NAV CANADA

BENEFITS ONLINE

Management Retiree

NAV CANADA

Benefits Online provides the information you need to get the most from the benefit program offered to our Management retirees. If you are not an eligible Management retiree this information does not apply to you.

The information contained in this document is as accurate as possible; however, final interpretation is governed by the terms of official insurance contracts. In case of conflict between the content on this site and the relevant contract, the contract will prevail.

Plan	Contract #	Provider
Health Care	#25298	**Sun Life Assurance Company of Canada** NAV CANADA is legally and financially responsible for the benefits provided under these accounts. Sun Life only acts as administrator of these plans on behalf of NAV CANADA
Basic Life Insurance	#101198	

To contact us:

NAV CANADA – HR Employee Centre

HREC-CERH@navcanada.ca

1-888-774-4732

Sun Life Financial

1-800-361-6212

Global Excel Management (GEM)

In case of an out-of-province emergency in Canada and the US: 1-800-511-4610. From anywhere, call collect: 1-519-514-0351.

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Eligibility

Management retirees are eligible to enrol in the NAV CANADA benefit plans, with some exceptions (see below for exceptions):

	While receiving pension	
	Compulsory	Optional
Health Care Plan • Retirees • Surviving spouse and children		✓
Basic Life Insurance Plan		✓
Post-retirement Life Insurance Plan		✓

If you are receiving a NAV CANADA pension benefit and you retired from NAV CANADA before September 1, 2005 with at least two years of pension eligibility service you are eligible for:

- Basic Life Insurance, as long as you apply within 30 days of leaving NAV CANADA,
- Health Care Plan, from the date your NAV CANADA pension benefit becomes payable, and
- Post-retirement Life Insurance (Senior Manager Retirees only), within 30 days of leaving NAV CANADA, if you take an immediate pension.

If you are receiving a NAV CANADA pension benefit and you retired from NAV CANADA on or after September 1, 2005 with at least two years of pension eligibility service you are eligible for:

- Basic Life Insurance, as long as you apply within 30 days of leaving NAV CANADA,
- Health Care Plan, from the date your NAV CANADA pension benefit becomes payable (only if, when you leave NAV CANADA, you are either eligible for an immediate pension or have 15 years of pension eligibility service), and
- Post-retirement Life Insurance (Senior Manager Retirees only), within 30 days of leaving NAV CANADA, if you take an immediate pension.

***Enrolment in the Health Care Plan must be received within 90 days of eligibility. Change in plan type from single to family coverage will only be accepted as a result of a new life event (within 90 days of new dependant eligibility). If cancellation of coverage is received, the decision is irrevocable.**

Provincial Health Care Plans

All members of the NAV CANADA Health Care Plan who are eligible for Provincial/Territory Health Care (including prescription drug coverage programs/plans) must enroll; making the provincial/territory programs/plans the first payer and NAV CANADA second payer for eligible claims (including prescription drug coverage).

Quebec Residents age 65 and over

Under the Régie de l'assurance maladie du Québec (RAMQ) regulations, if a resident over age 65 has access to a private Health Care Plan, they can opt out of RAMQ making the employer the sole payer, but premiums under the plan may be increased as a result.

Under the NAV CANADA Health Care Plan the following options are available to Quebec retirees over age 65:

- ***Plan A***: Member enrols in both RAMQ drug coverage (enrolment to RAMQ is automatic by the province once you reach age 65) and the NAV CANADA Health Care Plan. Premiums are paid to both plans. All drug claims eligible under the RAMQ drug plan would be 1st paid by the province and any eligible balance could be submitted under the NAV CANADA Health Care Plan.
- ***Plan B***: Member de-enrols from the RAMQ drug coverage and is only covered under the NAV CANADA Health Care Plan. Member pays an additional monthly premium (not subject to current cost-sharing arrangement and paid 100% by the retiree).
  See Cost/Premiums section for further information.

IMPORTANT NOTE: Once you enrol in Plan A or B your selection will be irrevocable.

FREQUENTLY ASKED QUESTIONS

Is my family eligible for benefits?

If you are an eligible retiree, you may choose family coverage under the Health Care Plan to cover your spouse and children, as long as they meet the plans' definitions and proof of eligibility as defined below has been provided to the HR Employee Centre (HREC). Only one spouse may be covered at one time.

- Spouse: Birth certificate of spouse and marriage certificate
- Common law: Birth certificate of common law partner and statutory declaration
- Child: Birth certificate
- Foster Child: Birth certificate and legal guardianship documentation
- Adopted Child: Birth certificate and legal guardianship documentation (if not indicated on birth certificate)
- Stepchild: Birth certificate (will only be eligible if spouse/common-law approved)

In the event of your death, if your surviving spouse is eligible for a pension from the NAV CANADA Pension Plan, they may join the Health Care Plan once his or her pension becomes payable.

How do I know for sure that I have coverage?

Contact the HREC for more information.

What if I lose or damage my benefit card?

You can visit the Sun Life Financial web site at www.mysunlife.ca/NAVCANADA and enter your Access ID and password to access your benefit information under the Health Care Plan. To obtain your Access ID, contact a Sun Life Financial Customer Care representative at 1-800-361-6212. The contract number (25298) and your member certificate number (contact HREC if you require this number) will be required.

Once on the site, you must click on the "take me to" drop down menu in the centre of the page. Choose and click on "print a drug card". An image of the drug card will appear on screen. Simply print as many copies as you require.

Can I change from single to family coverage under the Health Care Plan or vice versa? How?

Yes*. To change from single to family coverage, submit your application to HREC within 90 days of marriage, change to common-law status, or birth of child and coverage takes effect the date of the event (subject to approval of proof of eligibility documents).

When changing from family to single coverage, the effective date of the change will be no later than 60 days following receipt of the application.

**Effective August 1, 2015 change from single to family coverage will only be accepted as a result of a new life event (within 90 days of new dependant elgibility).*

Can I cancel coverage?

To cancel Health Care coverage, you must send a written request to the HREC.

Life Events

RETIRING

You cannot continue your coverage under the Dental Care, Long-term Disability Insurance, or Business Travel Accidental Death and Dismemberment Insurance Plans once you retire from NAV CANADA.

Health Care Plan

Check the definition of retiree in the glossary section to determine if you are an eligible retiree under the Health Care Plan. If you are, you can:

- continue the coverage you have by contacting the HR Employee Centre (HREC) within 90 days of retirement, or
- apply within 90 days of retirement, if you were not previously covered.

Any required cost is deducted from your pension. If your premiums are higher than your pension amount, you must send a cheque for the required premium in advance to the HREC.

The following rules apply for coverage at retirement for eligible retirees.

If you apply...	Coverage starts on...
Within 90 days of becoming eligible	The date your completed application is received if that is the first day of a month, or the first day of the next month.
Within 90 days of acquiring a new spouse and/or children	The date of the change.
To join more than 90 days after: • becoming eligible, or • acquiring a new spouse and/or children	Not applicable - you must apply within 90 days of eligibility.

**Effective August 1, 2015 enrolment in the Health Care Plan must be received within 90 days of eligibility. Change in plan type from single to family coverage will only be accepted as a result of a new life event (within 90 days of new dependant eligibility). If cancellation of coverage is received, the decision is irrevocable.*

The Health Spending Account is not offered to retirees, even if you continue your Health Care Plan coverage when you retire. You must submit final claims under your Health Spending Account no more than 90 days after your coverage as an employee ends. Expenses must have been incurred, that is, the receipts must be dated before your coverage end date; otherwise, they will be rejected.

Basic Life Insurance Plan

If you retire with at least two years of service and take an immediate pension:
You can maintain your coverage if you opt in writing within 31 days of your last day of employment. You will be covered for the same amount as when you retired if you were under age 61. Your coverage reduces by 10% (of your full coverage in effect on your 61st birthday), on the 1st of the month 1 immediately following your 61st birthday and every year after that, until it reaches $5,000. Coverage reduces to $5,000 on the 1st reduction date after your 70th birthday.

NAV CANADA pays for the first $5,000 of coverage starting at age 65. You pay your share of the remaining coverage if you maintain more than that.

You can apply for the reduced coverage of $5,000 anytime. You will not be able to increase it later. To take the reduced coverage, indicate this by checking the appropriate box in your retiree package. You can also cancel anytime and buy an individual policy.

Any required cost is deducted from your pension. If your premiums are higher than your pension amount, you must send post-dated cheques for the required premium in advance to the HREC.

If you leave NAV CANADA and defer your pension:
You can maintain your coverage if you opt in writing with 31 days of your last day of employment. You must send a written request to the HREC with a cheque for the first 12-month payment. You will be covered for the same amount as when you left NAV CANADA if you were under age 61; coverage begins to reduce as of your 61st birthday. The coverage reduces to $0 at age 70 (the minimum coverage of $5,000 does not apply).

Converting life insurance

Within 31 days of leaving NAV CANADA, you can contact Sun Life directly to buy individual life insurance without a medical examination (regardless of your state of health), subject to certain restrictions. You can also convert your spouse's life insurance. You cannot, though, convert your children's Dependent Insurance or your Accidental Death and Dismemberment Insurance.

If you die during the 31-day period after you leave NAV CANADA, benefits will be paid as if you had converted coverage, even if you had not.

Converting Critical Illness Insurance Plan

If you retire from NAV CANADA before age 70, you can maintain your coverage without having to provide proof of good health by converting your coverage to an individual policy no more than 31 days after your termination date, subject to certain restrictions. You can also convert your spouse's Critical Illness insurance. You can convert the current coverage up to a maximum of $100,000. If you choose this option, you pay your premiums directly to Sun Life based on their commercial rates. Converted coverage also ends at age 70.

For more information call toll-free 1-800-786-5433.

Converting Management Insurance Plan

Within 31 days of leaving NAV CANADA, you can contact Sun Life directly to buy individual life insurance for the Supplemental and Optional Life Insurance without a medical examination (regardless of your state of health), subject to certain restrictions. You can also convert your spouse's life insurance. You cannot, though, convert your children's Dependent Insurance or your Accidental Death and Dismemberment Insurance.

If you die during the 31-day period after you leave NAV CANADA, benefits will be paid as if you had converted coverage, even if you had not.

Post-retirement Life Insurance

If you:

- are a Senior Management Retiree,
- retire with at least two years of service,
- are receiving an immediate pension, and
- maintain your Basic Life Insurance,

Coverage begins, at no cost to you, at retirement if you apply within 30 days of leaving NAV CANADA.

Coverage equals one times your final adjusted insurable earnings during the first year of retirement. In the second year after retirement, coverage reduces to 75% of your final adjusted insurable earnings, to 50% in the third year, and to 25% thereafter, for life.

You can also cancel anytime and buy an individual policy.

MEMBER REACHES AGE 65

Most provincial/territory governments offer health care coverage, including prescription drug coverage, for Senior residents, age 65 years and older. Once eligible for a government plan you must apply/enroll and submit your eligible expenses to the province first and to the NAV CANADA Health Care plan second. Claims that are not submitted to the government plan first may be declined by the NAV CANADA Health Care plan. For government programs that are offered based on income level, Sun Life will request that you provide proof that you applied to the government plan.

