



Health Care

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Health Care

Your provincial health care coverage pays for basic hospital and medical expenses. Coverage varies from one province to another, but all cover standard ward hospital accommodation and related services, as well as doctors' fees. In certain provinces and for some age groups, these plans also pay for part of the costs for medication and dental care.

Should you or a family member require costly medical care, Air Canada's Supplementary Health plan, which is administered by ClaimSecure, provides additional financial assistance. Coverage under Air Canada's Supplementary Health plan is dependent upon your participating in a provincial health care plan. If you reside outside Canada, the Supplementary Health plan will not pay for expenses normally paid by your provincial health care plan.

Please note that if the government coverage reduces or eliminates any type of expense, the Supplementary Health plan will not necessarily be responsible for covering it, and your group coverage or its financing could be changed. This cost-control measure is designed to reasonably balance coverage and costs.

You and your family are also covered under a special program called the International SOS Assistance Access program. This program offers emergency out-of-country assistance to supplement your coverage under Air Canada's Supplementary Health plan and provincial health care plans. It is one of the best international medical assistance networks available for medical emergencies while travelling outside of Canada. It provides complete medical assistance, consultation and transportation, on a worldwide basis with multilingual personnel and doctors on call 24 hours a day.

If you have any questions or require further details concerning covered expenses, please call ClaimSecure at:

Across Canada

1 888-982-7878 (toll free)

Introduction





These highlights give an overview of your current health care coverage. Please read the following pages for detailed information on which benefit payments will be determined.

Highlights

Eligibility	<ul style="list-style-type: none">▶ Permanent employees: as of your first day of employment▶ Temporary employees: after 6 months of continuous service, provided successful completion of medical examination▶ Eligible dependents: on the day you become eligible for coverage
Supplementary Health plan	<p>After an annual deductible of \$10 per person, up to \$20 per family:</p> <ul style="list-style-type: none">▶ 100% reimbursement:<ul style="list-style-type: none">● Hospital expenses for a semiprivate room that exceed the standard ward rate● Convalescent care in semiprivate accommodation (custodial care not covered)● Out-of-country emergency treatment, subject to certain limits● Drugs available by prescription only and not readily available over the counter● Home nursing care, subject to certain limits● Professional ambulance services● Services of a psychologist, subject to certain limits● Services of a chiropractor, osteopath, naturopath and podiatrist, in certain provinces, subject to certain limits





Supplementary Health plan (cont'd)	<ul style="list-style-type: none">▶ 100% reimbursement, no deductible:<ul style="list-style-type: none">● Vision care expenses for prescribed eyeglasses and contact lenses, to a maximum of \$200 per person in any 24-month period <p>Coordination of benefits allowed</p>
International SOS Assistance Access program	International medical assistance in the event of medical emergencies while travelling outside of Canada, including emergency evacuation, medically supervised repatriation, legal services and access to interpreters
Cost of coverage	Currently paid in full by Air Canada

Highlights (cont'd)





Supplementary Health Care

Permanent employees are automatically covered under the plan from their first day of employment.

Temporary employees become covered after six months of continuous service, provided they have successfully passed the Company medical examination.

Coverage for your dependents becomes effective on the same date as yours, provided they meet the eligibility requirements and reside in Canada. If you do not have eligible dependents when you first become eligible and you do so later on, their coverage will begin when you enroll them for coverage on your ClaimSecure eProfile.

Who is eligible as a dependent?

Your eligible dependents are:

▶ **Your spouse**

Your spouse is:

- The person who is legally married to you, or
- The person of the opposite sex who lives with you and is the father or mother (biological or adoptive) of at least one of your children, or
- The person of the same or opposite sex who has been living with you in a conjugal relationship for at least 12 consecutive months, or
- The person of the same or opposite sex who lives with you and had previously lived with you for a period of at least 12 consecutive months.

If more than one person meets the above definition, the person currently living with you will take precedence.

***Joining
the plan***





► **Your unmarried children**

Your unmarried children include your natural or legally adopted children as well as your spouse's children and any foster children.

Your unmarried children must be under age 21 and depend solely on you for support. Dependent students remain covered beyond age 21, provided they are registered students in full-time attendance at a university or a similar institution of learning. The plan administrator may require proof of registration.

