

Benefits for Active Members

Summary of Coverage

2025



L'Église Unie du Canada • The United Church of Canada

Contents

- Introduction 4
- The United Church of Canada’s Benefits Plan and the Provincial Plans..... 4
 - Important Notice..... 4
- Eligibility and Enrolment..... 5
 - Eligible Family Members 5
 - Canadian Residency Requirement 6
 - Change in Status..... 6
- When Coverage Ends for Active Members..... 6
- Insurance and Benefits 9
 - Active Plan Coverage..... 9
 - Additional Coverage 9
- Summary of Life Insurance 11
- Summary of Accidental Death and Dismemberment (AD&D) Insurance..... 12
- Schedule of AD&D Benefits 13
- Additional AD&D Coverage..... 14
- Summary of Health Benefits..... 15
 - Not Covered (in addition to exclusions noted previously)..... 21
 - Emergency Medical Out-of-Province/Out-of-Country Travel Assistance Coverage 21
 - GreenShield+ 22
 - Teladoc Medical Experts 22
- Summary of Dental Benefits..... 23
 - Class 1: Preventative Services 24
 - Class 2: Basic Services..... 25
 - Class 3: Major Services 26
 - Not Covered (in addition to exclusions noted previously)..... 27
- Summary of Restorative Care Plan (RCP) 28
 - How the RCP Works 28
 - Return to Work..... 28
 - If You Are Unable to Return to Work 28
 - Termination of Coverage..... 28
 - Recurrent Disability..... 29
 - Limitations..... 29
- Summary of Long-Term Disability (LTD) Benefits..... 30
 - Limitations..... 30
 - Payments..... 30
 - Income That Will Offset Your LTD Benefits..... 31
 - Waiver of Premiums..... 31
 - Partial Disability..... 31
 - Appeals..... 31
 - Canadian Residency Requirement 31
 - To Apply..... 32
- Making a Claim..... 33

Life Insurance Claim	33
Drug and Dentist Claims.....	33
Step 1. GSC ID Card.....	33
Step 2. Claim Submission Form	33
Step 3. Coordination of Health and Dental Benefits	33
Accidental Death and Dismemberment	34
Employer Indemnity, Restorative Care Plan (RCP), or Long-Term Disability (LTD) Claims ...	34
Contact Information.....	35

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Introduction

We all hope for good health and well-being, but unexpected health issues do happen. The Active Member section of The United Church of Canada Benefits Plan (the 'Plan') is meant to help you and your family avoid catastrophic financial hardship if you do become ill or die. This Plan Summary and resources posted at uccbenefits.ca explain your benefits and the many resources available to you as an employee or as an active ministry personnel of the United Church. Staff of Green Shield Canada ("GSC"), which administers our health and dental plan, are available when you have questions about your coverage.

Through the Plan, The United Church of Canada endeavours to make reasonable and adequate provision for all members of the Plan and their families during the employment years.

This booklet describes the principal features of the group benefits plan for active members. The complete terms of coverage are detailed in the guiding document on file with the United Church Benefits Centre at the General Council Office of The United Church of Canada (UCC).

The United Church of Canada's Benefits Plan and the Provincial Plans

The Plan is intended to supplement benefits available under provincial plans. The objective is for members, no matter where in Canada they live, to have a similar combined level of coverage.

Important Notice

This document summarizes aspects of the Plan. It does not include all details, terms, conditions, exclusions, and limitations of the plan, and is not intended to replace the official plan documents (including applicable insurance contracts). While efforts have been made to ensure the accuracy of this summary, to the extent of any inconsistency between this Summary of Coverage and the official plan documents, the official plan documents will govern in all cases. The United Church of Canada reserves the right to unilaterally modify, suspend, or terminate the Plan, in whole or in part, at any time without notice or compensation to any person.

Eligibility and Enrolment

Participation in the Plan is mandatory and a condition of employment for all employees of The United Church of Canada* working full-time or part-time, 14 or more hours per week (on average).

Ministry personnel are eligible for coverage from the date of hire. For other members, eligibility begins on the first day of the fourth month following the hire date. However, the employer may waive the waiting period to allow eligibility from date of hire

To enrol for group benefits coverage and provide beneficiary and dependant information, simply complete the **Enrol, Life Event and Dependant Form** on the [Document Library](#) and e-mail it to Benefits@united-church.ca or contact the United Church Benefits Centre at 1-855-647-8222. Be sure to have your employee number ready.

You are automatically enrolled in the Active Plan coverage from your eligibility date. You then have 90 days from the date you become eligible for group insurance to elect optional life coverage. Any optional coverage selected would be effective the first of the following month. If you do not contact the United Church Benefits Centre within 90 days of your eligibility date, you may still elect optional life benefits on a prospective basis, subject to satisfying evidence of insurability for any volume, even if less than the Non Evidence Maximum. Optional accidental death and dismemberment (Opt. AD&D) benefits may be applied for at any time without having to satisfy any medical evidence.

Optional coverage over the Non Evidence Maximum (life \$100,000/spousal life \$100,000) must also be approved by Canada Life and would be effective upon approval.

*Participation in the Plan by affiliated participating employers is optional. Those employers may cover employee classes of their choice who meet the same eligibility requirement (work an average of 14 or more hours per week), with the same eligibility waiting period.

Eligible Family Members

The following family members are eligible to be insured under the Plan:

- **Your legal spouse/partner** by virtue of religious or civil ceremony, or common law spouse living in a conjugal relationship for 12 months.
- **Your unmarried children** under 21 years of age, or under age 26 if still in school full-time. Student certification is required and will be requested by the United Church Benefits Centre on an annual basis three months prior to your child's birthday.
- If certification is not completed, *your child's coverage will be terminated on their birthday.*
- Your unmarried children if they are unemployable by reason of mental or physical handicap (that commenced while covered as an eligible child). Proof of incapacity is required. Please contact the United Church Benefits Centre for an application form.