Click on your province/territory of residence below for information on Provincial plan eligibility and coverage details:

Alberta
British Columbia
Manitoba
New Brunswick
Newfoundland and Labrador
North West Territories
Nova Scotia
Nunavut
Ontario
Prince Edward Island
Saskatchewan
Yukon

Quebec Residents age 65 and over

Under the Régie de l`assurance maladie du Québec (RAMQ) regulations, if a resident over age 65 has access to a private Health Care Plan, they can opt out of RAMQ making the employer the sole payer, but premiums under the plan may be increased as a result.

Under the NAV CANADA Health Care Plan the following options are available to Quebec retirees over age 65:

- **Plan A:** Member enrols in both RAMQ drug coverage (enrolment to RAMQ is automatic by the province once you reach age 65) and the NAV CANADA Health Care Plan. Premiums are paid to both plans. All drug claims eligible under the RAMQ drug plan would be 1st paid by the province and any eligible balance could be submitted under the NAV CANADA Health Care Plan.
- **Plan B:** Member de-enrols from the RAMQ drug coverage and is only covered under the NAV CANADA Health Care Plan. Member pays an additional monthly premium (not subject to current cost-sharing arrangement and paid 100% by the retiree).
  See Cost/Premiums section for further information.

IMPORTANT NOTE: Once you enrol in Plan A or B your selection will be irrevocable.

CHANGE IN MARITAL STATUS

Check the definition of spouse in the glossary section to determine if your new spouse is eligible.

- Apply to change your Health Care Plan coverage to family, if you had single.
  - You must provide the applicable proof of eligibility to the HR Employee Centre.
  - If you apply within 90 days of your marriage, or your change in status with a common-law spouse after one year of cohabitation, coverage takes effect on the date of the change.
  - If you apply more than 90 days later, coverage for your spouse will be declined.
- Apply to change your Health Care Plan coverage to single, if you had family coverage and you have no other eligible dependents. Your coverage change takes effect no more than 90 days after the proof of eligibility documents have been approved by the HREC.
- Change your designated beneficiary, if you wish and are permitted to do so by law by submitting the applicable form.

ADDING A CHILD TO YOUR FAMILY

Check the definition of child in the glossary section to determine if your new child is eligible.

- Apply to change your Health Care Plan coverage to family, if you had single coverage:
  - You must provide the applicable proof of eligibility to the HREC.
  - If you apply within 90 days of the arrival of the child, coverage takes effect on the date of the change.
  - If you apply more than 90 days later, coverage for your child will be declined.

Change your designated beneficiary, if you wish and are permitted to do so by law by submitting the applicable form.

CHILD REACHES AGE 21

If your child is not attending an accredited school full-time, Health Care coverage ends when he or she reaches age 21. If your child enters a spousal relationship before that date, coverage ends immediately.

If your child depends on you for support because of a psychiatric or physical disability and became disabled before age 21, coverage may continue without age limit. You must complete the Disabled Child Coverage Form and submit to Sun Life Financial for approval prior to your child's 21st birthday to benefit from continued coverage beyond age 21.

NAV CANADA will only be advised if the application has been approved in order to maintain your child's coverage. Information related to the diagnosis of your child will not be released to NAV CANADA.

CHILD GOING TO/LEAVING COLLEGE OR UNIVERSITY

Child going to school or university

Coverage continues until age 25 (age 26, for Quebec residents) as long as your child is enrolled in an accredited school full-time and a letter or other confirmation of your child's enrolment is provided to the HREC on an annual basis.

Child leaving school or university

Coverage ends if your child is older than age 21 and stops attending school full-time.

BOTH SPOUSES COVERED UNDER THE NAV CANADA HEALTH CARE PLAN

You may both apply for family coverage, and both cover your children. Coordination of benefits is permitted.

CHANGING PERSONAL INFORMATION

To change your personal information contact the HR Employee Centre.

Cost / Premiums

All premium rates are subject to change based on the experience of the plans.

HEALTH CARE PLAN

Premiums are deducted from your pension. If your premiums are higher than your pension amount, you must send a cheque for the required premium in advance to the HR Employee Centre.

Retirees

If your retirement date is before September 1, 2005:

Each month			
Retirees pay...		**NAV CANADA pays...**	
Single Coverage	**Family Coverage**	**Single Coverage**	**Family coverage**
$24.29	$42.96	$97.15	$171.84

For Quebec residents age 65 and over who are enrolled in Plan B:

Each month				
	Retirees pay...		**NAV CANADA pays...**	
	Single Coverage	**Family Coverage**	**Single Coverage**	**Family Coverage**
Regular Premium	$24.29	$42.96	$97.15	$171.84
Provincial Supplement	$168.20*	$334.87*	$0	$0
Total Monthly Premium	$192.49	$377.83	$97.15	$171.84

**The supplement rates are based on Sun Life's analysis of average annual drug costs in Quebec for individuals over age 65. These rates are then adjusted to take into account NAV CANADA's specific claims experience, plan design features and expenses as well as inflationary and economic considerations. Similar to our regular Health Care Premiums, the rates for the supplement will be subject to change based on the experience of the plan.*

If your retirement date is on or after September 1, 2005:

Each month			
Retirees pay...		**NAV CANADA pays...**	
Single Coverage	**Family Coverage**	**Single Coverage**	**Family coverage**
$56.10	$99.22	$84.13	$148.82

For Quebec residents age 65 and over who are enrolled in Plan B:

Each month				
	Retirees pay...		**NAV CANADA pays...**	
	Single Coverage	**Family Coverage**	**Single Coverage**	**Family Coverage**
Regular Premium	$48.58	$85.92	$72.86	$128.88
Provincial Supplement	$168.20*	$334.87*	$0	$0
Total Monthly Premium	$216.78	$420.79	$72.86	$128.88

**The supplement rates are based on Sun Life's analysis of average annual drug costs in Quebec for individuals over age 65. These rates are then adjusted to take into account NAV CANADA's specific claims experience, plan design features and expenses as well as inflationary and economic considerations. Similar to our regular Health Care Premiums, the rates for the supplement will be subject to change based on the experience of the plan.*

Surviving children (dependent coverage only)

If your parent died before September 1, 2005:

Each Month	
Dependents pay...	**NAV CANADA pays....**
$26.33	$105.30

If your parent dies on or after September 1, 2005:

Each Month	
Dependents pay...	**NAV CANADA pays....**
$52.65	$78.98

Premiums are subject to provincial tax for Ontario, and Quebec.

When you live in Quebec, premiums and provincial tax paid by NAV CANADA for your Health Care Plan coverage are subject to provincial income tax. This annual taxable benefit is reported on your Relevé 1 or Relevé 2 (but not your T4 or T4A). Applicable income taxes are deducted from your NAV CANADA pension benefit, for retirees residing in Quebec.

BASIC LIFE INSURANCE

If you are a management employee and retire with an immediate pension, with at least two years of service with NAV CANADA:

Each Month	
Retirees pay...	**NAV CANADA pays...**
$0.129 per $1,000 of coverage	$0.012 per $1,000 of coverage

After you reach age 65, NAV CANADA will pay 100% of the premium for the first $5,000 of coverage; you pay for any remaining coverage.

Premiums are subject to provincial tax for Ontario, Quebec and Manitoba.

Life insurance premiums and provincial tax paid by NAV CANADA constitute a taxable benefit under the Income Tax Act. This amount is added to your T4A and Relevé 2, for retirees. Applicable income tax is deducted from your pension.

If you leave NAV CANADA and defer your pension:

You may want to maintain your Basic Life Insurance coverage even though you are not taking your pension immediately after you leave NAV CANADA. If you defer your pension and wish to maintain your coverage, you must send a written request to the HR Employee Centre within 30 days of your employment end date. You must also send a cheque for 12 months' premiums at the appropriate rate from the following table. The rate is based on your age on the thirtieth day following your termination date.

Annual rate per $2,000 of coverage					
Age	**Rate**	**Age**	**Rate**	**Age**	**Rate**
21	$8.56	37	$14.59	53	$27.34
22	$8.83	38	$15.13	54	$28.53
23	$9.11	39	$15.69	55	$29.80
24	$9.40	40	$16.29	56	$31.14
25	$9.70	41	$16.91	57	$32.58
26	$10.01	42	$17.56	58	$34.12
27	$10.34	43	$18.25	59	$35.80
28	$10.69	44	$18.97	60	$37.65
29	$11.05	45	$19.72	61*	$39.77
30	$11.42	46	$20.52	62*	$42.02
31	$11.81	47	$21.35	63*	$44.40
32	$12.22	48	$22.23	64*	$46.92
33	$12.65	49	$23.14	65*	$49.58
34	$13.10	50	$24.11	66*	$52.38
35	$13.58	51	$25.13	67*	$55.34
36	$14.07	52	$26.20	68*	$58.45
				69*	$61.73

*Premium rates take reducing coverage into account.

Once your deferred pension becomes payable, your premiums will be deducted from your pension payment based on the following rates, unless the premiums exceed the amount of your pension. The rates continue to be based on your age on the thirtieth day following your termination date.

Annual rate per $2,000 of coverage					
Age	**Rate**	**Age**	**Rate**	**Age**	**Rate**
21	$0.73	37	$1.24	53	$2.32
22	$0.75	38	$1.29	54	$2.42
23	$0.77	39	$1.34	55	$2.53
24	$0.79	40	$1.39	56	$2.65
25	$0.82	41	$1.44	57	$2.77
26	$0.85	42	$1.49	58	$2.90
27	$0.88	43	$1.55	59	$3.04
28	$0.91	44	$1.61	60	$3.20
29	$0.94	45	$1.67	61*	$3.38
30	$0.97	46	$1.74	62*	$3.57
31	$1.00	47	$1.81	63*	$3.77
32	$1.03	48	$1.89	64*	$3.98
33	$1.07	49	$1.97	65*	$4.21
34	$1.11	50	$2.05	66*	$4.45
35	$1.15	51	$2.14	67*	$4.70
36	$1.19	52	$2.23	68*	$4.97
				69*	$5.25

*Premium rates take reducing coverage into account.

POST RETIREMENT LIFE INSURANCE

If you are a Senior Management employee receiving an immediate pension, who opted to maintain your Basic Life coverage and apply for Post-retirement Life Insurance within 30 days of the date you leave NAV CANADA, the monthly premiums for Post-retirement Life Insurance are as follows:

Senior Manager retirees pay...	NAV CANADA pays...
$0	$1.339 / $1,000 of coverage

Premiums are subject to provincial tax for Ontario, Quebec, and Manitoba.

Life insurance premiums and provincial tax paid by NAV CANADA constitute a taxable benefit under the Income Tax Act. This amount is added to your T4A and Relevé 2, for retirees. Applicable income tax is deducted from your pension.

FREQUENTLY ASKED QUESTIONS

How do I pay my part of the cost?

Premiums will be deducted from your Pension payments.

What happens if the cost changes?

Your cost is adjusted as of the effective date of the change. Changes to the rates, if necessary, will be communicated to all members in advance.

Prescription Drugs

WHAT'S COVERED?

Reasonable and customary charges for covered prescription drugs, as long as the medication is medically necessary for the treatment of disease or injury and approved by Sun Life.

80% brand name prescription drug cost only if a generic drug equivalent does not exist.

