

# Retiree Health and Dental Product



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by Co-operators Life Insurance Company.**





Leaving a job doesn't have to mean leaving behind group benefits coverage. Now you can continue to enjoy the health and dental coverage you and your family depend on with The Co-operators.

With **ContinYou® GOLDEN**, you can easily transition from your group health and dental plan to an individual health and dental plan. You can feel at ease knowing you, your spouse and dependent children are securely covered and protected in your retirement years.

### Making the transition

Because you've been covered by a group health and dental plan, you're eligible to apply for **ContinYou® GOLDEN** coverage. Simply apply for and purchase coverage within 60 days of your group coverage ending. Enrolment is easy and a medical exam isn't required.

Coverage begins the first of the month following the day your application is approved.

**ContinYou® GOLDEN** lets you choose from three levels of coverage. All plans include:

- > Prescription drugs
- > Accidental dental treatment
- > Land and air ambulance transportation
- > In-home nursing care
- > Medical items/prosthetic equipment, such as wheelchair, hospital bed, etc.
- > Paramedical services
- > Hospital accommodation
- > Emergency travel medical coverage

**Enhanced plans with coverage for vision care, dental and additional paramedical services are also available.**





## Things to consider

**ContinYou® GOLDEN** coverage is not identical to your group coverage. This brochure provides you with an overview of the benefits available, with your policy certificate outlining all the details.

- > Coverage is available to Canadian residents between the ages of 50 and 75.
- > You must have been insured as an employee under a group health and dental plan for a minimum of two years, and be covered under the provincial health plan in your province of residence to apply for a **ContinYou® GOLDEN** plan. If you apply for family coverage, your dependents must also have provincial health care coverage.
- > **ContinYou® GOLDEN** rates are based on your age, province of residence and coverage option.
- > All annual or lifetime maximums are per person. Yearly maximums are based on a calendar year.

Complete and return the application form to us, and we'll make sure your **ContinYou® GOLDEN** coverage is there to protect you.

### Questions?

Call our Group Client Service Centre at 1-800-667-8164 between 8 a.m. EST and 8 p.m. EST Monday to Friday or email [continyou\\_golden@cooperators.ca](mailto:continyou_golden@cooperators.ca)



## Making a claim is easy

**ContinYou® GOLDEN** plans are simple and easy to use.

- > You'll receive your own pay-direct drug card for prescription drug purchases. Simply present the card to the pharmacist and the portion that is covered by your plan is automatically paid. You just pay any remaining balance of the cost at the counter.
- > Your card will have our electronic data interchange (EDI) number, allowing dentists to submit your claims directly to us. We'll provide you or your dentist reimbursement for any eligible expenses.
- > Don't like waiting for cheques? Sign up for direct deposit of your reimbursement to the bank account of your choice.

## Premium payment

You pay for **ContinYou® GOLDEN** coverage on a monthly basis by pre-authorized payment. The application incorporates the pre-authorized payment sign up.

## Cancellation of coverage

You must notify us in writing of your intent to terminate coverage at least 30 days before the requested termination date. Your plan will be cancelled the last day of the month, 30 days after we receive the notification. Any unpaid claims after termination, regardless of the date of service, will not paid.