Canadian Residency Requirement

To be eligible for benefits, you must be a resident of Canada insured under a provincial plan. If you are outside Canada for more than 90 consecutive days, or more than 180 days in any 365-day period, you are not covered by this plan.

If you are located in Bermuda, please contact the Bermuda-Nova Scotia Regional Council office for benefits information applicable to you.

Change in Status

Once you are enrolled in the Plan, you cannot adjust your coverage (from single to family and from family to single) unless you experience a qualifying life event. The following are considered life events:

- Gaining a spouse/partner (marriage or common law)
- Birth or adoption of a child
- Loss of a spouse/partner
- Loss of a child/child no longer qualifies for benefits coverage
- Divorce or separation for one year/disqualification of common-law spouse
- Gain or loss of coverage under another employer-sponsored plan

When Coverage Ends for Active Members

In all cases, failure to pay the insurance premium or commencement of active duty in the armed forces of any organization or state will cause your coverage to terminate.

Ministry personnel who end employment with a community of faith or other participating employer are assumed to be “in search of a call” and may continue benefits coverage, excluding the Restorative Care Plan and Employer Indemnity Plan, at their own expense (including the employer charges) during this time. Upon receiving notification that you are in search of a call, the United Church Benefits Centre will terminate your coverage and mail you a package detailing available options. If you would like to continue the coverage, you must contact the United Church Benefits Centre within 60 days of receiving the notification to be eligible to reactivate your benefits.

Coverage under the Plan will end when your plan membership ends as follows:

Plan membership ending prior to age 55:

- All coverage stops at the end of the month in which employment ends except the long-term disability coverage, which stops with your last full day of active work. (Life insurance may be converted.*)

Plan membership ending after age 55 and you choose an immediate or deferred pension from the United Church pension plan:

The following benefits continue:

- Core life insurance reduces to \$3,000 (at termination or on first of the month following your 65th birthday). (The difference may be converted.)*
- You may be eligible to participate in the Group Benefits for Pensioners Plan when you retire and your annual pension from the United Church pension plan is greater than 5% of the Government of Canada's Yearly Maximum Pensionable earnings (YMPE).

The following benefits cease:

- All coverage stops at the end of the month in which employment ends except the long-term disability coverage (if aged under 64.5 at termination), which stops with your last full day of active work. (Life insurance may be converted.)*

*See p. 11 for "Conversion Privilege."

For members over the age of 64.5 in active employment and not receiving a pension:

The following benefits cease:

- Long-term disability coverage and premiums stop on the first of the month after you reach age 64 and 6 months.
- Optional life insurance, and optional accidental death and dismemberment coverage stops on the first of the month following age 65.
- Spousal optional life ends on member's 65th birthday or spouse's 65 birthday, whichever comes first.

The following benefits continue until the date of retirement:

- Core life insurance, reduces as follows between ages:
 - 65 to 70: 50% of Pensionable Earnings (to a minimum of \$3,000)
 - 70 to 71: 25% of Pensionable Earnings (to a minimum of \$3,000)
- Accidental death and dismemberment coverage reduces as follows at ages:
 - 65 to 70: 50% of Pensionable Earnings
 - 71 – coverage terminates
- Life insurance for a child until they cease to be an eligible family member.
- Your spouse/partner's life insurance as long as they remain an eligible spouse.
- Restorative Care Plan.
- Employer Indemnity for ministry personnel at communities of faith.
- Health care and dental coverage continues until retirement when you may choose to participate in the Group Benefits for Pensioners Plan, if eligible.

For members working beyond December 1 in the year they turn 71:

- Core life insurance continues at \$3,000.
- All other active member benefits cease.
- Your pension must commence and you may choose to participate in the Group Benefits for Pensioners Plan, if eligible.

Note: If you do not pay the premiums required for your group benefits, your coverage will stop at the end of the period for which premiums have been paid.

Insurance and Benefits

Active Plan Coverage

These benefits are mandatory if you work 14 hours or more per week (on average) with the United Church. Premiums for the Active Plan benefits, RCP, and Employer Indemnity are paid by the community of faith or other participating employer. Premiums for LTD are paid by you to preserve the benefit's tax-free status. The Active Plan coverage includes the following:

1. **Benefits:**

- Member life insurance: benefit paid to your beneficiary in the event of your death
- Dependant life insurance: benefit paid to you in the event of your dependant's death
- Accidental death and dismemberment insurance (AD&D): benefit paid to you or your beneficiary in the event of an accident that causes your dismemberment or death
- Health and dental insurance: basic health and dental coverage
- Teladoc Medical Experts: Expert medical services for member and eligible dependants. Includes second opinion service and additional resources.
- Emergency travel assistance: coverage available to member and eligible dependants for medical emergency for the first six weeks of absence from Canada while travelling.
- Employee and Family Assistance Program (EFAP), provided by Telus Health: offering immediate, confidential short-term counselling, available 24 hours a day, 7 days a week.

2. **Restorative Care Plan (RCP):** benefit paid to communities of faith and the General Council Office to assist them in providing you with salary continuance for upwards of six months in the event of your illness (certification and adjudication approval required).

3. **Employer Indemnity:** benefit paid to communities of faith to support the family of ministry personnel who die while actively working for the United Church (while a member of the Active Plan). It is coordinated with the Restorative Care Plan, whereby the total payment from both plans cannot exceed six months' worth of pensionable earnings.

4. **Long-term disability insurance (LTD):** benefit paid to you in the event of your long-term illness (certification and insurer approval required).