Children who are totally and permanently disabled before reaching age 21 remain covered beyond the age limit, provided they were insured before their 21st birthday, are incapable of self-sustaining employment and wholly depend on you for support and maintenance.

***Joining
the plan
(cont'd)***

How do I join?

To activate your coverage, log on to the ACAeronet portal under the 'My HR' tab and register yourself and any eligible dependents on ClaimSecure's eProfile system. You will receive an Air Canada Health Care card which you can use for prescription drugs and dental services if your dentist is set up to process claims electronically.

You can update your dependent information, banking information, obtain pre-populated claim forms and view claims history by logging on to your ClaimSecure eProfile at any time.

Can I choose not to join?

No. Coverage is automatic as soon as you and your dependents become eligible. For tax purposes, however, you may choose single coverage instead of family coverage if you live in Quebec and your spouse has family coverage at work.

I have a 23-year-old child who recently left the work force to return to school full-time. Is he eligible for coverage under the plan?

No. Any child over 21 whose eligibility for dependent status was withdrawn may not be considered a dependent at a later date.





What happens if an eligible dependent is in the hospital on the day coverage is supposed to begin?

If a dependent is hospitalized on the day before coverage would normally take effect, coverage becomes effective on the day the dependent leaves the hospital.

Air Canada currently pays the entire cost of the Supplementary Health plan.

Cost

Do I have to pay income tax on this coverage?

You do not pay income tax on this coverage, except if you live in Quebec where current legislation requires that you pay provincial income tax on Air Canada's cost to provide this coverage.

The plan provides hospital, medical and vision care coverage. Once you have paid an annual deductible of \$10 per person, to a maximum of \$20 per family, the plan will reimburse you for the eligible expenses described below. There is no deductible to pay for vision care expenses.

Coverage

To be eligible for reimbursement, all expenses must be:

- ▶ prescribed by a physician;
- ▶ reasonable and customary as compared to the prices generally charged in the area where the expenses are incurred; and
- ▶ medically required for treatment of a non-occupational illness or injury, i.e. they are not covered under a workers' compensation act or occupational illness legislation.

Eligible hospital expenses — reimbursed at 100%

- ▶ Semiprivate hospital accommodation, over the standard ward charge covered by your provincial health care plan.
- ▶ Semiprivate accommodation for convalescent care (but not for custodial care) in an accredited institution operated primarily for the care and treatment of sick and injured persons.

Eligible medical expenses — reimbursed at 100%

- ▶ *Out-of-country emergency treatment* — unexpected, emergency treatment, up to a lifetime maximum of \$25,000 for each person.





If you decide to purchase personal insurance before going on a trip outside your province of residence, the Air Canada plan will pay up to \$2,500 per person per emergency and your personal plan, the excess. This would protect you from using up your lifetime maximum in any one emergency.

**Coverage
(cont'd)**

- ▶ *Ambulance* — professional ambulance services to the hospital when medically necessary. The administrator may request medical proof.
- ▶ *Dental services* — services rendered by a dentist or an oral surgeon for the treatment of a fractured jaw or injuries to natural teeth within six months of an accident, including dentures to replace natural teeth, dental surgery, X-rays, anesthetics and required medicines. Root canal therapy and the extraction of teeth that are not impacted are excluded.
- ▶ *Medical services and supplies*
 - diagnostic X-ray and laboratory procedures;
 - oxygen and its administration;
 - blood transfusions including the cost of blood;
 - rental of a wheelchair, hospital bed, iron lung or maximist machine (for asthmatic patients);
 - Splints, trusses, braces, crutches, casts, artificial limbs and eyes;
 - certain therapeutic appliances such as elastic stockings, diabetic kits and colostomy appliances;
 - X-ray and radium therapy, radioactive isotopes;
 - electroshock therapy; and
 - hyperbaric oxygen therapy and hyperbaric chamber treatment.
- ▶ *Surgical brassieres or camisoles* — two in any period of 12 consecutive months, up to \$50 for each camisole or brassiere (including taxes).





