | | | | | | | | | DUPLICATE FORM <input type="checkbox"/> | | INSTRUCTIONS All claims under this group benefits plan are submitted through the plan member. We may exchange personal information about claims with the plan member and a person acting on his or her behalf when necessary to confirm eligibility and to mutually manage the claims. 1. Have your dentist complete Part 1. 2. Employee completes Parts 2 and 3. 3. If you wish benefits to be paid directly to the dentist, sign the assignment portion of Part 1 above. Assignment of benefits is irrevocable. Great-West Life may discuss details of this claim with the assignee. 4. Send this claim to: | | | | | |
| DATE OF SERVICE DAY MO. YR. PROCEDURE CODE INTL. TOOTH CODE TOOTH SURFACES DENTIST'S FEE LABORATORY CHARGE TOTAL CHARGES | | | | | | | | | | | | | | Questions? Call Toll Free: | | | |
| THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE, E. & O.E. | | | | | | | | | | For the deaf or hard of hearing: Toll Free: 1.800.990.6654 | | | | | | | |
| TOTAL FEE SUBMITTED | | | | | | | | | | | | For the deaf or hard of hearing: Toll Free: 1.800.990.6654 | | | | | |

| PART 2 EMPLOYEE INFORMATION | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Plan Number _____ Division Number _____ Employee Identification Number _____ Plan Name _____ Employee Name _____ Date of birth ____ / ____ / ____ Employee Address _____ Day Month Year | | | | | | | | | |
| At Great-West Life, we recognize and respect the importance of privacy. Personal information that we collect will be used for the purposes of assessing your claim and administering the group benefits plan. 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 Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com . I authorize Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life, located within or outside Canada, to exchange personal information when necessary for these purposes. I understand that personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. I certify that the information given is true, correct, and complete to the best of my knowledge. Employee's Signature _____ Date _____ | | | | | | | | | |

| PART 3 COORDINATION OF BENEFITS | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 1. Patient's relationship to you _____ 2. Patient's date of birth ____ / ____ / ____ Day Month Year 3. If the patient is a child, does the patient reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. If the child is over 18: a) Is he/she a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No b) If student, how many hours per week at school? _____ c) Is he/she employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours worked per week? _____ 5. a) Are you or any other member of your family entitled to benefits under any other plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of family member insured _____ Relationship to employee _____ Name of other insurance company _____ Policy Number _____ b) Is any member of your family (other than yourself) insured as an employee under this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No c) If yes to questions 5 a) or b), and the patient is a dependent child, please provide spouse's Date of Birth ____ / ____ / ____ Day Month Year 6. Is this treatment required as the result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, location, and explain how accident happened _____ 7. Is a claim being made for Worker's Compensation Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. If claim is for denture, crown or bridge, is this initial placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give date of prior placement and reason for replacement. | | | | | | | | | |