85% of lowest alternative generic prescription drug cost if one is approved on the market, except if your physician completes a medical exception form for consideration if the brand name drug is medically necessary; the exception request will be reviewed by Sun Life and a decision will be communicated in writing to pay 85% of the brand name cost.

Expenses with a maximum reimbursable amount will be paid at 100%.

Per Script Fee

$10 The plan will deduct a per script fee of $10 for each Drug Identification Number (DIN) claimed on an individual receipt if expense not purchased at a Preferred Pharmacy ($4 per script fee applies in Quebec, regardless of the pharmacy). You pay the remaining cost.

Dispensing Fee

Max 5 Maximum 5 dispensing fees per year for maintenance drugs (with the same DIN). This is called a Dispensing Fee Frequency Limit (DFFL). The DFFL is 5 times in a benefit year. Each group of maintenance drugs has its own DFFL as does each person under this plan. If a person fills a prescription more often than the drug's DFFL, dispensing fees incurred on claims that exceed the DFFL will not be eligible for reimbursement.

Prior Authorization Program

Specialty drugs that are used to treat specific health conditions and/or cost more than $5,000 per person, per calendar year will require pre-approval ("Prior Authorization"). This means that if your physician prescribes such a specialty drug for you or your covered dependent, you and your physician must submit evidence that supports the need for the drug in order to obtain coverage for it under the Health Care Plan. Should a plan member choose not to submit a request or if the request does not meet the criteria, the claim will be rejected.

To determine if a prescription drug requires prior authorization, please contact our third-party provider, Cubic Health Inc., through the FACET Program for Prior Authorization. Users of this service are encouraged to read and will be subject to Cubic Health Inc's privacy policy. Your personal information and/or personal health information will be collected directly by the third party vendor. NAV CANADA will not receive employee personal information and/or personal health information from FACET, with the exception where an employee expressly consents to specific personal information and/or personal health information being provided to NAV CANADA.

ELIGIBLE EXPENSES

To determine if a specific drug may be eligible for coverage:

1. Go online to www.mysunlife.ca/navcanada.
2. Sign in with your Access ID and password.
3. Click on My coverage.
4. Click on Drug Coverage under the Medical section.

You can get an Access ID and password by calling Sun Life at 1-800-361-6212 or by clicking "Register now" on the sign-in page www.mysunlife.ca/navcanada.

Drugs or supplies must be prescribed by a Doctor or Dentist (or other qualified professionals if applicable provincial legislation permits them to prescribe these drugs) and dispensed by a licensed pharmacist or a Doctor.

Read what limitations and exclusions apply to this coverage:

Eligible Expense	Limitations
Aerochambers with masks for the delivery of asthma medication	For children under six years of age only.
Brand Name Prescription Drugs	Reimbursed at 80% if a generic equivalent does not exist, except if physician completes and submits a Drug Exception form for consideration and approval. If approved by Sun Life reimbursement will be at 85% of brand name cost.
Compounded Prescriptions	Regardless of active ingredients.
Supplies for Diabetes Treatment	• Hypodermic needles, syringes, and chemical diagnostic aids for treatment of diabetes. • Including needles and syringes no earlier than 36 months after purchase of an insulin jet-injector.
Drug-delivery devices to deliver asthma medication	Must be integral to the product.
Erectile Dysfunction Drugs	Maximum reimbursable expense of $1,300[1] for each covered person in any one calendar year.

Eligible Expense	Limitations
Prescription Drugs	Identified in the Monographs section of the current Compendium of Pharmaceuticals and Specialties as a narcotic, controlled drug, or requiring a prescription.
Injectable Drugs	Including allergy serums administered by injection.
Life-Sustaining Drugs	Life-sustaining drugs that may not legally require a prescription, identified in the Therapeutic Guide section of the current Compendium of Pharmaceuticals and Specialties under the following headings: • anti-anginal agents • antiparkinsonism agents • bronchodilators • antihyperlipidemic agents • hyperthyroidism therapy • parasympathomimetic agents • tuberculosis therapy • anticholinergic preparations • anti-arrhythmic agents • glaucoma therapy • insulin preparations • oral fibrinolytic agents • potassium replacement therapy • topical ensymatic debriding agents
Replacement Therapeutic Nutrients	Replacement therapeutic nutrients prescribed by an accredited medical specialist for the treatment of an injury or disease (excluding allergies or aesthetic ailments), provided that no other nutritional alternative exists to support the life of the patient.
Smoking Cessation Aids	• Require a prescription • Must not be available over the counter • Lifetime maximum reimbursable expense for each covered person of $1,000[1]
Specialty Drugs	The Prior Authorization Program for Specialty drugs applies to a limited number of drugs and, as its name suggests, prior approval is required for coverage under the program. In order for specialty drugs to be covered, both you and your doctor need to provide medical information. You will be covered for these drugs if the information provided meets the medical criteria. If not, your claim will be declined.

	Please contact our third-party provider, Cubic Health Inc., through the FACET Program for Prior Authorization. Users of this service are encouraged to read and will be subject to Cubic Health Inc's privacy policy.
Vitamins and Minerals	• Must not be available over the counter; and • are prescribed for the treatment of a chronic disease, when the customary practice of medicine considers that these products have proven therapeutic value and when no other alternatives are available to the patient.
Weight Loss Drugs	• Require a Prescription. • Covered if person is considered obese as defined by the World Health Organization (including prescribed injectable vitamins/dietary supplements if used in conjunction with a weight loss drug program).

[1]All expenses with a maximum reimbursable amount will be paid at 100% coinsurance.

MAKING A CLAIM

Claiming under the NAV CANADA Plan

Using the Pay Direct Drug Card

If you are a retiree covered under the Health Care Plan, you have access to the Pay Direct drug card feature. This card can be used for prescription drug expenses for you and your registered dependents.

If you do not use your Pay Direct drug card, your pharmacist may charge you more than the customary mark-up rate, and these higher charges are NOT covered by the Health Care Plan.

If you and your spouse are both covered under the NAV CANADA Health Care Plan and you are covered as a dependent under family coverage on your spouse's Health Care Plan, you will not have access to your own Pay Direct drug card as a dependent under your spouse's plan.

Buying Online

If you buy prescription drugs through our mail-order Preferred Pharmacy, you will not need to claim with Sun Life, since they will invoice Sun Life directly for the applicable eligible expenses paid by the Plan.

Paper Claim Form

1. Pay the expense and get a receipt,
2. Complete an Extended Health Care Claim Form, and
3. Mail the claim form and original receipt to Sun Life.

Coordination of Benefits with the Pay Direct Drug Card

If your pharmacist is aware that there is a secondary plan and he/she is prepared to accommodate you, they will be able to transmit a claim under the secondary plan, indicating what amount was allowed under the primary plan. This may permit 100% reimbursement of the cost of the prescription.

However, in this case both you and your spouse must have coverage with Sun Life (and both must have a drug card) or your spouse must have a drug card with a carrier who uses Express Scripts (formerly known as Emergis) as their pay-direct provider.

If your spouse's health care coverage is not with Sun Life and/or does not have pay-direct with Express Scripts, you will not be able to use your pay-direct drug card for those expenses and must submit a paper claim form for the coordination of benefits portion.

For more information, visit the "Making a Claim" section.

FREQUENTLY ASKED QUESTIONS

Brand Name & Generic Drugs

Does the plan cover brand-named drugs?

Yes, but with the following exceptions:

- if no generic drug is approved on the market (coinsurance will be 90%),
- your physician completes a medical exception form for consideration if a brand name drug is medically necessary; the exception request will be reviewed by Sun Life and a decision will be communicated in writing (coinsurance will be 85%).

Otherwise, only 95% of the equivalent least expensive generic drug will be reimbursed.

What are generic drugs?

A generic drug is a copy of a brand name product. Generic drugs contain the same medicinal ingredients as the brand name drug and are considered bioequivalent to the brand name drug product. There may be many generic versions of the same brand name drug.

Nearly 45% of all prescriptions filled by pharmacies use generic drugs, and some hospitals use generic drugs almost exclusively. Chances are that you have received a generic drug at some time, whether you realize it or not.

Are generic drugs safe?

Generic drugs are safe. Like brand-name drugs, they must meet the strict regulations established by Health Canada, and the Food and Drugs Act and Regulations.

Why do generic drugs sometimes look different from brand-name drugs?

Every drug has two types of ingredients: active and non-active. Generic drugs and brand-name drugs share the same active ingredients, which must meet strict government regulations.

However, the non-active ingredients may differ, causing generic drugs to look or taste different from brand-name drugs. Be assured that generic drugs work the same as brand-name drugs, regardless of shape, size, colour and taste.

Can I get a generic version for all my prescription drugs?

Not all drugs have a generic version. Many drugs are protected by patents, which have not expired. Until the patent expires, the company, which owns the patent, is the only company who can produce that drug. Once the patent expires other companies can manufacture the generic version of the drug.

How can I find out if my prescription has a generic version?

Physicians are best at choosing which drug is right for you, but they do not always know which drugs are available in a generic version. Your pharmacist is an excellent source for information on which of your prescriptions can be filled with a generic equivalent.

How do I know if the prescription drug prescribed by my physician is a generic version?

Your physician and/or your pharmacist can confirm if the prescribed drug is a generic version or if a generic equivalent exists in the market. You should tell your physician that your plan will only reimburse the generic equivalent unless they complete an exception request on your behalf.

What is the difference between generic and brand name drugs?

The quality standards for brand name drugs and generic drugs are the same. The ingredients, manufacturing processes and facilities for all drugs must meet the federal guidelines for Good Manufacturing Practices. As well, all drug manufacturers must perform a series of tests, both during and after production, to show that every drug batch made meets the requirements for that product.

The generic drug must contain the same amount of medicinal ingredients as the brand name drug. However, non-medicinal ingredients, such as fillers and ingredients that colour the drug, may be different from those of the brand name product. The generic manufacturer must provide studies showing that the different non-medicinal ingredients have not changed the quality, safety or effectiveness of the generic drug.

To prove that their products are safe and effective, generic drug manufacturers must demonstrate that the generic drug performs similarly to the brand name drug.

Why are brand name drugs so much more expensive than the generic equivalent?

Brand-name drugs require more time and money for initial research. In addition, many also employ vast consumer-marketing campaigns, which also adds to the cost. These costs are incorporated into the total pricing of the drug sold to the consumer. On the other hand, generic drugs require less time and money for research, costing consumers, on average, 30 to 40 percent less.

Drug Card

How do I obtain a drug card?

The first step in obtaining your Access ID and Password required to access your profile and Pay Direct drug card is to register with Sun Life Member Services.

How do I view and print the drug card?

You can visit the Sun Life website at www.mysunlife.ca/navcanada and enter your Access ID and password. Once on the site, you will see a “take me to” drop down menu in the center of the page, where you will select “print drug card”. An image of the drug card will appear on screen. Simply print as many copies as you require.

Will I have any out of pocket expenses when I use the Direct Pay drug card?