Additional Coverage

If you wish to improve your benefits plan, you can choose and pay for additional coverage.

Optional benefits include:

- optional life insurance; premiums for optional life coverage will depend on the amount of additional life insurance, your age, and whether or not you are a smoker
- optional spousal life insurance

- optional accidental death and dismemberment (AD&D), single and family

Premiums are reviewed annually and are subject to change. They can be found on the Benefits Centre website on the [Pension and Benefits Deductions](#) page.

Summary of Life Insurance

Benefit	Core	Optional
Life insurance for active member to age 65*	100% of annual pensionable earnings.	Units of \$10,000 (up to \$500,000 with Non Evidence Maximum of \$100,000).
Life insurance for active member from age 65 to 70	50% of annual pensionable earnings (minimum \$3,000)	No optional coverage available.
Life insurance for active member age 70	25% of annual pensionable earnings (minimum \$3,000)	No optional coverage available.
Life insurance for member who retires after age 55 with immediate or deferred pension	\$3,000	No optional coverage available.
Life insurance for spouse/partner before your retirement, or before you reach age 72 (whichever is earlier)*	\$5,000	Units of \$10,000 (up to \$150,000 with Non Evidence Maximum of \$100,000).
Life insurance for each eligible child	\$5,000	No optional coverage available.

Please note: To designate or change your beneficiary, please complete the **Group Insurance Beneficiary Designation form** on the [Document Library](#).

*Life Insurance: Conversion Privilege

If your life insurance coverage reduces or ends, you and your covered spouse may be eligible to convert the life insurance, or part of it, to an individual policy with Canada Life.

To convert, you must contact the United Church Benefits Centre and submit a completed application to Canada Life's agent within 31 days of the benefit reducing or ending. By doing so, no medical examination or health questionnaire will be required. However, your premiums will change according to insurer rates—contact Canada Life for details.

Summary of Accidental Death and Dismemberment (AD&D) Insurance

Accidental death and dismemberment (AD&D) and optional AD&D coverage ends at age 65.

Benefit	Core	Optional	Other Details
AD&D for active member to age 65	100% of annual pensionable earnings.	Units of \$10,000 (up to \$250,000).	\$10,000,000 per accident aggregate limit for all insured individuals.
AD&D for active member from age 65 to 70	50% of annual pensionable earnings (minimum \$3,000)	No optional coverage available.	\$10,000,000 per accident aggregate limit for all insured individuals.
AD&D for active member from age 71	Nil.	No optional coverage available.	\$10,000,000 per accident aggregate limit for all insured individuals.
Optional AD&D for spouse/partner (no children)	Nil.	60% of member's AD&D coverage payable for partner/spouse.	
Optional Family AD&D for family with spouse/ partner and eligible child(ren)	Nil.	<i>Spouse/partner:</i> 50% of member's AD&D coverage. <i>Each child:</i> 15% of member's AD&D coverage.	
Optional Family AD&D for each child (no eligible spouse/partner)	Nil.	20% of member's AD&D coverage.	

Schedule of AD&D Benefits

Loss	Percentage of Principal Sum
Life	100%
Both hands or both feet	100%
Both arms or both legs	100%
Entire sight of both eyes	100%
One hand or one foot and entire sight of one eye	100%
One hand and one foot	100%
One arm or one leg	75%
One hand or one foot	75%
Entire sight of one eye	75%
Thumb and index finger of one hand	33 ¹ / ₃ %
Four fingers of the same hand	33 ¹ / ₃ %
Four toes on one foot	25%
Hearing in both ears and speech	100%
Speech	75%
Hearing in both ears	75%
Hearing in one ear	33 ¹ / ₃ %
Use of both arms	100%
Use of both hands or both feet	100%
Use of one arm or one leg	75%
Use of one hand or one foot	75%
Hemiplegia (one arm and one leg on the same side of the body)	200%
Paraplegia (both legs)	200%
Quadriplegia (both arms and both legs)	200%

For additional information on this benefit, please contact the United Church Benefits Centre.

No benefits will be paid for loss resulting from or associated with suicide or intentionally self-inflicted injury. A list of exclusions is available on request from the Benefits Centre at Benefits@united-church.ca.

Additional AD&D Coverage

Coverage	Details	Other Information
Exposure and Disappearance	Coverage is provided for loss due to unavoidable exposure to the elements, including disappearance, sinking, or wrecking.	Benefits paid for covered losses.
Occupational Training Benefit (upon member's accidental death)	Reasonable and customary expenses incurred for special occupational training for your spouse/partner within 3 years of your accident.	Maximum of \$10,000.
Rehabilitation Benefit (in the event of member's or eligible family member's injury)	Reasonable and customary expenses incurred for special training in order to be qualified to work in a special occupation in which you/your family member would not be engaged without this injury.	Maximum of \$10,000 for any one accident.
Family Transportation Benefit	If injury is sustained more than 150 km from the normal residence, expenses for your immediate family members' transport to that location and hotel accommodation.	Maximum of \$1,000.
Repatriation Benefit	Reasonable and customary expenses to repatriate the body of the covered individual proximate to the normal place of residence (e.g., funeral home, cemetery).	Maximum of \$10,000.
Education Benefit (upon member's accidental death)	For each child enrolled in a post-secondary program within 365 days following the date of death; a benefit is paid for each year the child remains in school, full-time, up to 4 consecutive years.	The lesser of 5% of principal sum, or \$5,000 per year. Post-secondary program must be accredited: university, college, trade school, etc.

Summary of Health Benefits

Your health coverage is subject to “reasonable and customary” limits, coinsurance/copays, and deductibles. This includes the drug deductible which equals the pharmacy dispensing fees. Your deductible is \$250 per single/family per calendar year and is applied to all health and drug benefits. Claims incurred in the last month of a calendar year may be used to satisfy the deductible for the following year.