- ▶ *Orthopedic boots and shoes* — when attached to a brace, or modifications to them, less the cost of an ordinary pair of shoes (\$75 for men, \$68 for women and \$36 for children); safety shoes and boots are covered provided they are prescribed by a podiatrist and when off-the-shelf is considered inappropriate by the supplier in writing (limited to one pair per calendar year).
Note: The extra cost of safety toe caps is not covered.
- ▶ *Physiotherapy* — the reasonable and customary charges for the services of a qualified physiotherapist.
- ▶ *Prescription drugs* — medicines requiring a written prescription by a physician, that are issued by a licensed pharmacist and not readily available over the counter.
- ▶ *Prescribed drugs to eliminate the use of tobacco* — to a lifetime maximum of two treatments per person.
- ▶ *Services of licensed chiropractors, osteopaths, naturopaths and podiatrists* — up to \$25 per visit and \$50 for X-rays. Benefits are limited to \$500 per person or \$1,000 per family in a calendar year, and apply only in provinces where they are not covered by a provincial medicare plan.
- ▶ *Services of a qualified psychologist* — the plan pays 50% of fees per visit, up to an annual maximum of \$500 per person or \$1,000 per family.
- ▶ *Nursing services* — out-of-hospital services of a registered graduated nurse or a licensed practical nurse who is not a member of your family or is not on the regular nursing staff of the hospital in which the patient is confined are reimbursed up to 60% to a maximum of \$30 per day (no limit), if prescribed by the attending physician.
- ▶ *Speech therapy* — services of a qualified speech therapist when the service is rendered to restore normal speech that has been impaired by an accidental injury, a surgical operation or by a “stroke”.

**Coverage
(cont'd)**





- ▶ *Prescription drugs for the treatment of erectile dysfunction* — medicines requiring a written prescription by a physician, that are issued by a licensed pharmacist and not readily available over the counter, up to an annual maximum of \$1,000 per person.

**Coverage
(cont'd)****Eligible vision care expenses — reimbursed at 100%**

- ▶ *Prescribed lenses and frames, safety glasses and contact lenses* — up to \$200 per person in any consecutive 24-month period.

For severe eye damage, when vision acuity cannot be improved to the 20/40 level in the better eye by spectacle lenses, the allowance for contact lenses will be three times the applicable amount, once per person in a lifetime.

However, should you purchase contact lenses for severe eye damage as well as prescribed lenses and frames or safety glasses, all within the same consecutive 24-month period, the maximum payable from the plan during that period will be \$300 per person.

For employees residing in a province where eye examinations performed by an optometrist or an ophthalmologist are not covered by the provincial medicare, the plan will pay for reasonable and customary charges once per any consecutive full 24-month period.

Does the plan have a maximum reimbursement level?

Yes. If you are a permanent full-time employee, the maximum lifetime reimbursement is \$30,000 per person. Each year, however, up to \$1,000 in benefits paid the previous year will be reinstated automatically to each covered person's lifetime maximum.



***Is there a maximum duration per hospital stay?***

No. Coverage is provided for an unlimited number of days, subject to the lifetime maximum reimbursement.

Do I have to pay more than one deductible during the year?

No. Once you have paid the deductible in a given year, no other deductible has to be met for the balance of that year.

If I need health care while I'm outside Canada, will the plan cover the cost?

Yes. Once you have paid the annual deductible, the plan will cover all eligible medical and hospital expenses that you or your eligible dependents may incur outside Canada in the event of an unexpected emergency only, above the provincial health care coverage. A lifetime maximum of \$25,000 for each person applies. This maximum is separate from the preceding maximum and may not be reinstated.

My child goes to school outside Canada. Does the plan still cover expenses?

As long as your children remain eligible, they will be covered by the Supplementary Health plan. However, coverage is for out-of-country emergency treatment only. You may wish to purchase additional coverage to supplement the Company plan.