When you present your Pay Direct drug card to your pharmacist, you will have to pay the following:

- the per-script fee, if purchase is not at one of the preferred pharmacies ($4 per script fee applies in Quebec, regardless of the pharmacy);
- 15% or 20% coinsurance that applies;
- any drug amount over and above the price of the least expensive generic equivalent unless exception request has been approved by Sun Life;
- eligible drug expenses over the annual maximum;
- any ineligible drug expenses; and/or
- eligible drug expenses for your dependents, subject to the coordination of benefits rules.

How do I use my Pay Direct drug card if I also have coverage under another plan?

If your pharmacist is aware that there is a secondary plan and he/she is prepared to accommodate you, they will be able to transmit a claim under the secondary plan, indicating what amount was allowed under the primary plan. This may permit 100% reimbursement of the cost of the prescription.

However, in this case both you and your spouse must have coverage with Sun Life (and both must have a drug card) or your spouse must have a drug card with a carrier who uses Express Scripts (formerly known as Emergis) as their Pay Direct provider.

If your spouse’s health care coverage is not with Sun Life and/or does not have Pay Direct with Express Scripts (formerly known as Emergis), you will not be able to use your Pay Direct drug card for those expenses and must submit a paper claim form for the coordination of benefits portion.

How do I use the Pay Direct drug card outside Canada?

The Pay Direct drug card can only be used in Canada. If you are outside the country, you must pay for the expenses and submit a paper claim form to Sun Life Financial to obtain reimbursement.

Why won't the pharmacist accept the Pay Direct drug card for my dependent's drug expenses?

There are a few reasons why the expense would be declined at the pharmacy counter:

- you do not have family coverage under the NAV CANADA Health Care Plan (you must apply for the family coverage and register your dependents before you can claim drug expenses with your Pay Direct drug card);
- your dependent is not registered in the system (e.g. positive enrolment process within your Workday Self-Serve Account); or
- your spouse does not have a Pay Direct drug card feature under his/her Health Care Plan or Express Scripts (formerly known as Emergis) is not their Pay Direct Provider.

In cases 2 and 3, you must pay for the expense and submit an Extended Health Care claim form to Sun Life Financial.

How can I obtain a card with my dependent's information on it?

The Pay Direct drug card is not personalized for every family member covered under your plan. As the retiree card holder, your information is primary, and the dependent information is linked to your record.

My name does not appear on the Pay Direct drug card. Can I still present it for use or does the named person need to be present?

If you are a registered dependent of the named person on the card, you can use the Pay Direct drug card without the named person being present. You will need to advise the pharmacist of your relationship to the plan member and your date of birth. The pharmacist will confirm that the information matches what is on file with Express Scripts and process accordingly.

Mail Order Form

Can I use a mail-order pharmacy and still get reimbursed?

A mail-order prescription program is available through our mail-order Preferred Pharmacy for all eligible Health Care Plan members living in Canada.

How it works:

- Our mail-order Preferred Pharmacy will bill Sun Life directly for your eligible prescription drug orders.
- The only out-of-pocket expense for you is:
  - 15% or 20% coinsurance that applies;
  - any drug amount over and above the price of the least expensive generic equivalent unless exception request has been approved by Sun Life;
  - eligible drug expenses over the annual maximum; and/or
  - any ineligible drug or items (such as regular drugstore items) you choose to purchase.

You can claim the unpaid portion of expense claims to another plan for coordination of benefits.

For further information about the Preferred Pharmacy Network contact the HR Employee Centre (HREC) at HREC-CERH@navcanada.ca or 1-888-774-4732, option 2.

Per Script Fee

How does the per script fee affect me?

If your prescription drug expense is not purchased at one of the Preferred Pharmacies, Sun Life Financial calculates the eligible expense you claim by deducting a per script fee for each Drug Identification Number (DIN) indicated on the receipt once the coinsurance has been applied. A $4 per script fee applies in Quebec, regardless of the pharmacy.

Prescription Drugs

I am trying to stop smoking. Can the plan help?

Yes, but only with smoking cessation aids that require a prescription and are not available over the counter, to a lifetime maximum reimbursable expense of $1,000.

Does the plan cover Viagra?

Yes, the plan covers all erectile dysfunction drugs up to a maximum reimbursable expense of $1,300 for each covered person in any one calendar year.

Does the plan cover experimental drugs?

Experimental products or treatments are never eligible unless Sun Life is satisfied that substantial evidence exists, provided through objective clinical testing of the product's or treatment's safety and effectiveness for the purpose and under the conditions of the use recommended. Certain life-sustaining non-prescription drugs are covered if prescribed by a physician.

Does the plan cover an unlimited supply of therapeutic or maintenance drugs?

Although there is no maximum limit for drugs, you may only claim what can reasonably be used in three months. The plan will only reimburse a maximum 100-day supply at a time.

Does the plan cover supplies for diabetics?

Yes, including hypodermic needles, syringes, and chemical diagnostic aids. But, if you buy an insulin jet-injector, you cannot claim needles and syringes for the next 36 months.

Does the plan cover contraceptives?

Yes, oral and non-oral contraceptives prescribed by a physician and dispensed by a licensed pharmacist.

Are injectable drugs covered?

Yes, including allergy serums administered by injection.

Where can I obtain a list of prescription drugs that require prior authorization?

Please contact our third-party provider, Cubic Health Inc., through the FACET Program for Prior Authorization. Users of this service are encouraged to read and will be subject to Cubic Health Inc's privacy policy.

How can I claim weight loss drugs?

Charges for prescription weight loss drugs (includes injectable vitamins and dietary supplements prescribed by a physician in conjunction with a weight loss drug program) will be considered an eligible expense only if the covered person is deemed obese as defined by the World Health Organization (WHO). To find out more about the Body Mass Index and the WHO, refer to their website.

Preferred Pharmacy Network

WHAT'S COVERED?

NAV CANADA is committed to providing its members with sufficient information to spend benefit plan dollars in the most cost-effective way so a Preferred Pharmacy Network (PPN) has been established to help you save on your prescription drug costs.

Participation is voluntary and enables you to save money while accessing comprehensive pharmacy services with the following benefits:

- Elimination of the $10 per script fee
- Provides value and convenience for plan members

Due to specific provincial regulations, the network is not authorized to include Quebec pharmacies. The per script fee of $4 will continue to apply to all prescription drugs purchased in Quebec.

The per script fee of $10 will continue to apply to all prescription drugs purchased outside the PPN.

HOW IT WORKS

1. Select the Preferred Pharmacy Network pharmacy closest to you or that best meets your needs.
2. Give your new prescription to the pharmacist or transfer an existing prescription.
3. Give your Pay Direct Drug Card information to the pharmacist.
4. Enjoy lower out-of-pocket costs right away.

Select your province from the list below to find the preferred pharmacy available in that province. Click on the provider site to find the closest pharmacy nearest you by using the "Locations" and/or "Stores" link and "Pharmacy" filter feature.

Province/Territory	Pharmacy
Quebec	The Code of Ethics of the Association Québécoise des Pharmaciens Propriétaires (AQPP) includes a number of provisions precluding price rebating (or other profit sharing) to PBMs (insurers, drug card providers) or plan sponsors in exchange for plan member incentive to use a preferred pharmacy.

Province/Territory	Pharmacy
Alberta British Columbia Manitoba Newfoundland & Labrador Nova Scotia Saskatchewan	**In Store** Costco Pharmacy • Membership is not required to purchase prescription drugs • Receive a $10 Costco Cash Card when you sign up for a new Costco Gold Star or Executive Membership. Walmart Pharmacy • 10% discount on prescription glasses, lenses and contact lenses when purchased at a Walmart Vision Centre. The discount offered does not apply to vision exams. **Mail Order** MediTrust Pharmacy • Rexall discount card once you complete a survey after you have signed up for the MediTrust home delivery service through the MediTrust website.
New Brunswick Ontario	**In Store & Mail Order** Costco Pharmacy • Membership is not required to purchase prescription drugs • Receive a $10 Costco Cash Card when you sign up for a new Costco Gold Star or Executive Membership. Walmart Pharmacy • 10% discount on prescription glasses, lenses and contact lenses when purchased at a Walmart Vision Centre. The discount offered does not apply to vision exams. **Mail Order** MediTrust Pharmacy • Rexall discount card once you complete a survey after you have signed up for the MediTrust home delivery service through the MediTrust website.
Northwest Territories Prince Edward Island Yukon	**In Store** Walmart Pharmacy • 10% discount on prescription glasses, lenses and contact lenses when purchased at a Walmart Vision Centre. The discount offered does not apply to vision exams. **Mail Order** MediTrust Pharmacy • Rexall discount card once you complete a survey after you have signed up for the MediTrust home delivery service through the MediTrust website.
Nunavut	**Mail Order** MediTrust Pharmacy • Rexall discount card once you complete a survey after you have signed up for the MediTrust home delivery service through the MediTrust website.

FREQUENTLY ASKED QUESTIONS

Do I have to use a pharmacy in the PPN?

No. Using a pharmacy in the Preferred Pharmacy Network is optional but it offers many benefits including lower out-of-pocket expenses. More importantly, the plan will charge you the per script fee of $10 if your prescription drug expense is not purchased at one of the Preferred Pharmacies. The $4 per script fee applies in Quebec, regardless of the pharmacy.

How do I find a participating pharmacy?

Go to the “How it Works” section and select your province from the list. Participating pharmacies and their websites are shown for each province.

Why is there no PPN in Quebec?

The Code of Ethics of the Association Québécoise des Pharmaciens Propriétaires (AQPP) includes a number of provisions precluding price rebating (or other profit sharing) to PBMs (insurers, drug card providers) or plan sponsors in exchange for plan member incentive to use a preferred pharmacy.

Do I have to provide my pay-direct drug card information to the preferred pharmacy to access the preferred rates and waiver of script fee?

Yes. In order to access the waiver of per script fee ($4) and the lower cost preferred rates you must provide your drug card information to the pharmacist at the point of sale. If the drug card information is not presented, you will not benefit from the lower cost preferred arrangement.

Travel

WHAT'S COVERED?

In an out-of-province emergency, call Global Excel Management (GEM).

In Canada and the US: 1-800-511-4610

From elsewhere, call collect: 1-519-514-0351

100%

Reasonable and customary charges for emergency health care:

- outside your province of residence, and
- above what is payable by your provincial health plan, to a lifetime maximum reimbursable expense of $500,000 for each covered person.

The expense must be:

- prescribed by a physician and medically necessary,
- incurred no more than 90 days from the date you leave home or any time you are on official travel status (if treatment continues beyond 90 days, related expenses will be covered),
- incurred because of an emergency, and
- payable in part by the provincial plan.

