

FREQUENTLY ASKED QUESTIONS – GENERAL INFORMATION

Who pays for the insurance plan?

The cost of the coverage for PWU Bruce Power Active Members 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. The amount of subsidization for 2021-2022 policy year is **\$62.52** (\$5.21 per month, excluding tax) for each member.

Retirees currently receive the same level of subsidization toward their annual costs as active members do.

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

The details can be found on the website <https://www.pwu.ca/about-pwu/union-services/bruce-power-out-of-province-insurance/> (under **Plan Summary**.)

Who is Global Excel?

Global Excel is the medical assistance and claims service provider appointed by the insurer, Royal & Sun Alliance Insurance Company of Canada (RSA). 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 with family coverage for eligible family members. 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 <https://www.pwu.ca/about-pwu/union-services/bruce-power-out-of-province-insurance/>

I am a PWU Retiree, but not from Bruce Power. Do I have access to this coverage?

This particular coverage is only available to Bruce Power regular PWU members and retirees. Other bargaining units within the PWU may also have similar coverage in place, but in order to confirm this, you would need to contact the company you retired from directly.

FAQ – General Information – October 1, 2021

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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You may contact the insurer at 1-888-877-1710 in Canada and the U.S. or visit www.rsagroup.ca.

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Is this coverage the same as the plans for other PWU Retirees?

No. Although there may be some similarities between some of the plans, they are separate and administered as such. Those who are not Bruce Power retirees should contact your local Human Resources to confirm your coverage.

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. Retired members have coverage up to the level they purchased at renewal.

Retiree members have the option to enroll for a coverage period of 60, 90, 120, 150 or 180 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. Note that you must continue to be covered by your government health insurance plan of your province or territory of residence.

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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:
For all retired members who have active coverage through RSA, the policy number is 53807562.

Your medical assistance card will be provided at time of enrollment.

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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:** <https://www.pwu.ca/about-pwu/union-services/bruce-power-out-of-province-insurance/>)

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 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 Bruce Power. Does this impact my spouse's coverage under my Group Out-of-Province/Canada Travel Medical Emergency Insurance?

Extended health care benefits through Bruce Power 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.

Pre-existing Conditions

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read your benefit booklet and understand your coverage before you travel, as your coverage is subject to certain limitations and exclusions.

Actives: The claim must be “sudden and unforeseen”

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Generally speaking, if the event happens quickly and could not be predicted or expected then it is sudden and unforeseen. However, that being said, a claim cannot be guaranteed before it occurs.

Retirees: Claims which were not “stable” in the 90 days prior to departure date are not eligible. Please refer to your benefit booklet for the definition of stable.

Pre-existing medical condition exclusions may apply to medical conditions and/or symptoms that existed before your trip. Refer to your benefit booklet to determine how these exclusions affect your coverage and how they relate to your departure date.

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.

COVID 19 – Related costs

While the plan does NOT have a specific exclusion for Covid 19 related medical claims, please note that the policy does NOT cover any other related Covid costs such as those related to quarantine, tests to cross borders, etc. In addition, if due to possible quarantine outside of the province of residence, a member exceeded the number of days per trip coverage, the coverage would NOT be extended as it would under an eligible “medical” claim.

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