

This Q&A has been prepared from the questions that were asked by Members during the three webinar sessions that we held in October 2024. Please note you can also watch a [recording of the webinar](#) on the ONE-T website.

Questions about benefits eligibility and making benefits claims

Q1. When I access my benefits card through the Canada Life website, I don't see my plan info on it. Is there somewhere else I can find it?

A1. Yes. You can access your Member ID Card on the [Cowan website](#) (you can view it electronically or print a copy). The card that's available on the Canada Life website is an emergency travel medical card only.

Q2. Is there a benefits card for my dependents, too?

A2. Your dependents can use the same Member ID Card that you use, available on the [Cowan website](#).

Q3. Where can I add my family member to the Benefits Plan?

A3. To add a dependent to the Benefits Plan, [contact Cowan](#) by phone or email, and they will send you a Dependent Change Form. (You can also access this form directly on the [Cowan website](#).)

Q4. When am I allowed to add family members to the Benefits Plan?

A4. There are certain circumstances or "life events" when you're eligible to make changes to your benefits, for example, if you welcome a new child. You can find a [complete list](#) on the ONE-T website.

Q5. My child needs information for university that proves their benefits coverage through ONE-T. Where can I find this?

A5. Please contact [Cowan](#) to assist with this request.

Q6. At what age are children no longer eligible to be covered by the Benefits Plan?

A6. The Benefits Plan covers dependent children up to age 21. However, this coverage is extended to age 25 (in Quebec) or 26 (elsewhere in Canada) if they attend full-time post-secondary school. If your child is over the age noted above and is medically dependent on you, you can connect with Canada Life to confirm if they are eligible for continued coverage.

Q7. Is there an option to extend coverage for children once they're no longer eligible?

A7. The ONE-T Benefits Plan does not offer an extension, but you could consider purchasing individual health insurance. There are many options available, including Canada Life's [Freedom To Choose](#) program.

Q8. If my child is over 21 but still going to school, are they eligible for benefits? What about if they are an apprentice?

A8. The Benefits Plan covers dependent children up to age 21, but that coverage is extended to age 25 (in Quebec) or 26 (elsewhere in Canada) if they attend full-time post-secondary school; apprentices do not qualify for the extension in coverage.

Q9. My child can't support themselves due to a physical or mental disorder. How can I apply to have them covered past age 21/26?

A9. You need to complete and submit a form to Canada Life, which you can find on the [My Canada Life at Work](#) website.

Q10. If my spouse and I both have benefits coverage, which parent's plan should get the claim first when we're submitting for our children?

A10. The claim should go to the plan of the parent whose birthday comes first in the year.

Q11. How can I set it up with Canada Life so that if they deny a claim that I submit through the Benefits Plan, it automatically gets paid through my HCSA?

A11. When you submit a Health or Dental claim online, there will be an option that says, "If your plan only covers part of the expense, do you want your spending account to cover the rest?" – choose yes, and any uncovered amount will be submitted to your HCSA for review and processing. Watch the video "[Scenario 1: The One-Claim Approach](#)" on the ONE-T website for instructions on how to do this.

Q12. If my provider submits a claim directly, can they also make sure any unpaid amount goes through my HCSA?

A12. No. If your provider submits a claim on your behalf, you will need to submit a claim through Canada Life for any unpaid amount. Watch the video "[Scenario 2: The HCSA Only Approach](#)" on the ONE-T website for instructions on how to do this.

Q13. Have the wait times for processing claims – especially HCSA claims – improved?

A13. Yes. Claims processing times have returned to expected levels, and Canada Life has been exceeding the contractual service levels since May 2024. The claims service standards are for Canada Life to process 80% of all health and dental claims within 7 calendar days and to process 70% of all "manual" health and dental claims (including HCSA) within 7 calendar days.

Q14. When I'm submitting a claim to Canada Life, it asks me if "I want to submit any remaining amount to my HCSA". I am coordinating benefits with my spouse, so which should I do first?

A14. If you coordinate benefits with your spouse, you should always submit your claims in the following order:

1. To the ONE-T Benefits Plan,
2. To your spouse's plan, and if any amount remains,
3. To your HCSA.

Q15. Do I need to log in to the Canada Life website to use it? What about the ONE-T website?