ELIGIBLE EXPENSES

Eligible expenses include:

- public-ward accommodation and auxiliary hospital services in a general hospital,
- the services of a physician,
- out-patient services in a hospital,
- one-way economy airfare for the patient and professional attendant, back to the province of residence, when medically necessary,
- medical evacuation by ambulance, when Sun Life determines that suitable care is not available where the emergency occurs,
- family assistance, subject to certain limits:
    - combined **maximum payable** for all family assistance benefits - $2,500 for any one travel emergency;
    - return transportation for covered dependent children under age 16 who are left unattended because the Employee or the Employee's covered spouse is hospitalized. If necessary, an escort will be provided to accompany the dependent children. **The maximum payable is the cost of economy airfare.**

  - combined maximum payable - $2,500 for any one travel emergency;
  - a visit of a relative if the family member is hospitalized for more than 7 days while travelling alone. This includes economy airfare, and meals and accommodations to a **maximum of $150 per day**, for a spouse, parent, child, brother or sister. This benefit also covers expenses incurred if it is necessary to identify a deceased family member prior to release of the body.
  - meals and accommodations if the Employee or a covered dependent's trip is extended due to hospitalization of a family member. The additional expenses incurred by accompanying family members for accommodations and meals are provided to a **maximum of $150 per day.**
- transportation arrangements to the nearest hospital that provides the appropriate care, or back to Canada,
- medical referrals, consultation and monitoring,
- legal referrals,
- a telephone interpretation service,
- a message service (messages held up to 15 days for family and business associates),
- advance hospital and medical expense payment, and
- return of the deceased in the event of death, to a maximum of $3,000.

If a treatment or service is not offered in the patient's province of residence and the person is referred to a hospital in another province, in writing, by the attending physician in his/her province of residence, the plan pays 100% for reasonable and customary charges for the same services, up to a maximum of $25,000 per illness.

MAKING A CLAIM

Global Excel Management (GEM) will co-ordinate payments from the provincial health care plan and Sun Life for members enrolled in supplementary coverage. You do not need to submit a claim, unless you want to claim for co-ordination of benefits under another plan.

If you do not contact Global Excel Management (GEM):

1. Get detailed receipts,
2. Submit expenses to your provincial health plan within 14 days of your return to Canada,
3. Once the province reimburses you, send Sun Life:
   - an Extended Health Care Claim Form,
   - duplicate receipts (or photocopies), and
   - the provincial statement of payment.

Send in your claim as quickly as possible, because provincial plans have very strict time limits. If claims are late, they may not be paid by the province or Sun Life.

TRAVEL TIPS

- For detailed travel health information, visit www.travelhealth.gc.ca, a Health Canada site that provides:
  - current information on international disease outbreaks,
  - immunization recommendations for international travel,
  - general health advice for international travelers, and
  - disease-specific treatment and prevention guidelines.
- If you plan to travel off the beaten track, you may need to take extra health precautions. Seek medical advice at least six weeks before you travel, since some vaccinations should not be given together.
- Review NAV CANADA's travel coverage and decide whether you need to buy additional insurance.
- Carry your benefit card as proof of insurance coverage.
- Know how to contact Global Excel Management (GEM) for emergency health claims, and make sure that your traveling companion(s), travel agent and someone at home know how to do so as well.
- Make sure you know about health risks specific to your destination. Take first aid supplies along.
- Keep prescription medication in its original container and carry a doctor's prescription for any controlled drug.
- Do not leave prescription medication in your checked luggage, in case your baggage goes astray.
- Carry a medical certificate for syringes if you require them for medical purposes.
- Ensure that you have all required visas. Make photocopies of your visas and keep them separate from the originals.
- Photocopy the identification page in your passport. Keep a copy separate from the passport and leave another copy with someone at home.
- For travel reports on various countries throughout the world, visit Consular Affairs and consult the travel report for your destination.
- Travel to Cuba: upon entry into Cuba you will be required to present proof of travel insurance.
- There are a number of hospitals that have been identified in California, Florida, Arizona and Nevada that are now requiring a deposit from Canadian patients regardless of whether or not they are billing the patient or the insurance company directly. Where possible, contact Global Excel Management (GEM) before incurring any expenses.

Health Practitioner

WHAT'S COVERED?

80%

The Health Care Plan covers reasonable and customary charges incurred for eligible expenses, as long as they:

- are medically necessary for the treatment of disease or injury
- are within the practitioner's area of expertise,
- require the skills and qualifications of such a practitioner, and
- are provided by a practitioner licensed, registered, or certified through the respective provincial licensing body or professional organization.

You pay the remaining cost.

Expenses with a maximum reimbursable amount will be paid at 100%.

ELIGIBLE EXPENSES

Type of Expense	Maximum Reimbursable Expense
Acupuncturist	$300[1] for each covered person in any one calendar year
Chiropodist/Podiatrist	
Naturopath	
Osteopath	
Registered Massage Therapist	
Chiropractor	$500[1] for each covered person in any one calendar year
Electrology	• By an electrologist or a physician. • Limited to treatment to remove excessive hair from exposed areas of the face and neck (when the patient suffers from severe emotional trauma as a result of the condition) • $20[1] for each visit • psychiatrist's or psychologist's prescription required every 12 months
Physiotherapist	• Unlimited • Physician's prescription required every 12 months
Psychologist	• $1,000[1] for each covered person in any one calendar year
Speech-Language Pathologist	• $500[1] for each covered person in any one calendar year • Physician's prescription required every 12 months

[1]All expenses with a maximum reimbursable amount will be paid at 100% coinsurance

FREQUENTLY ASKED QUESTIONS

Does the plan cover the cost of any laboratory tests or X-rays?

Yes, that is:

- tests done in a commercial laboratory for diagnosis of an illness (not including tests in a physician's office or pharmacy), and
- X-rays ordered by a physician, chiropractor, osteopath or chiropodist/podiatrist.

The plan does not cover the cost of laboratory tests or X-rays done in a private laboratory.

Vision

WHAT'S COVERED?

80%

The Health Care Plan pays reasonable and customary charges incurred for eligible expenses.

You pay the remaining cost.

Expenses with a maximum reimbursable amount will be paid at 100%.

ELIGIBLE EXPENSES

Type of Expense	Limitation
Artificial Eyes and Replacements	Including replacement of existing eye, no earlier than: • 60 months after the last purchase, for covered persons over age 21, or • 12 months after the last purchase, for spouse or children 21 years of age or less
Eye Examinations	By a licensed optometrist. One examination for each covered person in each two-year calendar period
Eyeglasses and Contact Lenses needed to correct vision, prescribed by an ophthalmologist or optometrist, and repairs	Maximum reimbursable expense of $225[1] for each two-year calendar period
Eyeglasses or Contact Lenses (initial purchase) required as the direct result of surgery or an accident	Must be purchased within six months of such surgery or accident, or as soon as is reasonably possible, in Sun Life's opinion
Laser Eye Surgery	Can be claimed against the same maximum reimbursable expense of $225[1] as eyeglasses and contact lenses in subsequent two-year calendar period (under the regular Health Care Plan) until the full cost has been claimed.

[1] All expenses with a maximum reimbursable amount will be paid at 100% coinsurance.

MAKING A CLAIM

Eyeglasses, contact lenses and eye exams

You can submit your claim electronically or by paper claim form.

Mobile

1. Go to Sun Life Mobile.
2. Sign in with your Access ID and password.
3. Click on Submit a Claim.
4. Select Vision.

Online

1. Go to www.mysunlife.ca/navcanada.
2. Sign in with your Access ID and password.
3. Click on My claims.
4. Select Vision e-claim under the Submit a claim section.

You can get an Access ID and password by calling Sun Life at 1-800-361-6212 or by clicking "Register now" on the sign-in page www.mysunlife.ca/navcanada.

Paper Claim Form

1. Pay the expense and get a receipt.
2. Complete an Extended Health Care Claim Form.
3. Mail the claim form and original receipt to Sun Life.

Laser Eye Surgery, Artificial Eyes, and Replacements

You must submit your expense by paper claim form.

1. Pay the expense and get a receipt.
2. Complete an Extended Health Care Claim Form.
3. Mail both the claim form and original receipt to Sun Life.

You can continue to resubmit the laser surgery expense claim under the regular Health Care Plan until the balance is paid, as long as the person for whom you are claiming remains continuously covered under the plan.

Once the next two-year claiming period begins, submit a new Extended Health Care Claim Form with a copy of your original receipt and explanation of benefits form received from Sun Life.

FREQUENTLY ASKED QUESTIONS

Does the plan cover sunglasses?

Yes, as long as they have prescription lenses.

How does the two-year claiming period work?

If you received a reimbursement of $225 on the purchase of eyeglasses, contact lenses or laser eye surgery during the two-year period that runs from January 1, 2021 to December 31, 2022, you cannot claim again until the new two-year period (January 1, 2023 to December 31, 2024) begins.

For laser eye surgery claims, you may re-submit the expense, as long as the person is covered by the plan, in every two-year calendar period until the full cost of the surgery has been claimed.

Hospital & Ambulance

WHAT'S COVERED?

Hospital

100%

Reasonable and customary costs for semi-private hospital accommodation.

If you choose a private hospital room, you must pay the difference in cost between semi-private and private accommodation. The plan will only pay the hospital for the semi-private accommodation costs.

Read what limitations and exclusions apply to this coverage.

Ambulance

80%

Reasonable and customary charges for ground or air ambulance services, as long as:

- the service is prescribed by a physician and medically necessary, and
- the provider is licensed.

You pay the remaining cost.

Read what limitations and exclusions apply to this coverage.

MAKING A CLAIM

Hospital

If you, your spouse, or any of your children are hospitalized, give the admitting clerk your benefit card.

Generally, hospitals bill the plan directly. If your hospital does not, send a completed Extended Health Care claim form with the hospital's invoice to Sun Life. They will either pay the hospital directly, if the claim was sent directly from the hospital, or reimburse you, up to the value of semi-private accommodation.

Ambulance

Expense claims must be submitted by paper form.

1. Pay the expense and get a receipt.
2. Complete an Extended Health Care claim form.
3. Mail the claim and original receipt to Sun Life.

FREQUENTLY ASKED QUESTIONS

What if I just want ward accommodation?
Your provincial health plan covers 100% of the cost.

Can I get higher reimbursement from the plan?
No, there is no option to pay more for higher coverage. If you choose a private room when you are hospitalized, you must pay the difference in cost between semi-private and private accommodation.

Does the plan cover other types of hospital services?
Generally, in Canada, hospital charges are covered by your provincial plan.

Can I get the ambulance to take me to any hospital I want?
No, it must take you to the nearest hospital equipped to provide the required treatment.

Does the plan cover the cost of a medical certified attendant to accompany me?
Yes, if medically necessary.

Hearing Aids

WHAT'S COVERED?

Regular Hearing Aids

100%

Of reasonable and customary charges for hearing aids prescribed by an ear, nose, and throat specialist, including repairs but excluding batteries. Maximum reimbursable expense of $1,000 for each covered person every 60 months.

To be eligible:

- any provincial plan must have paid its maximum for the service or product, and
- the service or product must be prescribed by a physician and medically necessary.

You pay the remaining cost.

Read what exclusions apply to this coverage.

As the result of surgery or an accident

80%

Of the initial purchase of hearing aids required as the direct result of surgery or an accident. Must be purchased within six months of the surgery or accident, or as soon as is reasonably possible, in Sun Life's opinion. No maximum reimbursable expense.

To be eligible:

- any provincial plan must have paid its maximum for the service or product, and
- the service or product must be prescribed by a physician and medically necessary.

You pay the remaining cost.

Read what exclusions apply to this coverage.

Medical Supplies & Services

WHAT'S COVERED?

80%

The Health Care Plan pays reasonable and customary charges for covered services or products, as long as:

- any provincial plan has paid its maximum for the service or product, and
- the service or product is prescribed by a physician and medically necessary.

