

CARPENTERS' RESIDENTIAL BENEFIT PLANS

Important notice to members about improvements to your Health and Wellness Plan and other important news



MEDICAL CANNABIS

The Plan will cover Medical Cannabis effective with claims incurred on/after January 1, 2020 with a \$500 maximum annual benefit per person.

In order to be eligible for this benefit, the use of medical cannabis must be authorized by a legally authorized physician and the claimant must be at least age 25.

All claims for medical cannabis must follow the Plan's prior authorization process. Reimbursement for medical cannabis will be considered as a treatment of last resort when all other standard medications and treatment options have failed or been deemed inappropriate and the medical cannabis is:

- In a form that is considered legal for medical purposes as defined by the Access to Cannabis for Medical Purposes Regulations; and
- Dispensed by a producer licensed by Health Canada.

Coverage is provided if indicated for these medical conditions:

- Refractory pain in palliative cancer care
- Nausea and vomiting due to cancer chemotherapy
- Spasticity in multiple sclerosis or spinal cord injury.

The Plan does not cover equipment or supplies (ie pipes/vaporizers) required to grow or harvest any plants or produce any form of medical cannabis or cannabinoid, regardless if such form is approved for use by Health Canada.

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PRESCRIPTION DRUG BENEFIT

Effective January 1 , 2020, the Plan's definition of Prescription Drug will include biologics and biosimilars. The Plan will cover the lower cost of the biologic drug or its biosimilar, where a biosimilar drug is available. If there is no biosimilar for the prescribed biologic, the Plan will pay 100% of the biologic drug.

FILING CLAIMS ELECTRONICALLY

Most providers will e-file a claim for you to save time. Claims should be filed by your medical/dental services provider at point of sale. Your providers can easily register for e-filing with the Plan.

If your provider does not provide an e-filing service you must file your claim electronically. Filing claims electronically is easy and provides for fast payment of your claim. If you need help with your electronic submission or have not registered for electronic payment with the Plan's electronic claims payment provider, please contact the payment support team for complete assistance at: 1-888-711-1119.

CLAIM PAYMENTS BY DIRECT DEPOSIT

When you file your claim electronically, your payment will be made by direct deposit. Direct deposit is now the only payment method used by the Plan. Direct deposit enhances the security of payments, shortens processing time, and reduces the cost of processing claims including mail costs. If you have not enrolled for direct deposit please contact the Plan Administration Office for the necessary form or download it from the Health and Wellness section of the member website www.carpentersresidential.ca.



MEMBER ASSISTANCE PROGRAM (MAP)

The Plan's Member Assistance Program is administered by Family Services Employee Assistance Programs (FSEAP). FSEAP provides 24/7 free confidential counselling services for crisis support, advice and information by telephone, face-to-face or online. FSEAP provides assistance for a broad range of personal and work-related issues including: personal/job stress, relationship issues, depression/anxiety, eldercare/childcare, addictions, teen hotline, divorce, parenting, financial/legal issues, nutritional counselling, smoking cessation, life coaching and much more. FSEAP has updated its website to provide more information on services and how to access services. The FSEAP website is www.myfseap.ca.

Groupname: toloc27map Password: myfseapl.

A covered person can contact FSEAP 24 hours a day, every day of the year directly by calling 1-800-668-9920.

YOUR UPDATED PLAN MEMBER WEBSITE

We've added a series of videos which provide a wide range of information such as:

- How to register for claims payment
- Signing up for direct deposit
- How to submit a claim online
- Checking your claims history
- Printing a Benefit Plan ID card
- Using the Mobile App
- And so much more



You can find them on www.carpentersresidential.ca – GSC Tutorial page.

TRANSLATED PLAN BOOKLETS

The Plan has translated the current Plan booklets as follows:

- Introductory Plan Booklet – Croatian, Portuguese and Spanish
- Comprehensive Plan Booklet – Croatian, Portuguese and Spanish
- Enhanced Plan Booklet – Croatian, French, Portuguese and Spanish

You can find them on www.carpentersresidential.ca Health and Wellness. Translations are always written to be accurate summaries of Plan benefits and rules. If there are any discrepancies, the Plan's official documents will always show the correct information.

OUT OF PROVINCE TRAVEL

Insurers are tightening the rules around what defines a medical emergency and therefore what would qualify for coverage if you have a health issue when travelling outside of Ontario.

You should contact the Plan's Emergency Travel Assistance provider, Green Shield Canada, before travel outside Ontario to ensure that any medical conditions/changes in medical conditions do not limit your coverage under the Plan.



CONTACTING GSC TRAVEL ASSISTANCE

The GSC Travel Assistance telephone numbers which also appear on the back of the Plan's Benefit Card are:

In Canada and the United States: 1-800-936-6226

Elsewhere Call Collect: 1-519-742-3556

When calling for assistance or to explain your medical emergency, quote the Plan's GSC travel assist group number 4932. The GSC Travel Assistance Team will also require the covered person's unique Plan Member GSC Identification Number. All of this information appears on the Plan's Benefit Card. In addition, the covered person's provincial health insurance plan number may be required and should be handy at the time of calling.

Coverage is provided with a \$5,000,000 maximum per covered person, per incident for expenses incurred as a result of a sudden and an unforeseen medical emergency and/or for emergency travel assistance services while travelling outside of your province of residence.

There is no limitation on the number of trips but coverage is provided for a maximum period of 60 consecutive days per trip.

Sincerley,

The Board of Trustees



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