Benefit	Details	Coverage	Other Information
Ambulance Service within Province of Residence	Ground, air, or rail transportation from place of injury to first treating hospital, or from the hospital to a hospital.	80% coverage.	
Artificial Limbs and Eyes		80% coverage.	Doctor’s letter required.
Braces, Casts, Crutches, Splints, and Trusses	For back, neck, arm, or leg.	80% coverage.	Doctor’s letter required.
Breast Prosthesis	Non-cosmetic purposes; following a mastectomy.	80% coverage.	Doctor’s letter required.
Compression Stockings	2 pairs per individual per calendar year.	80% coverage.	Doctor’s letter required. Subject to GSC’s approval, based on compression.
Dental Work	Performed by a dentist for repair of sound natural teeth as a result of accidental injury, external to the mouth. Treatment must commence within 30 days from date of accident and be completed within 6 months of date of accident	80% coverage.	
Diabetic Supplies	Examples include glucometer and lancets.	80% coverage.	Doctor’s letter may be required.

Benefit	Details	Coverage	Other Information
Drugs: Only drugs that legally require a prescription and have a Drug Identification Number (DIN) will be considered for reimbursement under the Managed Formulary*	100-day supply limit per prescription. Some drugs may require special authorization; some compounded drugs may not be covered—please contact GSC for details.	80% coverage.	<p>If a brand-name drug is prescribed when there is a generic (or lower-cost) equivalent available, coverage is based on the lower-cost drug.</p> <p>Brand-name drug will only be covered with completed and approved Drug Authorization Form.</p> <p>Out-of-pocket maximum: Once a member has paid deductibles and co-insurance of \$1,000 for drugs in a calendar year, eligible drug expenses will be reimbursed 100%.</p> <p>Prescription Drug Exclusions: Reference biologic drugs that have an approved biosimilar</p>

*All drugs newly approved in the Canadian market are evaluated by a GSC committee of pharmacy experts before being added to the formulary for reimbursement. Drugs are assigned to one of three categories: “covered,” “not covered,” or “prior authorization required.”

- **Covered** drugs are full benefits of the plan.
- **Not covered** status are drugs that provide no additional therapeutic value over those already listed in the formulary or no cost advantage when compared to existing alternatives.
 - Plan member can pay the full drug cost or consult their prescribing physician about alternatives.
- **Prior authorization** required is assigned to drugs considered a second-line therapy or are high-cost specialty drugs with potential for inappropriate prescribing and use.

- Plan member must meet specific criteria to access benefits; first-line therapy must appear in claims history for auto-approval and/or the prescribing physician completes a special authorization form indicating therapeutic need.

This type of formulary “management” balances the need of plan members to have access to medically necessary drug therapies with plan sustainability. Consult with GSC for more detailed or specific information.

GSC reserves the right to manage its drug formularies through an evidence-based review process in which drugs are evaluated based on overall value taking into account clinical efficacy, safety, unmet need and plan affordability. Formulary management includes the right to:

- add a drug to GSC’s formularies;
- exclude or remove a drug from GSC’s formularies regardless of Health Canada approval and/or the existence of provincial coverage;
- place restrictions on a formulary drug as determined by GS. Restrictions may include, but are not limited to, GS’s pre-approval of the drug before the claim can be reimbursed, requirement to obtain the drug through an approved provider, and requirement to obtain a lower cost alternative of the same treatment such as a generic or a biosimilar drug.

Prescription Drug Exclusions: Reference biologic drugs that have an approved biosimilar.

Reference biologic drug means a biologic drug that is first authorized for sale by Health Canada.

Biosimilar drug means a biologic drug demonstrated to be similar to a reference biologic drug already authorized for sale by Health Canada.

Benefit	Details	Coverage	Other Information
Drugs: Over-the-Counter (OTCs)	To be considered for reimbursement, OTCs must be prescribed by your doctor for the treatment of a chronic and life-threatening condition and must be dispensed by a pharmacist.	80% coverage	Doctor’s letter required. Out-of-pocket maximum: Once a member has paid deductibles and co-insurance of \$1,000 for drugs in a calendar year, eligible drug expenses will be reimbursed 100%.

Benefit	Details	Coverage	Other Information
Durable Medical Equipment	Such as wheelchairs, walkers, etc. Predetermination of benefits recommended.	80% coverage	Doctor's letter required. For short-term use only rental is covered. Repair (when cost-efficient) may be preferred.
Fertility Drugs, Surrogacy and Adoption	Surrogacy benefit reimburses for eligible medical and prescription drug expenses incurred within a fertility clinic in Canada Adoption benefit allows plan members to be reimbursed for expenses incurred during the adoption process per CRA guidelines	80% coverage up to the lifetime maximum of \$20,000 per person.	
Gender Affirmation		Reasonable and customary charges, limited to \$20,000 lifetime	Diagnosis of gender dysphoria from a physician (MD) or nurse practitioner is required.
Hearing Aids	Cost, installation, and repair covered for 1 standard device per ear per 36 consecutive months.	80% coverage.	Audiologist or doctor's letter required. Charges for ear moulds are not covered.
Hospital Accommodation		Coverage provided by provincial plan.	