***Coverage
(cont'd)***

No benefits are payable for:

- ▶ Expenses covered under any workers' compensation act.
- ▶ Expenses incurred before coverage began.
- ▶ Injury or illness due to war.
- ▶ Services of Christian Science Practitioners, chiropractors, ergotherapists and masseurs.
- ▶ Services to which an insured person is entitled without charge.
- ▶ Services paid for by plans authorized for payroll deductions, or by government-sponsored hospital or health plans.
- ▶ Dental services, except in the case of accidental injury.
- ▶ Services and supplies of an experimental or educational nature or provided for medical research purposes.
- ▶ Hearing tests.

Exclusions



- ▶ Sunglasses and safety glasses, unless prescribed for a refractory problem.
- ▶ Pregnancy tests.
- ▶ Treatment of hair loss, obesity or infertility.
- ▶ Routine medical examinations.
- ▶ Cosmetic or plastic surgery, except if required as a result of an accident occurring while the patient is covered.
- ▶ Contraceptive medicines.
- ▶ Preventative medicines for persons six years and older.
- ▶ Services or treatment received outside Canada, except if required as a result of an unexpected medical emergency, as described under “Eligible medical expenses”.
- ▶ Vitamins, vitamin supplements, dietary supplements, diet foods and food products, including infant formula, infant foods, salt and sugar substitutes.
- ▶ Drugs or items that do not bear a drug identification number or that are readily available over the counter.

**Exclusions
(cont'd)**

Before you or a covered dependent should incur a significant or unusual expense, we recommend that you contact ClaimSecure at 1-888-982-7878 across Canada, to find out if it is covered under the plan.

What happens if I become disabled?

If you become disabled and qualify for benefits under the Group Disability Income plan, your supplementary health coverage will continue at no cost to you.

If your coverage under the Group Disability Income plan ends, your health care coverage may continue for up to one additional year, provided you pay the total cost.

If coverage ends while you or your eligible dependents are totally disabled, benefits will continue for expenses related to that disability until the earliest of:

- the second December 31 following the termination of coverage,
- the end of the disability,

***In the
event...***





- the date maximum reimbursement is reached,
- the end of a period equivalent in length to the period during which the person was covered before the disability.

*In the
event...
(cont'd)*

What happens if I take a maternity/child care leave?

Your coverage will continue automatically for the duration of the leave.

What happens if I take a leave of absence?

If you are on an authorized leave of absence for more than 30 days, you have the option to maintain your coverage for up to 12 consecutive months, provided you prepay the total cost.

Please contact **Employee Services** – Portal / **Employee Self Service (ESS) tool**; 1-877-645-5000; e-mail: eServices@aircanada.ca before your last day of work to make the necessary arrangements. Otherwise, your coverage will be suspended for the duration of your leave of absence.

What happens when I retire?

Coverage under the Group Health Benefit plans for employees who retire from a Canadian work location is currently provided for Air Canada employees who retire:

- on their normal retirement date; or
- when they become eligible for early retirement.

This coverage provides financial assistance toward certain services not covered by the government health care plans.

A booklet describing the coverage for retired employees is available from the **Employee Service** office in Toronto.

Air Canada currently pays for the full cost of Plan I – Basic Health plan. Retirees pay the difference in cost between Plan I and the Voluntary Supplementary Health plan (Plan II).

To receive the full benefits under these health plans, you must have at least 15 years of Air Canada service. Otherwise, the lifetime maximum will be reduced by 1/15 for each year of service under 15.



**When does coverage end?**

Your coverage will end on the earliest of the following dates:

- your termination of employment,
- 31 days after your retirement,
- the end of month following your 65th birthday,
- your death, and
- 90 days after the group contract ends.

Coverage for your dependents stops when your coverage ends or when they no longer qualify as eligible dependents. In the event of your death, however, your eligible dependents will remain covered for 31 days. If your spouse is entitled to a survivor pension from the Air Canada Pension Plan at the time of your death, he or she will also be eligible for coverage under the Group Health Benefit plans for retired employees.

In the event... (cont'd)

The procedure for submitting claims depends on whether you are seeking reimbursement for prescription drugs, medical expenses or for hospital expenses.

How to submit claims

Claims for prescription drugs

- ▶ Simply present your Air Canada Health Care card to your pharmacist to have your claims submitted electronically. All eligible amounts in excess of your annual deductible will be automatically covered under your program.

Manual Process

- ▶ Complete a 'Drug Claims Transmittal' form available on your ClaimSecure eProfile under the Form section.

