

FREQUENTLY ASKED QUESTIONS – GENERAL INFORMATION

Who pays for the insurance plan?

The cost of the coverage for PWU Bruce Power Members/Retirees is funded by monies that were allocated for the specific benefit of the PWU Bruce Power members as a result of the PWU's equity interest in Bruce Power LP. The PWU Bruce Site Equity Committee initiated the coverage and it has remained in effect since October 1, 2008.

The cost of the plan is currently subsidized for all plan members, including both active and retired members in the amount of **\$62.16** per year (\$5.18 per month) for each member. Retirees currently receive the same level of subsidization toward their annual costs as active members do.

<http://www.pwu.ca/outofprovince/pdf/PR08-130-082508.pdf>

Where can I find details on the coverage under this plan?

The details can be found on the website (www.pwu.ca/outofprovince) under **Plan Summary**.

What is the difference between RSA and ETFS?

In 2011, RSA (Royal & Sun Alliance Insurance Company of Canada) purchased the business and assets of Expert Travel Financial Security (E.T.F.S.) Inc. As a result, some documents may display the company name of etfs.

Who is Global Excel?

Global Excel is the medical assistance and claims service provider appointed by the insurer. Global Excel can be contacted using the numbers shown on the back of your medical assistance card.

As a regular active Bruce Power– PWU member, how do I enroll?

As an active Bruce Power – PWU member, you are automatically enrolled. Membership cards are available from your PWU Chief Steward or Steward. You should review the benefit booklet before you travel. It can be found at www.pwu.ca/outofprovince.

I am a retired OPG PWU member. Do I have access to this coverage?

OPG retired members are covered under a different plan through OPG. Contact OPG directly for more information.

FAQ – General Information – May 2017

This document is intended for informational purposes and is not an insurance policy. It contains some information about the coverage offered but it does not list all of the conditions and exclusions that apply to the described coverages. The actual wording of the policy governs all situations. The products described are subject to change without notice at any time.

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Is this coverage the same as the plan for OPG members?

No, although the plans are similar, they are not identical. OPG's plan is administered through OPG Human Resources.

Can Appendix A members access this coverage?

No. This insurance is restricted to regular active members (including members on long term disability), as well as retired members who specifically enroll for coverage within 60 days of their retirement date. Contact PSBT (Power Sector Benefits Trust) for information on plans available to Appendix A members.

Why do I need travel insurance? Doesn't my government health insurance plan (GHIP) cover me?

GHIP will generally only cover a limited portion of any medical costs incurred outside of your province or territory of residence or outside Canada. It's important to ensure you have adequate coverage.

Please note, to be eligible for this insurance, you must be covered under the government health insurance plan of your province or territory of residence.

How many days am I allowed to be out of province before my provincial health care plan expires?

Check with your provincial health care plan for the information on allowed absences.

What is the length of stay allowable under the plan? Do I need to purchase extra coverage to extend my stay beyond 60 days?

Active members provide coverage for up to 60 days per trip.

New to 2016-2017 policy year: Retirees members now have the option to enroll for a coverage period of 60, 90 or 120 days per trip. Retired members can choose the coverage period at the time of renewal.

If you need coverage for a trip longer than the coverage period on your insurance, you can contact the insurer directly at **1-877-832-6025** to purchase additional insurance. The additional insurance is a separate insurance with its own terms and conditions.

Do I need to advise someone before I travel?

No. However, if you have a medical emergency during your trip, you must contact Global Excel, before seeking medical treatment. In the event of a claim, you must provide proof of the departure and return date.

When do my allowable days of travel reset?

Coverage for each trip starts the day you leave your home province and ends the day you return to your home province. Refer to your documentation to determine the maximum number of days allowed per trip.

How long do I need to be in my home province before I can leave for another trip?

The policy does not define a specific time in which you must be in your home province before starting another trip.

What is considered as proof of return?

Proof of returning to home province could include airline tickets or receipts provided it clearly identifies that you returned to your home province and when.

If my trip coincides with the renewal of my coverage year, will the applicable period of coverage for my travel plan reset on October 1?

No. The coverage period defines the number of days allowed per trip. The coverage period does not reset in the middle of a trip.

If you are planning to travel at the time of the renewal date, ensure your coverage is in place before you leave.

What is my policy number?

- For active members (regular Members, including members on long term disability), the policy # is 1106796.
Please ensure you have a medical assistance card showing the above policy number. They are available through your Chief Steward.
- For Retired Members:
Class A (retired members aged 0-69), the policy number is 53807562A.
Class B (retired members aged 70-74), the policy number is 53807562B.
Your medical assistance card will be provided at time of enrollment.

Who is the administrator of the plan and who should questions related to administration be directed to?

The PWU is the administrator of the plan and questions related to the administration of the plan should first be directed to the website (**Website:** www.pwu.ca/outofprovince). In the event your answers cannot be found there or if you have specific inquiries related to the insurance plan, contact **Linda Crombeen** at **519-386-0765** or linda.crombeen@brucepower.com for assistance.

The insurer should **ONLY** be contacted to purchase additional insurance for the number of days in excess of what your coverage period allows.

If you have a medical emergency during your trip, you must contact Global Excel, before seeking medical treatment.

If my spouse is retired but I am still an active PWU member, is there a requirement for my spouse to enroll to obtain the coverage?

Your spouse can continue to be covered under your active member coverage provided your spouse meets the eligibility for dependent coverage. However, when you retire, you would need to enroll for family coverage within 60 days of your retirement date.

Our Extended Health Benefits are under my retired spouse's name through Great West Life. Does this impact my spouse's coverage under my Group Out-of-Province/Canada Travel Medical Emergency Insurance?

Great West Life benefits are separate from this plan and do not impact coverage under your Group Out-of-Province/Canada Travel Medical Emergency Insurance. Your spouse can continue to be covered under your active member coverage provided your spouse meets the eligibility for dependent coverage. However, when you retire, you would need to enroll for family coverage within 60 days of your retirement date.

Cuba requires proof of medical insurance to enter the country. How can I provide the required proof?

Plan members who are traveling to Cuba and require proof of emergency medical travel insurance should contact **Linda Crombeen** at **519-386-0765** or (linda.crombeen@brucepower.com) to request proof of insurance. It is recommended that you do so at least 2 weeks prior to travelling to allow time for processing. Names of those eligible for coverage and travel dates are required to provide the necessary documentation.

Does taking prednisone daily invalidate coverage?

This insurance covers expenses for expenses incurred as a result of an emergency due to a sudden and unforeseen sickness and/or injury.

Additionally, for retired members, this insurance does not cover losses or expenses related to a pre-existing medical condition which was not stable in the 90 days prior to your departure date.

Stable means any medical condition (other than a minor ailment) for which all the following statements are true:

- a) there has been no new diagnosis, treatment or prescribed medication;

- b) there has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand medication to a generic brand medication (provided that the dosage is not modified);
- c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
- d) there have been no test results showing deterioration;
- e) there has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting results of further investigations for that medical condition.

If I am on a “dive” holiday and I need medical treatment such as accessing a decompression chamber, will that be covered under the plan?

While this insurance does not contain an exclusion specific to scuba diving, it does not cover losses or expenses related to participation in any sport as a professional athlete (for which you are remunerated).

Please refer to your benefit booklet for any exclusions or limitations that may limit your coverage.