You pay the remaining cost.

Expenses with a maximum reimbursable amount will be paid at 100%.

ELIGIBLE EXPENSES

Read what limitations and exclusions apply to this coverage:

Eligible Expenses	Limitations
Artificial Limbs, temporary and permanent (to replace temporary)	Including replacement of existing prosthesis, no earlier than: • 60 months after the last purchase for patients over age 21, or • 12 months after the last purchase for spouse, or child age 21 or less. Earlier replacement may be approved if medically proven that growth or shrinkage of surrounding tissue requires replacement at an earlier date.
Bandages and Surgical Dressings	Required for the treatment of an open wound or ulcer.
Blood-glucose Monitors	Blood-glucose monitors for insulin-dependent diabetics and for legally blind or colour blind non-insulin-dependent diabetics. Including repair or replacement, no earlier than 60 months following the date of purchase of the monitor.
Braces that contain either metal or hard plastic	Not including dental braces or braces used primarily for athletic use.
Breast Prosthesis following mastectomy	One replacement for each prosthesis in any 24-month period.
Colostomy, ileostomy and tracheostomy supplies, catheters and drainage bags for incontinent, paraplegic or quadriplegic patients	N/A

Eligible Expenses	Limitations
Dentist/Dental Surgeon	The Health Care Plan covers 80% of reasonable and customary charges for the services of a dentist/dental surgeon (as well as charges for braces and splints) required to treat a fractured jaw or accidental injuries to natural teeth caused by an external, violent injury or blow. Accidents associated with cleaning, chewing, and eating are not covered. Treatment must take place no more than 12 months after the accident (for children under the age of 17 treatment must take place before the child reaches age 18).
Durable equipment manufactured specifically for medical use, required for temporary and therapeutic use in the patient's private residence - rental, or purchase at Sun Life's option - including walkers, hospital beds, apnea monitors and alarm systems for enuretic patients	Reimbursement limited to the cost of non-motorized equipment, unless medically proven that motorized is required.
Elasticized support stockings and elasticized apparel for burn victims	Manufactured to individual patient specifications, or with a minimum compression of 30 millimeters.
Insulin jet-injector device for insulin-dependent diabetics	Maximum reimbursable expense of $760[1] for each covered person every 36 months.
Insulin pumps and associated equipment for insulin-dependent diabetics, including repair or replacement at least 60 months following the date of purchase	Reimbursed only if prescribed by a physician associated with a recognized center for the treatment of diabetes at university teaching center.
Orthopedic brassieres	Maximum reimbursable expense of $100[1] for each covered person in any one calendar year.
Orthopedic shoes that are an integral part of a brace or are specifically constructed for the patient, including modifications to such shoes, prescribed by a physician, chiropodist or podiatrist	Maximum reimbursable expense for each covered person in any one calendar year of: • total charges, less the average cost of regular footwear, as determined by Sun Life, or • $150[1], whichever is less.
Orthotics	Maximum reimbursable expense of $300[1] for each covered person in any one calendar year.
Oxygen and its administration	N/A

Eligible Expenses	Limitations
Private nursing care at home	Maximum reimbursable expense of $15,000[1] for each covered person in any one calendar year, as long as the care is prescribed by a physician and medically necessary. The person providing the nursing care or prescribing it: • does not live with the patient, and, • is not related to the patient by blood or marriage. Contact Sun Life ahead of time to make sure that the plan will cover the expenses.
Physician's services, when such services would be eligible for reimbursement under one or more provincial health plans	N/A
Trusses, crutches, splints, casts and cervical collars in metal or hard plastic	N/A
Wheelchair required for therapeutic use in the patient's private residence - rental, or purchase at Sun Life's option - including repairs and replacement	Reimbursement limited to the cost of non-motorized equipment, unless medically proven that motorized is required (no earlier than 60 months after the last purchase)
Wigs, when the patient is suffering from total hair loss as the result of a disease or illness	Lifetime maximum reimbursable expense of $500[1]

[1]All expenses with a maximum reimbursable amount will be paid at 100% coinsurance.

Life Insurance

BASIC LIFE INSURANCE

In the event of your death from any cause, your beneficiary would receive benefits equal to the amount in effect on your last day of work.

If you retire with at least two years of service and take an immediate pension, coverage begins reducing the 1st of the month following your 61st birthday, by 10% of your full coverage in effect at retirement. Coverage continues to reduce every year on the 1st of the month following your birthday until the minimum of $5,000 is reached, where it will remain until it is paid out.

If you leave NAV CANADA and defer your pension coverage begins reducing on the first of the month following your 61st birthday, by 10% of your full coverage in effect at retirement. Coverage reduces every year on the 1st of the month following your birthday until it reaches $0 at the age of 70 (the minimum coverage of $5,000 does not apply).

Example	
Coverage at age 60	$120,000
Birth date	March 15
10% of coverage in effect at age 61	$12,000
Coverage effective on 61st birthday	$120,000 - $12,000 = $108,000
Coverage effective on 62nd birthday	$108,000 - $12,000 = $96,000
Coverage effective on 63rd birthday	$96,000 - $12,000 = $84,000

Benefits are not taxable when paid to the beneficiary you name (any interest paid between the date of death and the date of payment is taxable). However, if your estate receives life insurance benefits, they may be subject to probate fees, since they may be considered assets.

Basic Life Insurance Living Benefits Loan Program

If you become terminally ill with a life expectancy of 12 months or less, you may apply for a commercial loan under the Sun Life Benefits Loan Program. Under this program, you may receive an advance of up to 50% of your Basic Life coverage, to a maximum of $100,000, provided that:

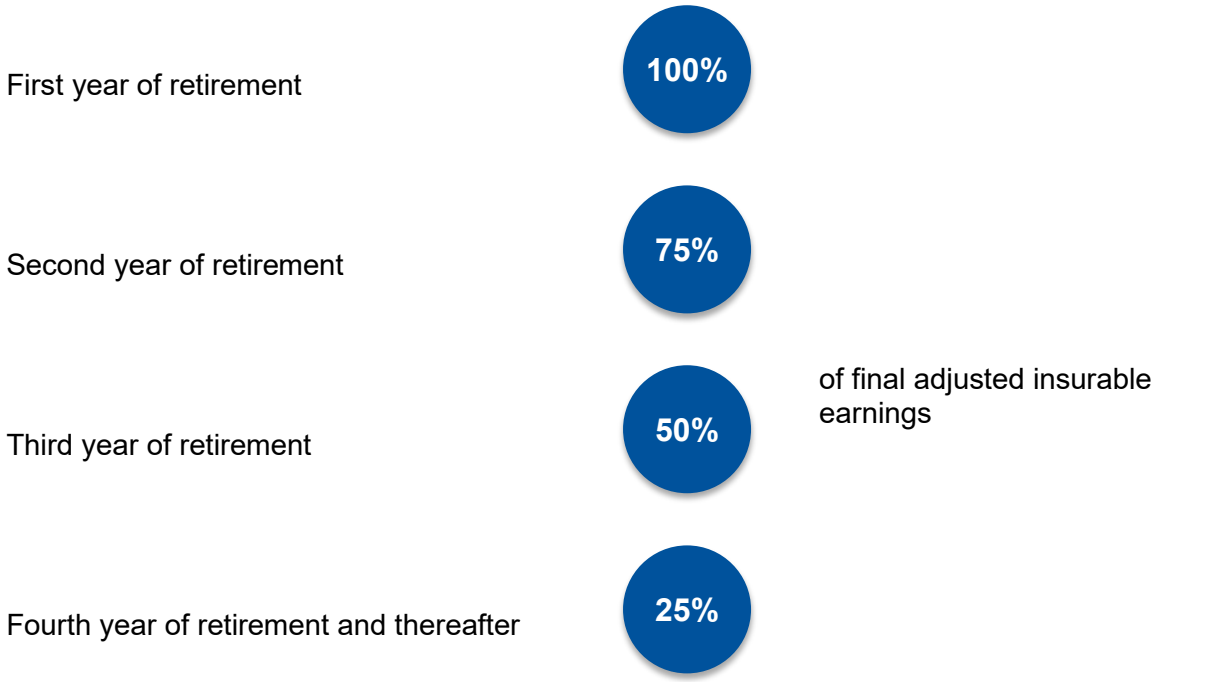
- you suffer an injury or illness expected to result in death within 12 months, from which there is no reasonable prospect of recovery, based on your physician's medical information,
- you have not named an irrevocable beneficiary,
- you submit a written request to Sun Life,
- NAV CANADA authorizes the payment, and
- you and your beneficiary sign an agreement before the benefit is paid.

If you are within 5 years of a scheduled reduction of Basic Life coverage, the advance you may receive cannot exceed 50% of the lowest reduced amount of the Basic Life coverage, to a maximum of $100,000. If you are within 5 years of the termination of your Basic Life coverage, you may not apply for a commercial loan under the Sun Life Living Benefits Loan Program. This program is subject to other restrictions, as advised by Sun Life.

The amount paid (plus accumulated interest) will reduce the Basic Life Insurance benefit your beneficiary receives when you die.

POST RETIREMENT LIFE INSURANCE

All NAV CANADA retirees at the senior manager level with at least two years of service, who receive an immediate pension, opt to maintain their Basic Life Insurance coverage, and who apply for this coverage within 30 days of the date of retirement from NAV CANADA are eligible to enroll.



Benefits are not taxable when paid to the beneficiary you name (any interest paid between the date of death and the date of payment is taxable). However, if your estate receives life insurance benefits, they may be subject to probate fees, since they may be considered assets.

BENEFICIARY

Designating a Beneficiary

If you wish to designate one or more beneficiary, you can do so on the Basic Life – Beneficiary Designation Form by stating the beneficiary's full name and relationship to you.

Forms must be completed, dated and signed. You must initial any changes or alterations to the designation, no matter how small; correction fluid cannot be accepted. The signed witness on the form cannot be any of the designated beneficiaries.

Forms must be sent to the HR Employee Centre located at 77 Metcalfe (9th floor), Ottawa, Ontario, K1P 5L6.

You may designate as your beneficiary:

- any person;
- any registered charitable or benevolent organization or institution (name and registration number of the institution are required);
- any religious or educational organization (name is required);
- your estate; or
- a trust (in Quebec, the trust must be formally established).

Revocable and Irrevocable Beneficiaries

A *revocable* beneficiary means that you are free to change the beneficiary designation at any time. A beneficiary designation is assumed to be revocable, unless specifically designated as irrevocable. With exception in Quebec, the designation of a legal spouse (married or civil union) as beneficiary is irrevocable, unless specifically designated as revocable (this exception does not apply to a common law spouse).

An *irrevocable* beneficiary means you cannot change the designation without meeting specific requirements (see Changing a Beneficiary Designation below).

Changing a Beneficiary Designation

If the beneficiary designation is revocable:

A new Basic Life – Beneficiary Designation Form must be completed, dated and signed by you and a witness.

If the beneficiary designation is irrevocable:

A new Basic Life – Beneficiary Designation Form must be completed, dated and signed by you and a witness. To change an irrevocable beneficiary or to change the current beneficiary designation from irrevocable to revocable, you must also submit one of the following documents, depending on the situation:

- 'Consent by Beneficiary Form', signed by the irrevocable beneficiary, revoking their rights; or
- Divorce Certificate (in Quebec, a divorce granted after December 1st, 1982 automatically cancels the designation of the spouse as beneficiary, even if irrevocable); or
- Proof of death of the irrevocable beneficiary.