For prescribed drugs, only original itemized bills or receipts should be submitted; these will not be returned, except in provinces with pharmacare coverage (Manitoba, Saskatchewan and British-Columbia).

Claims for medical expenses

- ▶ Pay the covered expenses. Be sure to ask for receipts.
- ▶ Verify that each receipt includes:
 - the patient's name
 - the name of the laboratory, physician or pharmacy,
 - the date the service was provided or the purchase was made,
 - a description of the service or products, and





- the amount charged.
- ▶ Complete the 'Health Claim' form available on your ClaimSecure eProfile under the Forms section. The completed form together with your receipts should be sent in the special pre-addressed blue-cornered envelope ACF851N, which is sent by Company mail, to:

Air Canada / ClaimSecure
Group Health & Dental Administration
Air Canada Centre 1001

All claims should be submitted no later than 12 months following the end of the calendar year in which expenses were incurred.

Claims for hospital expenses

Simply present your Air Canada Health Care card to the hospital's registrar and the hospital will bill ClaimSecure directly.

Do I need a separate Supplementary Health plan membership card for my eligible dependents or can they simply use my card?

Employees who register with family coverage will automatically receive two Air Canada Health Care cards, one for you and one for your spouse. Any over age dependents, ie children over the age of 21 who qualify as dependents, will also receive a card for their use. You can contact ClaimSecure for any additional cards or to replace lost cards.

How do I claim emergency expenses incurred outside Canada?

Be sure to obtain detailed receipts, in duplicate if possible. First, submit one set of receipts to your provincial health care plan (be sure to keep the duplicate receipts or a photocopy). If you still have eligible expenses remaining after you have received a reimbursement from the provincial plan, attach the provincial plan's statement of payment to the duplicate receipts and submit them with a completed claim form through Company mail, using the special pre-addressed blue-cornered envelope ACF851N, to:

Air Canada / Claim Secure
Group Health & Dental Administration
Air Canada Centre 1001

**How to
submit
claims
(cont'd)**





What happens if my spouse also has health care coverage at work?

Like most employer-sponsored plans, Air Canada’s plan includes a **coordination of benefits** provision. This means that if you, your spouse or your dependent children are eligible for coverage, you may claim expenses under more than one plan. The total amount reimbursed from all sources, however, may not exceed 100% of the actual expenses incurred.

Here is the procedure to follow:

- You submit your individual claims to Air Canada’s Supplementary Health plan.
- Your spouse submits his/her claims to his/her employer’s health care plan.
- The spouse whose birthday, excluding year, comes first in the year submits the claims for all dependent children.
- Any amount not paid by the first plan may be submitted to the second plan for reimbursement.

For dental expenses covered under both the Supplementary Health plan and the Dental plan, benefits will also be coordinated.

My spouse also works at Air Canada. Is coordination of benefits allowed in this case?

Yes.

How to submit claims (cont’d)

In this section, the following words have the following respective meaning:

Glossary

Calendar year

From January 1 to December 31.

Deductible

The amount of expenses that you must pay before the plan starts reimbursing you.

Hospital

This is an institution that:

- is legally constituted as a hospital,
- is open at all times,
- is operated primarily for the care and treatment of sick and injured persons as inpatients,





- has a staff of one or more licensed physicians available at all times,
- continually provides 24-hour nursing services by graduate registered nurses,
- provides organized facilities for diagnosis and major surgery, and
- is not primarily a clinic, nursing home, rest home, or convalescent hospital/home or similar establishment, nor other than incidentally a place for the treatment of alcoholics or drug addicts.

Qualified professionals

Properly registered members of their respective professional association, when required, who, by education and training, are licensed and authorized by law to practise in the area where treatment is given.

**Glossary
(cont'd)**





International SOS Assistance Access program

Once you are covered under the Supplementary Health plan, you and your eligible dependents automatically become covered under this plan.

Joining the plan

Air Canada pays the entire cost of the **International SOS Assistance Access program**.

Cost

Do I have to pay income tax on this coverage?

You do not pay income tax on this coverage, except if you live in Quebec where current legislation requires that you pay provincial income tax on Air Canada's cost to provide this coverage.