## Coverage options

COVERED SERVICES	BASE	ENHANCED	ENHANCED PLUS
<b>EXTENDED HEALTH CARE</b>			
Maximum	Unlimited		
<b>80% COVERAGE FOR:</b>			
Prescription Drugs (excluding smoking cessation, fertility and over the counter drugs)	\$1,500 per year	\$2,500 per year  Includes diabetic supplies: insulin delivery pens, insulin infusion sets and infusion pump supplies, syringes, pen needles, lancets and blood test strips.	\$5,000 per year
Therapeutic Equipment	No Coverage	\$1,000 per piece of equipment per lifetime to a \$3,000 maximum per year.	\$1,000 per piece of equipment per lifetime to a \$5,000 maximum per year.
<b>100% COVERAGE FOR:</b>			
Paramedical Practitioners	\$400 combined maximum per year  Psychologist/Social Worker, Speech Therapist and Physiotherapist	\$500 combined maximum per year  Acupuncturist, Audiologist, Chiropractor, Chiropodist/Podiatrist, Massage Therapist, Naturopath/Homeopath, Nutritionist/Dietitian, Osteopath, Occupational Therapist, Physiotherapist, Psychologist/Social Worker and Speech Therapist	\$600 combined maximum per year
Home Nursing Care	\$3,000 per year \$15,000 per lifetime	\$4,000 per year \$20,000 per lifetime	\$5,000 per year \$25,000 per lifetime
Prosthetic Equipment	\$3,000 per lifetime	\$1,000 per lifetime	\$1,000 per lifetime
Wheelchairs	Included in Prosthetic Equipment maximum	\$3,000 per lifetime	\$4,000 per lifetime
Hospital Beds	Included in Prosthetic Equipment maximum	\$1,000 per lifetime	\$2,000 per lifetime
Prosthetic Socks	No Coverage	2 pairs per year	2 pairs per year
External Breast Prosthesis/Mastectomy Forms	No Coverage	2 per 24-months	2 per 24-months
Ostomy and Ileostomy Supplies	No Coverage	Included	Included
Surgical Brassieres	No Coverage	2 per year	2 per year
Oxygen and Equipment	No Coverage	Included	Included
Medical Equipment (crutches, casts, trusses, splints)	No Coverage	Combined with Therapeutic Equipment	Combined with Therapeutic Equipment
Accidental Dental	\$2,500/year		
Ambulance	Ground ambulance – unlimited Air ambulance – \$4,000 per year	Ground ambulance – unlimited Air ambulance – \$4,000 per year	Ground ambulance – unlimited Air ambulance – \$5,000 per year
Hearing Aids	No Coverage	\$300 per 4 years	\$500 per 4 years
Speech Aids	No Coverage	\$1,000 per lifetime	\$1,000 per lifetime
Hair Pieces	No Coverage	\$200 per lifetime	\$200 per lifetime
Vision Care	No Coverage	No Coverage	\$200 per 24-months Includes laser eye surgery
Graduated Compression Hose	No Coverage	1 pair per year	1 pair per year
Eye Exams	No Coverage	\$50 per 24-months	\$50 per 24-months
Hospital	Semi-private hospital accommodations: Up to \$150 per day to a maximum of 30-days per year Convalescent hospital accommodations: Up to \$80 per day to a maximum of 30-days per year		
Diagnostic Laboratory Expenses	No Coverage	\$100 per year	\$100 per year

COVERED SERVICES	BASE	ENHANCED	ENHANCED PLUS
EMERGENCY TRAVEL MEDICAL PLAN			
Trip Duration Options	15-day trip limit Other trip duration options are available to purchase: 30-days, 60-days or 90-days		
Emergency Medical and Dental Coverage	Up to a maximum of \$5,000,000 Canadian per trip (overall policy maximum)		
Emergency Medical Transportation	Included in overall policy maximum		
Co-Insurance	100%		
Travel Assistance	24-hour assistance		
Coverage for conditions if stable for	90-days		
Additional Benefits:			
Paramedical Services	Up to \$250 Canadian per practitioner. Includes: Physiotherapist, Chiropractor, Chiropodist or Osteopath		
After Hospital Convalescence	Up to \$75 Canadian per day for a maximum of 5 days per covered person		
Meals and Accommodations	Up to \$150 Canadian per day to a maximum of \$3,000 per trip		
Vehicle Return	Up to \$5,000 Canadian		
Pet Return	Up to \$500 Canadian		
Transportation to Bedside	Reasonable and Customary expenses; including up to \$150 Canadian per day for the cost of meals and commercial accommodation		
Returning of Travelling Companion	Reasonable and Customary expenses		
Returning of Dependent Children	Reasonable and Customary expenses		
Return of Remains	Up to \$5,000 Canadian		
Treatment of Dental Accidents	Up to \$2,000 Canadian		
DENTAL BENEFITS			
Basic Restorative and Endodontic and Periodontics Services (Includes exams, cleanings, fillings, scaling, polishing and oral surgery)	No Coverage	Co-insurance: 75% Maximum: \$1,000 per year	Co-insurance: 80% Maximum: combined with Major Restorative Services \$1,500 per year
Major Restorative Services (Includes crowns, bridges and dentures)	No Coverage	No Coverage	Co-insurance: 50% Maximum: combined with Basic Restorative, Endodontic and Periodontics Services \$1,500 per year
WELLNESS			
Wellness Now Online	myhealthcheckup		
GENERAL INFORMATION			
Eligibility Period	Guaranteed 60-days from the end of the Group coverage prior to age 75		
Termination Age	Extended Health Care, Dental, Wellness: Retiree's death Emergency Travel Medical Plan: 80		



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