A15. The ONE-T website does not require a log-in – you can access it [here](#). The Canada Life website does require you to log in since it contains personal Plan information and the ability for you to submit claims, see your HCSA balance, etc.

Q16. The pre-authorization forms on the website are extremely limited – where can I get more information about this process?

A16. You can view details about the [prior authorization process](#) for prescription drugs on the ONE-T website. It includes a link to contact Cubic Health (who manages the prior authorization process for ONE-T) should you have any specific questions.

Q17. I was approved under prior authorization for my prescription drug – can I now just submit claims for it like I would regularly?

A17. Once you are approved under prior authorization, your drug card allows access to the approved medication. You and the pharmacy can submit claims for it just like any other medication.

However, approvals are typically time-limited and may have a maximum allowable quantity. These details are outlined in the approval letter you receive. When the approval period is nearing its end, it's important to speak with your prescriber to complete an additional prior authorization form for renewal if you need continued coverage.

Q18. How long does it take Canada Life to process a claim?

A18. For straightforward health and dental claims, the turnaround time is usually one to two business days. For more complex claims (that require a paper form) or for HCSA claims, it can take a few days longer to review and process.

Q19. The claim notifications I get back from Canada Life are very generic. Is it possible to enhance these so they're more descriptive?

A19. Make sure to review your explanation of benefits that's posted on the My Canada Life at Work website once your claim has been processed. If you're still not seeing the information you need, please contact [Canada Life](#) to speak with a representative.

Q20. Does Canada Life have a web chat functionality?

A20. Not at this time. If you have a question about your benefits or a claim you're submitting, you can call [Canada Life](#) or submit a question once you're logged into [My Canada Life at Work](#).

Q21. I submitted a claim to Canada Life, and it's been a while. I haven't heard anything, and I can't find any trace of my claim online – what should I do?

A21. Call [Canada Life](#) to speak with a customer service representative who can help you locate the claim and update you on the status of it.

Q22. I submitted a claim and Canada Life requested more information. Where do I submit it?

A22. Once you're logged in to [My Canada Life at Work](#), use the "upload documents" function to share additional information related to your claim.

Questions about benefits coverage

Q23. Does ONE-T cover gender affirmation care?

A23. No. The Benefits Plan does not cover gender affirmation care.

Q24. To ensure my orthotics are covered, is there a specific place I need to purchase them? What are the rules around orthotics to ensure they're covered?

A24. Orthotics must be considered medically necessary to be covered by the ONE-T Benefits Plan. We recommend submitting a predetermination to Canada Life before you purchase the orthotics to make sure they will be covered. You can submit a predetermination the same way you'd submit a claim – and Canada Life will let you know within a few business days whether they will be covered or not.

Q25. Are Continuous Glucose Monitors covered for Type-2 Diabetes?

A25. Yes. To be covered for Continuous Glucose Monitors (CGM) and supplies, the patient must have either Type 1 or Type 2 diabetes and use insulin to manage their glucose levels. The device must also be prescribed by a physician.

Q26. If my doctor charges a referral fee (for things like massage and physiotherapy), is that fee considered an eligible expense in the Benefits Plan?

A26. Potentially. Please check your [Plan Booklet](#) for details on what's considered eligible. If you can't find the answer you're looking for, contact [Canada Life](#) to speak with a representative.

Q27. Is a doctor's referral needed for massage therapy?

A27. No.

Q28. Are insulin pumps covered and, if so, what is the process for claiming them?

A28. Potentially. Please check your [Plan Booklet](#) for details on what's considered eligible. If you can't find the answer you're looking for, contact [Canada Life](#) to speak with a representative.

Q29. Should I always use an RMT for massage therapy?

A29. To be covered by the ONE-T Benefits Plan, massage therapy must be administered by a Registered Massage Therapist (RMT).

Q30. Does our Plan cover laser eye surgery (e.g., Lasik)?

A30. Yes, the Plan covers a lifetime maximum of \$1,500 for laser eye surgery. See the [Plan Booklet](#) for more details.

Q31. Do I need to get special approval for Botox to treat hyperhidrosis?

A31. Yes – coverage for Botox used to treat hyperhidrosis is managed through the [prior authorization process](#).

Q32. How can I check if I'm eligible for full coverage again (e.g., to purchase glasses)?

A32. Log in to [My Canada Life at Work](#) and navigate to the "Coverage and Balances" page.

