

Insights:

You asked, we answered

A recap of common questions from P/VP members and our answers



General plan questions

Q: WHAT IS OUR BENEFITS PLAN YEAR?

A: The ONE-T plan year runs from September 1 to August 31, to coincide with the school year. This means any premiums you pay (for optional life insurance, etc.) may change on September 1.

Most benefits under your plan have annual maximums, which reset each new plan year. However, some benefits (like vision care, for example) have rolling maximums, which reset based on the date of the last claim. Refer to your [benefits plan summary](#) or [GroupNet](#) for more information.

Q: HOW DO I SUBMIT, REVIEW OR CHANGE MY BENEFICIARY DESIGNATION?

A: Since this is a new plan under a new insurance policy, you must complete, sign and submit new beneficiary forms to Cowan – previous beneficiary designations won't be transferred to ONE-T. You can also update your beneficiary information at any time, if your wishes change.

There are separate forms for life insurance (with Great-West Life) and for accidental death and dismemberment (with Chubb). If you are appointing a minor (under age 18) as a beneficiary, then you will also need to complete the section on Trustee designation on these forms.

You can find the appropriate beneficiary designation forms and view your beneficiary information on Cowan's [Member Access](#) site. Mail your completed form(s) to:

Cowan Insurance Group
700-1420 Blair Place
Ottawa, Ontario
K1J 9L8



Q: DO I NEED A DOCTOR'S REFERRAL FOR PARAMEDICAL SERVICES (E.G., MASSAGE THERAPY OR PHYSIOTHERAPY) AND/OR MEDICAL SERVICES AND SUPPLIES?

A: You need a doctor's referral for physiotherapy/athletic therapy. However, no referral is needed for the other paramedical services covered under your plan (i.e., massage, chiropractic, psychology/family therapy, etc.).

Most medical supplies (like hearing aids) require a prescription, stating the medical condition for which the device is required, to be reimbursed from the plan. If you're not sure whether a referral or prescription is needed, you can either contact Great-West Life's call centre at 1-866-800-8086 or have the provider submit a pre-determination to Great-West Life (you'll find the necessary forms on [GroupNet for Plan Members](#)).

Q: HOW DOES MY EMERGENCY OUT-OF-COUNTRY MEDICAL COVERAGE WORK?

A: Your out-of-country coverage has two parts: emergency travel medical and travel assistance.

Emergency travel medical covers 100% of sudden and unexpected emergency medical expenses when you're travelling outside Canada. You and your eligible dependents are covered for trips of up to 60 days per trip, with an unlimited number of trips per year, up to a \$5,000,000 lifetime maximum (subject to any pre-existing conditions).

The plan also provides **travel assistance** coverage when you're travelling outside Canada (or within Canada, if you're more than 500 kilometres from home), which includes:

- 24/7 access to a travel assistance provider who can provide support worldwide on how to navigate healthcare services outside your country of residence;
- Coordination services to help you get the care you need; and
- Transportation home or to another medical facility, if required.

It's not necessary to notify Great-West Life in advance about your travel plans; just bring your travel card with you. If you don't have your travel card, please contact Great-West Life.

Your Health Care Spending Account (HCSA) – *applicable to active members only*

Q: WHAT IS AN HCSA, AND WHAT CAN I USE IT FOR?

A: Your HCSA is extra money you can use toward health and dental expenses that aren't covered, or aren't fully covered, under your benefits plan. As a P/VP plan member, you would have received an initial \$500 contribution (per family) to your HCSA when the plan first launched, as well as another \$500 per family when the new plan year started on September 1, 2018. And, since the money in your HCSA is pre-tax, it goes a lot further.

You can claim eligible expenses for yourself, your spouse and/or any eligible dependents (as long as they're listed on your income tax return). You can use the funds in your HCSA toward any eligible health or dental expense under Canada's *Income Tax Act* – like an extra massage or pair of glasses, or to cover a dispensing fee that's higher than

the \$12 plan limit. If your claim exceeds the maximum for a certain benefit, you can maximize your coverage by putting the claim through your benefits plan first and then claiming the rest through your HCSA.

If you don't use your full HCSA balance in a given plan year, you can carry forward the unused portion to the next plan year. However, you must use the carry-forward amount by the end of Year 2 or it will be forfeited (per Canada's tax rules). Any HCSA claims submitted in Year 2 will automatically be applied first to any carry-forward balance from the prior year, and then to the new allocation.

For convenience, you can submit most HCSA claims online through [GroupNet for Plan Members](#) or with the app. You can find a list of eligible HCSA expenses on the [CRA website](#).

Looking for more information?

- **For claims-related questions**, please contact Great-West Life at 1-866-800-8086 or visit [GroupNet for Plan Members](#).
- **For enrollment and eligibility questions**, please contact Cowan at 1-888-330-4010 or one-tf@cowangroup.ca.
- And be sure to visit the ONE-T website: www.one-t.ca!