Benefit	Details	Coverage	Other Information
Nursing Services, In Home	Nursing service provided by a registered nurse or nursing assistant.	80% coverage. \$25,000 lifetime maximum benefit per person.**	Doctor's letter required. Homemaker services are not covered. Nurse must not ordinarily reside in plan member's home or be related to the member.
Orthopedic Shoes, Custom Made Only	Limit of 2 pairs per calendar year.	50% coverage.	Doctor's letter required.
Orthotics Foot Devices, Custom Made Only		80% coverage. \$250 per person per calendar year.	Doctor's, chiropodist's, or podiatrist's letter required.
Paramedical Practitioners	Practitioners must be duly qualified, licensed, and practising within the scope of their licence. It is recommended you contact GSC in advance of obtaining services from a paramedical practitioner to determine whether any special adjudication provisions apply to that particular service provider.	80% coverage up to \$500 per person per year for acupuncture, chiropractor, massage therapist, naturopath, chiropodist/podiatrist and osteopath combined . 80% coverage up to \$500 per person, per year for physiotherapy. 80% coverage up to \$500 per person, per year for speech therapist. \$45.50 per disability for diagnostic X-ray exams.	<i>Doctor's letter not required</i>
Pharmacogenetic Testing***	Only eligible through GenXys Health Care Systems	100% coverage Limited to once per lifetime	Subject to prior approval
Post-Mastectomy Bras	3 per individual per calendar year.	80% coverage.	Doctor's letter required.

Benefit	Details	Coverage	Other Information
Psychological Treatment	Diagnosis, assessment, and treatment by a fully qualified, registered, legally practicing psychologist, Master of Social Work, digital therapist (provided by Mind Beacon), counsellor, psychotherapist, psychoanalyst.	80% coverage up to \$3,000 per person per calendar year.	Doctor's letter not required.
Smoking Cessation Aids		Lifetime maximum of \$500 per person.	
Vision Care		100% up to \$100 per 24-month period from last claim. Includes eye exams, supplies and services	Deductible is not applicable.
Wigs and Hairpieces	Necessitated by hair loss caused by a medical condition or treatment.	80% coverage.	Doctor's letter required.

**Once the lifetime maximum is reached, you will be reimbursed for expenses up to \$2,000 per calendar year. Members may request full reinstatement of the lifetime maximum, provided evidence of good health is obtained from a physician. Please contact the supervisor or senior staff at the Benefits Centre at 1-855-647-8222 for further information.

*** **Pharmacogenetic Testing** - If specific criteria are met, you and your eligible dependents will be able to access pharmacogenetic testing provided through GenXys Health Care Systems. Their TreatGxPlus all-in-one product includes the myPGx pharmacogenetic test and a subscription to TreatGx, a medication decision-support software that provides personalized and optimized medication options based on your pharmacogenetic insights, current drug regimen, and other health information. For details, visit: genxys.com/gsc-members

Not Covered (in addition to exclusions noted previously)

- Charges that would not have been made if no insurance existed.
- Charges that are otherwise provided or paid for by any government or other employer-sponsored plan.
- Charges that are not recommended or approved by the attending physician, that are experimental, or that are unreasonable.
- Charges for care, treatment services, or supplies as a result of any group or employer-sponsored treatment, inoculation, or examination.
- Charges for incontinence supplies (catheters are covered).
- Charges for batteries for durable medical equipment or hearing aids.
- Charges for lab tests and blood tests.
- Some vaccines are not covered. Please contact GSC for details.
- No benefits are payable to the extent that the provision of such benefits is prohibited by law.

Members living temporarily out of the country should contact the United Church Benefits Centre for full details of coverage for their particular circumstance.

Emergency Medical Out-of-Province/Out-of-Country Travel Assistance Coverage

Available for the first six weeks after leaving the province of residence.

Emergency means a sudden, unexpected occurrence that requires immediate medical attention, and could not have been reasonably anticipated based on the patient's prior medical condition. This includes treatment (non-elective) for immediate relief of severe pain, suffering, or disease that cannot be delayed until you or your dependant is medically able to return to the province of residence.

Coverage: 100% of eligible costs, up to a lifetime maximum of \$5,000,000. Ward hospital accommodation coverage is provided. You need to notify the insurer within 48 hours of the emergency occurrence, as set out on the back of your GSC card. If the procedure is not available in Canada and is medically necessary, members may request a referral maximum of up to \$75,000 annually with pre-approval to have it done abroad.

Green Shield Travel Assistance Group #4806
1-800-936-6226 in Canada/USA
0-519-742-3556 collect in other countries

Please have your GSC ID number handy as well as your provincial health card number.

The following benefits are eligible:

- medical services
- emergency transportation
- repatriation of the remains (up to \$15,000)

- return of dependent children
- return trip delay
- return of vehicle (up to \$10,000)
- visit of a family member (if travelling alone and confined to a hospital for more than 7 days)

GreenShield+

In addition to GSC's Customer Service Centre, self-service through the [GreenShield+ website](#) makes things quick, convenient, and easy. Register with GSC to

- view your Benefit Plan Booklet
- access your claims history, including a breakdown of how your claims were processed
- check your eligibility and coverage for health services or items to instantly find out what portion of a claim will be covered
- submit claims online (some claims can even be processed instantly if you are signed up for direct deposit)
- search for a drug to get information specific to your own coverage (or coverage for your family)
- search for GSC-vetted health providers in a particular location (within Canada) that will submit your claims for you
- arrange for claim payments to be deposited directly into your bank account
- print personalized claim forms and access your digital ID card
- print personal Explanation of Benefits statements for when you need to co-ordinate benefits

Teladoc Medical Experts

Teladoc Medical Experts offers you unique medical services.

- **Expert Medical Opinion:** Receive an evaluation of your diagnosis and treatment plan, reviewed by a carefully selected expert.
- **Personal Health Navigator:** Empowers you to make informed decisions about your care by helping you navigate the healthcare system or connecting you to information and resources.
- **Find a Doctor:** Access to Teladoc's expert network when you need a specialist in your local area.
- **Care Finder:** Helps you locate specialists outside of Canada by searching Teladoc's global database of over 50,000 expert physicians in more than 450 specialties and subspecialties.