Q33. In my old job, I maxed out my orthodontic coverage (also claimed through Canada Life). Can I start submitting new claims again now to the ONE-T benefits plan?

A33. For any orthodontic claims, we suggest submitting a predetermination to Canada Life to find out what portion of the expenses, if any, will be covered by the plan.

Q34. How often am I covered for dental hygienist services?

A34. Please check your [Plan Booklet](#) for details as different time periods apply for different services (e.g., scaling, x-rays). If you can't find the answer you're looking for, contact [Canada Life](#) to speak with a representative.

Q35. Does ONE-T offer travel medical insurance? How much is covered?

A35. Yes. The ONE-T Benefits Plan provides all Members and dependents with emergency travel medical coverage. You can find complete details about this benefit – including how much you're covered for – in your [Plan Booklet](#).

Q36. Does ONE-T offer life insurance?

A36. Yes. The ONE-T Benefits Plan provides all Members with Basic Life Insurance (at no cost to Members) plus the opportunity to purchase Optional Life Insurance. Complete details are available in your [Plan Booklet](#).

Q37. Does the smoking cessation benefit cover over-the-counter gum?

A37. To inquire about a specific product, and whether or not it will be covered, we suggest you contact [Canada Life](#).

Q38. I'm enrolled in Critical Illness Insurance – what does that cover?

A38. Complete details are available in your [Plan Booklet](#).

Q39. Can retirees get benefits through ONE-T?

A39. No. ONE-T does not provide benefits to new retirees.

Questions about the Health Care Spending Account (HCSA)

Q40. Can my HCSA money be used to pay for items the Benefits Plan doesn't cover – for example, a device from an athletic therapist?

A40. Maybe. The complete list of eligible expenses for your HCSA is published by the [Canada Revenue Agency website](#) (and can change from time to time). You can find the [complete list of eligible expenses](#) on their website.

Q41. Does my HCSA cover a gym membership? Swimming lessons for my kids?

A41. No. Your HCSA only covers medical and dental expenses. You can find the [complete list of eligible expenses](#) on the Canada Revenue Agency website.

Q42. Are there any plans to introduce another type of account – like a wellness account?

A42. No. At this time, there are no plans to introduce a taxable wellness account.

Q43. What is the deadline to submit my Plan contributions to my HCSA to get them reimbursed?

A43. November 30 is the deadline to submit any Plan premiums you paid for the previous Plan year.

Q44. Can you explain what happens to money in my HCSA if I don't spend it all?

A44. Your HCSA deposit will be carried forward for one additional Plan year if you don't use the full amount. For example, your September 1, 2024, deposit will be available for you to spend between September 1, 2024, and August 31, 2026. After year two, if you don't use up all of your credits, they will be forfeited. You can [learn more about the HCSA](#) on the ONE-T website.

Q45. Is the amount I get for my HCSA “per person” or for my whole family to use?

A45. You receive one deposit of \$850 and you can use this amount to pay for eligible claims for you and your eligible dependents.

Q46. I want to use my HCSA money toward my child’s braces. How do I do this?

A46. Once you’ve used up orthodontic coverage you have through the Benefits Plan, you can submit any remaining claims to your HCSA until you’ve used up the full amount. Watch the video “[Scenario 2: The HCSA-Only Approach](#)” on the ONE-T website for instructions to do this.

Questions about premium contributions and taxes

Q47. How are the amounts on my T4A calculated? What do they represent?

A47. The amounts shown on your T4A represent the employer-paid portion of your Life and AD&D benefit premiums.

Q48. Does Cowan usually let us know when premium contributions are increased?

A48. ONE-T will communicate with you in advance if premium contributions will be increasing for the upcoming Plan year. This information will also be available on the pay statement you receive from your School Board. If you have a question about your payroll deductions for benefits, reach out to your payroll administrator.

Q49. I want to submit my premium contributions to the HCSA – how do I do that?

A49. You’ll need to get a copy of your premium contribution statement from the [Cowan website](#). Then, you can submit a claim to Canada Life – and include a copy of your premium contribution statement. Watch the video “[Scenario 3: The Special Expenses Approach](#)” on the ONE-T website for instructions to do this.

Q50. I didn’t claim my premium contributions to my HCSA last year. Can I go back and submit them now?

A50. No. The deadline to submit premium contributions to your HCSA for the 2023-24 Plan year was November 30, 2024.