More about beneficiary designations

Designating one beneficiary:

To designate one beneficiary, you must indicate the beneficiary's name and their relationship to you on the Basic Life – Beneficiary Designation Form.

Appointing a contingent beneficiary:

A contingent beneficiary is the person designated to receive the proceeds if the primary beneficiary predeceases you. To appoint a contingent beneficiary, you must complete the Appointing Contingent Beneficiary section of the Basic Life – Beneficiary Designation Form.

Designating more than one beneficiary:

To designate more than one beneficiary, the member must indicate the name, relationship and percentage on the form for each. The total of the designated percentages must equal 100%. If percentages are not indicated, an even split will be made between beneficiaries. If a beneficiary predeceases the member, the deceased beneficiary's portion of the death benefit will be paid to the member's estate or to the contingent beneficiary(ies), if designated. Remaining percentages will be paid as listed on the beneficiary forms.

	Example 1	Example 2
Beneficiary 1	25%	98%
Beneficiary 2	25%	1%
Beneficiary 3	25%	1%
Beneficiary 4	25%	
	Contingent Beneficiary or Estate	Contingent Beneficiary or Estate
Note	If any of the beneficiaries predecease the member, their allocation will be split among the remaining beneficiaries. Beneficiary 1 predeceases member, Beneficiaries 2,3 and 4 get 1/3 each.	If Beneficiary 1 predeceases member, their 98% will be divided equally among the remaining beneficiaries. Beneficiary 1 predeceases member, Beneficiaries 2 and 3 get 50% each.

Quebec Residents:

In the case of an even split between beneficiaries, the percentage allocated to the deceased beneficiary will be divided equally among the surviving beneficiary(ies). In the case of an uneven split, the deceased beneficiary's portion of the death benefit will be paid to the member's estate or to the contingent beneficiary(ies) if designated. Remaining percentages will be paid as listed on the beneficiary forms.

	Example 1	Example 2
Beneficiary 1	25%	98%
Beneficiary 2	25%	1%
Beneficiary 3	25%	1%
Beneficiary 4	25%	Contingent Beneficiary 1 or Estate
Note	If any of the beneficiaries predecease the member, their 25% will be split evenly between the remaining beneficiaries: Beneficiary 1 predeceases member, Beneficiaries 2,3 and 4 get 1/3 each.	If any of the beneficiaries predecease the member, their allocation will be paid to the contingent beneficiary (if designated) or the Estate: Beneficiary 1 predeceases member, Beneficiaries 2 and 3 get 1% as indicated, and the 98% goes to the Contingent Beneficiary (ies) or Estate (as per completed form on file).

Designating a minor child as beneficiary in Quebec:

In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf. If you wish to make provisions for an administrator or trustee to administer a minor child's money, you can do so in a will and designate the trustee as beneficiary. It is recommended that you consult with legal counsel to determine the estate planning steps you should take.

Designating a minor child as a beneficiary in all other provinces:

In all provinces, other than Quebec, if the member designates a minor child as beneficiary, a trustee should be designated. If no trustee is named, proceeds may be paid into court.

Designating an estate:

If you are designating your estate as beneficiary, the following should be considered:

- Insurance proceeds payable to the estate are subject to claims from creditors, whereas proceeds payable to a named beneficiary may, in some cases, be protected from creditors.
- In some instances, a will must be probated, and the costs will vary from province to province. These costs are not incurred if proceeds are payable to a named beneficiary. Probate is not required for a notarial will in the province of Quebec.

When no beneficiary has been designated:
Proceeds will be paid to the member's estate. A properly constituted and current will should be submitted with any claim to avoid delays in processing with the executors or liquidators of the estate.

MAKING A CLAIM

In the event of your death, a member of your family must notify the HR Employee Centre (HREC) at 1-888-774-4732, opt 2. They will send out the necessary forms and information to the designated beneficiary.

FREQUENTLY ASKED QUESTIONS

Are the benefits tax-free?
Yes. However, if you do not name a beneficiary or name your estate as beneficiary, probate fees may apply.

How are the benefits paid?
A lump sum in Canadian dollars.

EXCLUSIONS

Basic Life Insurance

No restrictions apply to payment of this benefit.

Post-Retirement Life Insurance

No restrictions apply to payment of this benefit.

Making a Claim

In provinces with a program to cover expenses also covered under the NAV CANADA Health Care Plan (for example, prescription drugs, artificial limbs and other assistive devices, dental services, etc.), first, submit your claim to the province. Then, submit any eligible expenses remaining under the Health Care Plan.

Submitting a Claim

If you are covered under the Health Care Plan you can submit your claims for certain services electronically. All other services must be submitted by paper claim form.

Mobile

1. Go to Sun Life Mobile.
2. Sign in with your Access ID and password.
3. Click on Submit a Claim.
4. Select on the appropriate option.

Online

1. Go to www.mysunlife.ca/navcanada.
2. Sign in with your Access ID and password.
3. Click on My claims.
4. Select the appropriate option under the Submit a claim section.

You can get an Access ID and password by calling Sun Life at 1-800-361-6212 or by clicking "Register now" on the sign-in page.

Paper Claim Form

1. Pay the expense and get a receipt.
2. Complete the appropriate form(s).
3. Mail both the claim form and original receipt to Sun Life.

Coordination of Benefits

If you and your spouse are covered by more than one Benefit Plan, you may be able to claim up to 100% of eligible expenses, depending on what is eligible under your spouse's plan. You can also coordinate benefits if you and your spouse are both covered under the NAV CANADA Health Care Plan and both have family coverage.

Always submit expenses first to the plan that covers you as a full-time or part-time employee (if, for example, you are covered under another plan as a spouse or retiree).

For expenses incurred by...	Submit your claim...
You	1. To your NAV CANADA plan 2. To your spouse's plan, if a balance remains
Your Spouse	1. To your spouse's plan 2. To your NAV CANADA plan, if a balance remains
Your Children	1. To the plan of the parent whose birthday falls earlier in the year (if both parents have the same birth date, to the plan of the parent whose surname begins with the first letter in the alphabet) 2. To the plan of the other parent, if a balance remains

If you are separated or divorced and are claiming for your children

Claims must be processed in the same order as if you have shared custody of your children. As long as you are the legal parent of the child, you can process his or her claims.

Claims must be submitted first to the plan of the parent with primary custody, then, to the plan of the other parent, if a balance remains.

Claim Submission Deadlines

Health Care Plan

Expense claims must be received by Sun Life no more than 90 days after:

- the end of the year in which the expense is incurred, or
- termination of coverage.

Checking Health Claims Status

Call the Sun Life toll-free customer service number and select the option “Medical and Dental Claims Information” at 1-800-361-6212.

Alternatively, go online to the Sun Life Member Services web site at www.mysunlife.ca/navcanada using your Access ID and PIN. You can get an Access ID and PIN number by calling Sun Life at the above number.

APPEALS

Health Care Plan Claims

If you do not agree with a decision made by the insurer you must submit a written request for a review to Sun Life Financial. If you do not agree with the review decision, contact the HR Employee Centre (HREC) at 1-888-774-4732, option 2 or HREC-CERH@navcanada.ca.

Exclusions

No benefit is payable for charges in respect of:

- Services for which benefits are payable under any workers' compensation act, any similar statute or by any government agency.
- Services or supplies rendered or prescribed by a person who is ordinarily a resident in the patient's home or is related to the patient by blood or marriage.
- Operations, treatments or supplies considered by Sun Life to be for cosmetic purposes, or for conditions not detrimental to health, except those required as a result of accidental injury or expressly provided for.
- Any services of a practitioner that, in the opinion of Sun Life, are not within the practitioner's area of expertise and do not require the skills and qualifications of such a practitioner.
- Services or supplies normally rendered without charge.
- Services rendered in connection with medical examinations for insurance, school, camp, association, employment, passport or similar purposes.
- Services provided by a physician licensed and practicing in Canada where eligible to be covered under a provincial health plan, unless such services are specifically included.
- Services or supplies payable or available (regardless of any waiting list) under any government sponsored plan or program unless explicitly listed as covered under the benefit.
- Services or supplies that are not approved by Health Canada or another government regulatory body for the general public.
- Services or supplies that are not generally recognized by the Canadian medical standards.
- Services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada).
- The portion of charges that is the legal liability of any other party.
- The portion of charges for services rendered or products provided in a hospital outside Canada that would normally be payable under a provincial health or hospital plan if the services had been rendered or products provided in a hospital in Canada, when covered by a provincial health plan.
- Co-payment charges or similar charges for hospital care that are in excess of charges payable by a provincial or territorial government health or hospital plan and that are not charges made for utilization of semi-private accommodation.
- Experimental products or treatments for which substantial evidence - provided through objective clinical testing of the product's or treatment's safety and effectiveness for the purpose and under the conditions of the use recommended - does not exist to the satisfaction of Sun Life.
- Drugs that, in Sun Life's opinion, are experimental.
- Publicly advertised items or products that, in Sun Life's opinion, are household remedies.
- Vitamins (except injectables), minerals and protein supplements, unless specifically included.
- Therapeutic nutrients, unless specifically included.
- Diets and dietary supplements.
- Infant foods and sugar or salt substitutes.

- Lozenges, mouthwashes, non-medicated shampoos, contact lens care products and skin cleanser, protectives, or emollients.
- Brand-name drugs, unless Sun Life has approved the exception request, or no generic equivalent drugs are available on the market.
- Drugs that are used for cosmetic purposes.
- Weight-loss drugs (includes injectable vitamins and dietary supplements prescribed by a physician in conjunction with a weight loss drug program) unless the covered person is deemed obese as defined by the World Health Organization (WHO).
- Drugs that are used for a condition or conditions not recommended by the manufacturer.
- Prescribed drugs that can be purchased over the counter.
- Items purchased primarily for athletic use.
- The regular treatment of an injury or disease that existed prior to your dependent's departure, or your departure, from your province of residence.
- Benefits which are legally prohibited by the government from coverage.
- Surgical supplies and diagnostic aids.
- Services that are not immediately required or which could reasonably be delayed until the person returns to the province where the person lives, unless their medical condition reasonably prevents the person from returning to that province prior to receiving the medical service.
- Services relating to an illness or injury which caused the Emergency, after such Emergency ends.
- Continuing services arising directly or indirectly out of the original Emergency or any recurrence of it, after the date that the Plan Administrator or Global Excel Management (GEM), based on available medical evidence, determines that the person can be returned to the province where the person lives, and the person refuses to return.
- Services which are required for the same illness or injury for which the person received Emergency Services, including any complications arising out of that illness or injury, if the person had unreasonably refused or neglected to receive the recommended medical services.
- Where the trip was taken to obtain medical services for an illness or injury, services related to that illness or injury, including any complications or an emergency arising directly or indirectly out of that illness or injury.
- Any portion of the charges for services or supplies over the customary and reasonable charges, in the locality where they are provided.
- The portion of charges which are payable under a provincial health insurance plan or a provincially sponsored program.
- Dental expenses, other than those indicated as Eligible Expenses.
- Expenses for repairs or replacement of purchased durable equipment.