You can access Teladoc Medical Experts by calling 1-877-419-2378, or go online Teladoc.ca/medical-experts. You will be connected to a Member Advocate, a Registered Nurse, who will assess your needs and provide you services designed to help you confidently move forward with your care.

Summary of Dental Benefits

There are three classes of dental expenses: Preventative Services, Basic Services, and Major Services. All are subject to the deductible and “reasonable and customary” expenses.

Reimbursement is based on the current Fee Guide or industry standard fees in provinces without a fee guide.

Predetermination of Benefits: It is strongly recommended that you speak with your practitioner about the costs associated with all courses of treatment or purchasing equipment. If you see the costs exceed what you are able to afford, contact GSC for predetermination of coverage prior to starting the treatment or ordering the equipment. GSC will advise you how much of your expense will be covered by the Plan.

Benefit	Active Plan
Class 1: Preventative Services	\$75 deductible per family unit per calendar year; 80% coverage of eligible expenses.
Class 2: Basic Services	\$250 deductible (Classes 2 and 3 combined) per family unit per calendar year; 80% coverage of eligible expenses.
Class 3: Major Services	Deductible as above; 50% coverage of eligible expenses.
Orthodontics	No coverage.
Calendar Year Maximums	Classes 1, 2, and 3 combined: \$2,500 for each eligible family member.

Please note: For any crown or bridge work performed by your dentist, GSC reserves the right to apply an alternate benefit provision, and may reimburse the expense only up to the cost of another treatment that would have been appropriate (for example, a surface restoration). This is another reason why predetermination of benefits is recommended.

Class 1: Preventative Services

The Plan reimburses for one complete dental examination in every 24-month period. This is more comprehensive than a routine 9-month exam. To ensure reimbursement, prior to the examination confirm with the dentist what service will be performed.

Benefit	Details	Active Plan
Complete Oral Examination	More comprehensive than a recall exam: 1 complete dental exam per person in 24 consecutive months.	80% coverage.
Oral Examination (recall)	Oral exam and diagnosis: 1 per person in 9 consecutive months.	80% coverage.
Cleaning of Teeth	1 unit of time* per person in 9 consecutive months.	80% coverage.
Periodontal Scaling	Including root planing and equilibration; limited to 5 units of time* per person per calendar year.	80% coverage.
Fluoride Treatment	Topical application of sodium or stannous fluoride; for individuals under 18 only, every 9 months.	80% coverage.
Dental X-Rays	Bite wings once per person in 9 consecutive months; full mouth once in 12 consecutive months.	80% coverage.
Oral Hygiene Instruction	Once every 9 months.	80% coverage.
Pit and Fissure Sealants	On permanent molars and bicuspid for individuals under 18 only; once per tooth in a 3-year period.	80% coverage.

*1 unit of time = 15 minutes

Class 2: Basic Services

Benefit	Details	Active Plan
Anaesthetics	Administered in connection with eligible oral surgery or other specified covered dental procedures.	80% coverage.
Appliances*	Splints, bite plates, etc. used to correct vertical dimension, temporomandibular joint dysfunction (TMJ), or bruxism (grinding).	80% coverage.
Dentures	Repair, rebasing, and relining.	80% coverage.
Endodontic Treatment	Including root canal therapy.	80% coverage.
Extractions and Oral Surgery	Including excision of impacted teeth.	80% coverage.
Fillings	Including white fillings on front teeth.	80% coverage.
Space Maintainers	Can be utilized to prevent the unwanted movement of teeth.	80% coverage.
Periodontal Treatment	Periodontal and other diseases of the gums and tissues of the mouth.	80% coverage.

*Excludes athletic appliances (mouth guards) and orthodontia (braces).

Class 3: Major Services

It is recommended that you request a **predetermination of benefits** from GSC prior to proceeding with this class of expense.

Benefit	Details	Coverage	Other Information
Crowns, Onlays, and Initial Installation of Fixed Bridgework	Includes crowns and onlays to form abutments; to replace one or more natural teeth.	50% coverage	Only covered when procedures are used to restore natural teeth to normal function when this cannot be done with fillings.
Repair or Recementing of Crowns, Onlays, or Bridgework		50% coverage	
Replacement of Existing Crowns, Inlays, Onlays, and Bridgework	Only if the existing restoration is no longer serviceable.	50% coverage	If a tooth can be restored with silver amalgam, silicate, or synthetic restorations, benefits are based on this cost.
Dentures: Initial Installation of Partial or Full Removable Dentures	To replace one or more natural teeth. Adjustments may also be covered.	50% coverage	Separate adjustment charges included only if incurred more than 3 months after initial installation. Personalization or characterization not covered.
Dentures: Replacement of Existing Partial or Full Removable Denture or Fixed Bridgework	Existing denture or bridgework installed at least 5 years prior, and the existing denture or bridgework cannot be made serviceable.	50% coverage	Also covered: replacement of temporary bridgework or denture within 3 months of temporary denture installation.
Addition of Teeth to an Existing Denture or Bridgework	To replace natural teeth extracted after existing denture or bridgework was installed.	50% coverage	Contact GSC for additional eligibility requirements, e.g., bridge/ denture must be 5 years old.