The plan provides 24 hours a day, seven days a week, access to a worldwide communications and health care network designed to assist you in case of a medical emergency while travelling outside of Canada. **Note that it does not provide insurance coverage for hospital and medical expenses; these expenses are covered under the provincial health care plan and/or the Supplementary Health plan.**

Coverage

The International SOS Assistance Access program offers the following services:

▶ **Emergency evacuation**

When adequate facilities are not available locally, SOS provides emergency evacuation to the nearest medical facility to assist with the required care.

▶ **Medically supervised repatriation**

Following the stabilization of the medical condition, SOS arranges for the repatriation of the covered person under medical supervision, to an appropriate hospital or other health care facility near the residence in Canada. When medically necessary, this will include the cost of road ambulance to and from airports, the cost of one way airfare plus additional airfare, if necessary, to accommodate a stretcher. Any valid open-return air ticket held by this covered person will be utilized.





- ▶ **Return home of covered travelling companions**
When a covered person is hospitalized outside Canada due to an emergency injury or illness, other covered persons travelling with the person hospitalized will be returned to their residence in Canada, provided they cannot use their original means of transportation for that purpose. A qualified escort will be provided for covered unattended dependent children under the age of 16. In addition, up to \$100 (Cdn) a day for seven days will be paid for the extra cost of commercial accommodation and meals incurred by one companion to remain with the person hospitalized.
- ▶ **Emergency visit from a family member**
SOS will reimburse one round trip economy airfare for any one spouse, parent, child, brother or sister to be with a covered person confined in a hospital abroad, when medically necessary, or to identify the deceased before the release of the body.
- ▶ **Hospital deposits**
If you need to be hospitalized while travelling, SOS guarantees or wires the required hospital admittance fee, up to \$1,000.
- ▶ **Repatriation of mortal remains**
In the event of death while travelling, SOS provides assistance for the repatriation of the body or ashes to the international airport nearest the place of burial in Canada. Covered services and expenses will include post-mortem treatment, any necessary government authorization and a coffin required for international transportation. Funeral and burial expenses are not covered.
- ▶ **Legal services**
Whenever legal services are required, SOS provides assistance in locating legal services and in obtaining funds from the covered persons' family in Canada for the purpose of posting bail bonds where permitted by local law, when such assistance is necessary due to accidents, traffic violations or other civil offenses. You are responsible for any fees incurred with the lawyer once the referral has been made.
- ▶ **Access to interpreters**
Interpreter services in SOS Centers are provided at no charge. However, you are responsible for any fees if you require the presence or personal services of an interpreter.

**Coverage
(cont'd)**





When you become a member of the International SOS Assistance Access program, you will receive a membership card. Be sure to complete and sign the card. Afterward, keep it with your passport while travelling.

Should an emergency occur while travelling outside the country, call the SOS Center with your membership card in hand. Be prepared to report the control number (01-AC-244) that appears on your card, as well as your name and Air Canada employee number.

Do my dependents need an individual SOS membership card?

Yes, if your eligible dependents are travelling unaccompanied by you. In this case, you should obtain an additional SOS card from **Employee Services** –
Portal / **Employee Self Service (ESS) tool**;
1-877-645-5000; e-mail: eServices@aircanada.ca
The card should be completed and signed by the dependent; it should also bear the dependent's name and your Air Canada employee number to facilitate identification.

Is the SOS membership card mine to keep?

As long as you work for Air Canada, you can hold the membership card. However, it must be returned to the **Employee Services** office if your employment with Air Canada should end, including retirement and death.

What number do I call in case of an emergency?

To obtain names of qualified doctors or specialists in areas served by SOS, simply refer to your SOS card, which lists the telephone numbers of the SOS Worldwide Centers. The emergency numbers are:

- **Singapore**
SOS Singapore
(65) 6338 7800
- **London**
(44) (20) 8762 8008

Please be sure to delete 0 before the city code when dialing from outside the country.

- **USA**
Philadelphia: 1 (215) 942 8226
Elsewhere in the U.S.: 1 (800) 523-6586 (toll free)

***How the
program
works***