Forms

CLAIM FORMS

Type of Expense	Form Name	Purpose
Health Care	Extended Health Care Claim Form	Use this form when you want to submit a health care claim under your Health Care Plan

PRIOR APPROVAL FORMS

Type of Form	Form Name	Purpose
Brand Name Exception	Drug Exception Application Form	Use this form when you want to request approval for coverage
Disabled Child	Disabled Child Approval Form	Use this form to request continuation of coverage for your child, who depends on you for support because of a psychiatric or physical disability and became disabled before age 21

APPLICATION & BENEFICIARY FORMS

Type of Plan	Form Name	Purpose
Basic Life Insurance Plan - Beneficiary Designation	Basic Life Insurance Plan Naming or Substitution of Beneficiary	Use this form to nominate or change a beneficiary for your Life Insurance benefits

Glossary

Acupuncturist
A person licensed, registered or certified through the respective provincial licensing body or professional organization, or in the absence of such an association, person with comparable qualifications determined by Sun Life.

Adjusted Insurable Earnings
For Basic Life Insurance, your annual earnings at retirement, rounded up to the next higher multiple of $250, if not already such a multiple.

All life insurance coverage that must be multiplied by two will be rounded after the multiplication.

Appropriate Treatment
Any treatment that is performed and prescribed by a doctor or, when Sun Life believes it is necessary, by a medical specialist. It must be the usual and reasonable treatment for the condition and must be provided as frequently as is usually required by the condition. It must not be limited solely to examinations or testing.

Certain Health Practitioners
Acupuncturist, chiropodist/podiatrist, chiropractor, naturopath, osteopath, physiotherapist, psychologist and registered massage therapists

Child/Children
Your unmarried children, and children in the custody of your spouse who lives with you, including adopted children, stepchildren, foster children, or children for whom you are or your spouse is the legal guardian, and who are:

- under age 21,
- age 21 or older and dependent on you for support because of a psychiatric or physical disability, provided they become disabled while eligible (or while they would have been eligible if you had been covered) under the benefit program, or
- age 21 or older, but under age 25 (age 26 for children of employees residing in Quebec) and who is a full-time student attending an educational institution recognized under *the Canadian Income Tax Act* and is entirely dependent on you for financial support.

A child is considered under age 21, 25, or 26 until the first day of the month immediately following the month in which he or she reaches that age.

Chiropodist/Podiatrist
A person licensed by the appropriate provincial licensing authority or, in those provinces where there is no licensing authority, a member of the Canadian Association of Foot Professionals or, in the absence of such an association, a person with comparable qualifications as determined by Sun Life.

Chiropractor
A member of the Canadian Chiropractic Association or of a provincial association affiliated with it or, in the absence of such an association, person with comparable qualifications determined by Sun Life.

Chronic Disease
A condition that exists beyond the usual course of an acute disease or beyond a reasonable time for tissue damage to heal. Any such condition that lasts longer than six months may be considered chronic.

Deferred Pension
A pension based on service and earnings on the date you leave NAV CANADA that becomes payable at a later date. When you leave before being entitled to an immediate pension, your NAV CANADA pension can be deferred.

Electrologist
A person who, as determined by Sun Life, qualifies as a certified electrologist.

Emergency
Acute unexpected condition, disease, or injury that requires immediate assistance.

Health Care Plan
Includes:

- Ambulance
- Emergency Travel
- Health Practitioners
- Hearing Aids
- Hospital
- Medical Supplies
- Prescription Drugs
- Vision

Hospital
A legally licensed hospital that provides facilities for diagnosis, major surgery and the care and treatment of persons suffering from disease or injury on an in-patient basis, with 24-hour services by registered nurses and physicians. This includes legally licensed hospitals providing specialized treatment for mental illness, drug and alcohol addiction, cancer, arthritis and convalescing or chronically ill persons. This does not include nursing homes, homes for the aged, rest homes or other places providing similar care.

Life Support
Life support means the covered person is under the regular care of a licensed physician or specialist physician for nutritional, respiratory and/or cardiovascular support when irreversible cessation of all functions of the brain has occurred.

Licensed Pharmacist
A person who is licensed to practice pharmacy and who is listed in the pharmacists' registry of the licensing body for the jurisdiction in which such person is practicing.

Maximum Reimbursable Expense
To determine the maximum amount payable the reimbursable amount is calculated as follows:

Claim Amount	$180
Reimbursement Level	100% x $180 = $180
Maximum for specific claim in any one calendar year	$150
Reimbursement amount	$150

Medical Care
Care obtained when you consult a physician, use medication on the advice of a physician, or receive other medical services or supplies.

Naturopath
A member of the Canadian Naturopathic Association or any provincial association affiliated with it or, in the absence of such an association, a person with comparable qualifications as determined by Sun Life.

Nurse
A registered nurse or nursing assistant, licensed, registered, or certified through the respective provincial licensing body or professional organization or, in the absence of such a registry, a nurse with comparable qualifications as determined by Sun Life.

Ophthalmologist
A Doctor of Medicine (M.D.) licensed to practice ophthalmology.

Optometrist
A member of the Canadian Association of Optometrists or of a provincial association affiliated with it or, in the absence of such an association, a person with comparable qualifications as determined by Sun Life.

Osteopath
A person licensed, registered or certified through the respective provincial licensing body or professional organization or, in the absence of such an association, a person determined by Sun Life to have comparable qualifications.

Pension Eligibility Service
Membership in the NAV CANADA Pension Plan, used to determine when you can retire, that is, the time elapsed from the date you joined the plan, including periods of absence.

Per Script
A fee charged by the Health Care Plan for each Drug Identification Number (DIN) claimed on an individual receipt if expense not purchased at a Preferred Pharmacy.

Physician
A Doctor of Medicine (M.D.) legally licensed to practice medicine.

Physiotherapist
A member of the Canadian Physiotherapy Association or of a provincial association affiliated with it or, in the absence of such an association, a person determined by Sun Life to have comparable qualifications.

Psychologist
A permanently certified psychologist who is listed in the appropriate provincial registry in the province where the service is rendered or, in the absence of such a registry, a person determined by Sun Life to have comparable qualifications.

Reasonable and Customary
Within the general level of charges for a specific service or product in the locale where the expense is incurred, determined by Sun Life after consulting published fee guides of associations of practitioners.

Registered Massage Therapist
A person licensed by the appropriate provincial licensing body or, in the absence of a provincial licensing body, a person determined by Sun Life to have comparable qualifications.

Retiree
Under Basic Life Insurance
A NAV CANADA employee who had at least two years of service with NAV CANADA on his or her retirement date and is receiving NAV CANADA pension benefits.

Under the Health Care Plan
A NAV CANADA employee who leaves NAV CANADA before September 1, 2005, with at least two years of service on his or her retirement date and is receiving NAV CANADA pension benefits.

A NAV CANADA management employee who leaves NAV CANADA on or after September 1, 2005, and who, on his or her retirement date:

- is eligible for an immediate pension benefit, or
- has at least 15 years of pension eligibility service.

Must be in receipt of NAV CANADA pension benefits.

Senior Manager
Management employees at the DIR-1, AVP, EVP and VP levels.

Speech-Language Pathologist
A person who holds a Master's degree in speech language pathology and is a member, or is qualified to be a member, of the Canadian Association of Speech-Language Pathologists and Audiologists or any provincial association affiliated with or, in the absence of such an association, a person determined by Sun Life to have comparable qualifications.

Spouse
Your legal spouse of either gender, or the person who has lived with you as your spouse in a permanent, exclusive relationship for a continuous period of at least one year and continues to live with you as such.

Your spouse must be under age 75 to be covered under Business Travel Accidental Death and Dismemberment Insurance or under age 65 to be covered under Critical Illness Insurance.

Supplementary Coverage
Coverage under the Health Care Plan that supplements provincial health care coverage for eligible NAV CANADA employees and retirees who are eligible for coverage under a provincial plan.

Surgery
Surgery means a medical operation performed on the covered person and recommended by a physician or specialist physician, licensed and practicing in Canada.

Transportation
Any land, water, or air conveyance required to transport you during an emergency evacuation.

Vehicle
A private passenger car, station wagon, van, or jeep-type automobile.

Important Legal Notice

Benefits Online outlines and highlights general provisions and coverage under NAV CANADA Benefit Plans.

This information is as accurate and reliable as possible. There is no guarantee, however, that it is complete or current at all times.

- Final interpretation is governed by the terms of official contracts. In case of conflict between the content of this booklet and the relevant contract, the contract will prevail.
- Eligibility criteria and/or plans, programs, practices, and processes may be changed or terminated anytime without notice to participants.

This booklet does not constitute a contract of employment between you and NAV CANADA, or an obligation by NAV CANADA to maintain any particular benefit program, practice, or policy. NAV CANADA is not responsible for decisions you make based on this information.

NAV CANADA collects, uses and discloses personal information and personal health information (Information) about you and your dependents to arrange for the benefits described in Benefits Online. Service, insurance, and benefit providers, consultants, plan administrators, and auditors may change from time to time and receive your personal information, as required.

Protecting your privacy is important to NAV CANADA. NAV CANADA and its service and insurance providers who have job-related need to do so, collect, use, disclose, and share personal information. This Information may be used for the purpose of:

- assessing eligibility,
- providing benefits coverage to you and your dependents,
- managing and administering the plans described,
- determining which service and insurance providers to retain, and
- determining and maintaining appropriate financial terms.

Privacy policies for our insurance providers can be found at the following websites:

- Sun Life: www.mysunlife.ca
- AIG: https://www.aig.ca/privacy-principles

Access to your Information is limited to people who need to see it to achieve these purposes, or any other person whom you authorize in writing. NAV CANADA agrees to protect and maintain the confidentiality of your information through appropriate security measures and safeguards. NAV CANADA ensures all such parties enter into confidentiality agreements to protect and appropriately safeguard your information.

You are entitled to review your information and, if appropriate, have it corrected. To do so, submit a written request to HREC-CERH@navcanada.ca.

For questions on premium deductions, eligibility and coverage dates, application procedures, or claims procedures, contact the HR Employee Centre (HREC).

You have the right, upon request, to obtain a copy of the policies, your application and any written statements or other records you have provided to Sun Life as evidence of insurability, subject to certain limitations.

Every action or proceeding against an insurer for the recovery of insurance money payable under the benefits contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation (e.g. Limitations Act, 2002 in Ontario, Quebec Civil Code).

You have the right to appeal a denial of all or part of the insurance or benefits described in the Basic Life, Management Insurance Plan, Long-Term Disability and Critical Illness contracts as long as you do so within one year of the initial denial of the insurance or a benefit. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

If benefits are paid that were not payable under the Basic Life, Management Insurance Plan, Long-Term Disability or Critical Illness policy, you are responsible for repayment within 30 days of Sun Life sending you a notice of the overpayment, or within a longer period if agreed to in writing by Sun Life. If you fail to fulfil this responsibility, no further benefits are payable under the policy until the overpayment is recovered. This does not limit Sun Life's right to use other legal means to recover the overpayment.