Benefit	Details	Coverage	Other Information
Implants	Implants are not covered; however, procedures related to tooth replacement may be eligible as a part of a different benefit.	No coverage	Some expenses related to tooth replacement may be reimbursed based on eligibility for other procedures; payment will be limited to that which is based on the least expensive procedure.
Orthodontia	Braces and related expenses.	No coverage	

Not Covered (in addition to exclusions noted previously)

- Charges that would not have been made if no insurance existed.
- Charges that are otherwise provided or paid for by any government or other employer-sponsored plan.
- Services and supplies rendered for a full mouth reconstruction, for a vertical dimension correction, or for diagnosis or correction of temporomandibular joint dysfunction (except those noted previously).
- Any hospital charges in connection with injury or disease of a dental nature.
- Prosthetic devices (including bridges and crowns) ordered while the individual was insured, but installed or delivered more than 90 days after termination of coverage.
- Replacement of lost or stolen prosthetic devices.
- Services and supplies that are partially or wholly cosmetic in nature, except covered expenses necessary for repair of accidental injury.
- Charges for completion of forms.
- Charges for appointments broken without notice. **Please be aware of your dentist’s office policy.**

Summary of Restorative Care Plan (RCP)

Eligibility	Ministry personnel in communities of faith, lay employees in communities of faith, and staff in the General Council or Regional Council offices who are actively working and members of the United Church of Canada Benefits Plan.
Qualifying Period (the period before disability benefits take effect)	2 weeks (during which time salary continuation is in effect).
Disability Benefits Payable	100% of salary (plus housing allowance or manse, if applicable), for up to 6 months. This is considered to be taxable income.

How the RCP Works

If your absence from work due to illness or injury is certified by medical record and approved by the adjudicator (initially and ongoing), you are entitled to receive full salary paid by your community of faith or employer (plus use of the manse if applicable) for a 6-month period. Your community of faith or employer is reimbursed 85% of your salary through this program.

Return to Work

You may return to work from a period of disability by

- providing a medical certificate indicating readiness to return to work and/or working with the claims adjudicator to determine readiness,
- meeting with the appropriate Regional Council committee for authorization to return to work (if applicable), and
- consulting with the Case Manager and the UCC Benefits Centre's disability team (disability@united-church.ca) regarding rehabilitation program options.

If You Are Unable to Return to Work

If your absence continues beyond the 6 months covered by the Restorative Care Plan, your claims adjudicator and the UCC Benefits Centre's disability team will assist you in applying for long-term disability benefits. **Please note:** At this time, if you are ministry personnel, you will need to have a discussion with the community of faith, regional council, and/or Regional Council staff on needs related to alternative accommodation if you are living in a manse.

Termination of Coverage

Coverage terminates at the earlier of

- termination of employment
- retirement

Recurrent Disability

If you return to work at your community of faith or participating employer after an approved period on RCP, and within 3 months thereafter you are certified by the adjudicator as being unable to work again for the same reason, you are eligible for salary continuation under the RCP plan for the lesser of

- the time it takes you to return to work again, or
- 6 months of RCP coverage less the duration of benefits which were provided during the original absence period

A successive disability absence due to an entirely different and unrelated cause, and separated by at least one day of active work, will be considered a new case. Thus, you would be eligible for 6 months of salary continuance under the Restorative Care Plan.

Limitations

Benefits are not payable for a period of disability

- during any leave of absence (including maternity or parental leave)
- during which you are not participating/working with the claims adjudicator or you refuse to participate in a rehabilitation program deemed appropriate by the claims adjudicator or attending physician
- during which you are working for remuneration anywhere other than under an approved partial disability plan with the United Church
- arising from intentionally self-inflicted injuries
- arising from addiction to a controlled substance unless you are receiving active treatment according to professional standards
- arising from voluntary participation in a war (declared or not), riot, or insurrection
- during any period of incarceration, confinement, or imprisonment by authority of law
- that commences on or after the date a strike or layoff begins (except as required by law)

Please note: If benefits are being received through workers' compensation or from a provincial automobile insurance plan that does not take employment insurance income benefits into account when paying their benefits, RCP benefits will be scaled back by any benefits received from those sources.

Summary of Long-Term Disability (LTD) Benefits

For the first 24 months of LTD benefits (after the 6-month qualifying period has elapsed), you must be considered by the adjudicator as being unable to work at your **own** occupation because of disease or accidental injury. LTD benefits will continue after this 24-month period only if you are considered by the adjudicator as being unable to perform **any** occupation for which you may be trained or qualified.

Limitations

You are not insured against loss of earnings if disability results from

- voluntary participation in war (declared or not), insurrection, rebellion, riot, or civil commotion. If your work for the church takes you to a region where this situation is probable, you must contact the United Church Benefits Centre prior to departure.
- addiction to a controlled substance (drugs or alcohol), unless you are receiving active treatment according to professional standards. If you refuse to participate in a rehabilitation program deemed appropriate by the insurance company or attending physician, benefits are not payable.

Additionally, benefits are not payable for a period of disability

- during any period where you are outside of Canada. This exclusion does not apply during the first 30 days of absence, or if Canada Life pre-authorized the absence before departure.
- during any period of incarceration, confinement, or imprisonment by authority of law

Payments

The period of disability starts on the day you are certified as disabled by your physician and the insurer. If approved, you become eligible to receive the first LTD payment after you have completed the qualifying period of 6 months.

The LTD benefit is 60% of your monthly pre-disability pensionable earnings, to a maximum of \$5,000 per month. Payments are made by the adjudicator. LTD payments are tax-free because you pay the full premium for this coverage, so do not report the amount you receive on your tax return.

Benefit payments will continue until

- you recover
- you commence work (other than an Approved Rehabilitation Program)
- you cease to be under the care of a physician, fail to meet the definition of disability as defined by the adjudicator, or refuse to be examined by a physician
- the end of your contract term if you are a contract employee
- the end of the month in which you turn 65
- you die

Income That Will Offset Your LTD Benefits

Your LTD benefit may be offset if “other income” you receive totals 85% of your pre-disability pensionable earnings.

Once your LTD benefit is approved, you must provide information on all “other income.” You must also provide evidence that you have applied to the relevant agencies for “other income” where appropriate. You are encouraged to apply for CPP/QPP disability benefits as soon as you are eligible. These benefits are also considered “other income,” and are offset at 70% of the CPP/QPP amount.

Waiver of Premiums

If you qualify for and receive LTD income payments from the Plan, the coverage you have under the group benefits plan and the pension plan as of the last day worked continues until you are no longer disabled, or reach the age of 65, at no cost to you. After age 65, coverage is reduced as it would be if you were not disabled. This applies only to individuals who are receiving monthly LTD income payments. This does not apply to those who receive litigated lump sum payments.

Partial Disability

For partial disabilities, you may still be eligible for disability benefits under the rehabilitation support provisions.

If approved, your LTD benefits will be reduced by 50% of the income from the rehabilitation work. Benefits will continue, and continue to be adjusted if income levels increase, until your income reaches 80% of your pre-disability pensionable earnings or of performing 80% of your regular duties and LTD benefits are totally offset.

Appeals

To appeal a denial or termination of long-term disability, you must submit a written notice of appeal to your insurer within one year along with medical or other supportive documentation. Expenses incurred by the appeal are the responsibility of the member.

Canadian Residency Requirement

No benefits are payable if you reside outside of Canada while disabled for any period exceeding 90 consecutive days, or a total of 180 days in any 365-day period, unless

- you have previously notified and received written approval from your insurer,
- you remain under the regular care of a licensed physician considered appropriate by your insurer, and
- proof of ongoing disability can be determined on evidence satisfactory to your insurer within 30 days of a request.

To Apply

To obtain forms to apply for long-term disability benefits, or if you have any questions, please contact the UCC Benefits Centre's disability team at Disability@united-church.ca.

Making a Claim

Life Insurance Claim

Obtain a life insurance claim form by contacting the United Church Benefits Centre. Claim cheques will be sent directly to the beneficiary/ estate. A claim must be made within 6 months of date of death.

Drug and Dentist Claims

Step 1. GSC ID Card

You can use the ID Card to pay for drugs at the pharmacy and for the dentist or other paramedical practitioners (if they are registered with GSC), as it simplifies payment.

If it is not possible to use the ID Card at your pharmacy, health provider or dentist, you will need to submit the claim to GSC via the [GreenShield+ website](#), the mobile app or a paper claim form. To submit a claim online, please go to GreenShield+ and then log in to your account and go to Your Claims, then select Submit a Claim. Claim forms are available on the GSC website and should be mailed to the address indicated on the form.

Step 2. Claim Submission Form

The Claim Submission Form, including a pre-authorized debit form, is available on the [GreenShield+ website](#). If you choose to submit your claim form by mail, **it is prudent in all cases to make copies of all receipts sent to GSC.**

- **Make photocopies of all receipts and attach the originals to the form.** In provinces that require the originals to be submitted to the provincial drug plan, copies are acceptable.
- Include a doctor's letter when required.
- **Sign the form.**

A claim has to be submitted within 12 months from the date of service.

For any questions about specific coverage, for the status of any health or dental claim, or for predetermination of benefits, contact **GSC** directly at:

Green Shield Canada

Phone: 1-888-711-1119

Website: greenshield.ca

Step 3. Coordination of Health and Dental Benefits

If you have additional coverage through your spouse/partner's membership in a health and dental plan, benefits can be coordinated. This means that the church's plan will be your first payer for a benefit, and any eligible amounts that are left over can be claimed through the other plan you are covered under. The reimbursement from plan coordination will never exceed 100% of allowable expenses.

To coordinate claims, you need to submit the “explanation of benefit” that you receive from the first payer (in your case, from GSC), a claim form, and the receipts for the expense to the second plan. Your spouse/partner can do the same, submitting an “explanation of benefit” with receipts to Green Shield.

Eligible children’s expenses should be first submitted to the plan of the parent with the earliest birth date (month/day) in the year.

We recommend that you always make copies of receipts prior to sending them to the insurer.

Accidental Death and Dismemberment

For claims related to AD&D, please contact the United Church Benefits Centre at Benefits@united-church.ca.

Employer Indemnity, Restorative Care Plan (RCP), or Long-Term Disability (LTD) Claims

For claims related to Employer Indemnity, RCP, or LTD, please contact the UCC Benefits Centre’s disability team at Disability@united-church.ca or by calling 1-855-647-8222.

Contact Information

For inquiries about the status of a claim other than health or dental, please contact the United Church Benefits Centre. **Please ensure you have your employee number ready when calling.**

The United Church Benefits Centre

Phone: toll-free 1-855-647-8222

E-mail: Benefits@united-church.ca

Web: uccbenefits.ca

Please forward written inquiries and completed forms to:

The United Church of Canada

The Benefits Centre

3250 Bloor St. West, Suite 200

Toronto, ON M8X 2Y4

For health and dental claims or detailed coverage inquiries, please contact the GSC Canada Customer Service Centre:

Green Shield Canada

Phone: 1-888-711-1119

Website: greenshield.ca

To inquire about Teladoc Medical Experts, please contact them directly:

Teladoc Medical Experts

Phone: 1-877-419-2378

Website: Teladoc.ca/medical-experts

For a confidential counselling service for members and their eligible family members call toll-free 24 hours a day, 7 days a week:

Employee and Family Assistance Program

Telus Health

For first-time appointments and counselling:

1-800-387-4765 (English)

1-800-361-5676 (French)

For administrative matters, appointment changes, office locations, directions, and general information, please call 1-888-814-1328.

For online wellness help and information please visit:

English: <https://www.workhealthlife.com/>

French: <https://www.workhealthlife.com/?lang=fr-CA>