

PROBUS CANADA MEMBER BENEFIT PLAN FREQUENTLY ASKED QUESTIONS

Dear Probus Members:

We know that your benefit coverage is important to you. Probus Canada has worked with Johnson Inc., a national benefits provider, to develop a voluntary benefit plan available to Probus members.

Probus and Johnson Inc. want to ensure that members have a clear understanding of their benefit coverage. The following Frequently Asked Questions (FAQs) will assist in answering any questions you may have about the new plan as well as the existing benefit plans.

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1. WHAT BENEFIT PRODUCTS ARE OFFERED THROUGH THE PROBUS MEMBER BENEFIT PLAN AND WHAT CHANGES ARE EFFECTIVE SEPTEMBER 1, 2016?

There are a variety of insurance products available to Probus members, including:

- **Extended Health Care (EHC) with “Prestige” Travel Plan (Out-of-Province/Country Emergency Travel Medical and Trip Cancellation, Interruption, Delay coverage) – 2 plan options**
 - Effective September 1, 2016, EHC with Prestige Travel Plan rates increase by 12.0%.
- **Dental Care – 2 plan options**
 - Effective September 1, 2016, Dental Care rates remain unchanged.
- **Travel Coverage – 3 different plans (EHC with Prestige Travel, MEDOC Travel, stand-alone Trip Cancellation)**
 - Effective September 1, 2016, EHC with Prestige Travel Plan rates increase by 12.0%, Prestige Supplemental Travel rates increase by 14.0% and MEDOC Travel rates increase by 2.1%. Stand-alone Trip Cancellation rates remain the same.
- **Life Insurance – 2 plan options (Guaranteed Life Insurance & Term Life Insurance)**
- **Long Term Care**

2. WHO IS ELIGIBLE TO ENROL IN PROBUS SPONSORED BENEFIT PLANS?

All Probus members who are in good standing with Probus Canada are eligible to enrol in the benefit plans. These plans provide single, couple or family coverage, enabling benefits to extend to a member’s spouse and eligible dependents.

Members must apply for EHC and Dental Care within 60 days of losing comparable group coverage (e.g. employer group coverage, spousal group coverage, retiree group coverage). Applications received after this 60-day eligibility period are considered late applicants. Late applicants will be subject to medical evidence of insurability for EHC and proration of annual limits for Dental Care.

3. WHO IS ELIGIBLE TO BECOME A PROBUS MEMBER?

Probus is an abbreviation of words PROfessional and BUSiness, but membership is not restricted to these two groups. It also embraces anyone who has had some measure of responsibility in any field of endeavour. Members of Probus must be retired or semi-retired from an active working life (no more than 20 hours weekly).

If you are interested in joining a Probus club near you, location information can be found at: www.probus.org/canada.htm

Each Probus club is autonomous and independent. There is no central governing body, but Probus Canada does own and control the use of the Probus name and logo and local clubs are obligated to follow the Constitution of Probus Canada.

4. IF I DO NOT HAVE BENEFITS COVERAGE THROUGH ANY OTHER PROVIDER, CAN I STILL JOIN THE PROBUS EXTENDED HEALTH CARE AND DENTAL CARE PLANS?

Yes. If you are without group coverage and wish to join the plan, you may do so, but evidence of good health will be required, and you may be declined for Extended Health Care with Prestige Travel Plan Insurance. The Dental Care plan will be subject to proration of annual limits.

5. MY 24 YEAR OLD DAUGHTER LIVES WITH ME. CAN SHE BE COVERED AS A DEPENDENT?

A child up to their 25th birthday will be considered a dependent if in full-time attendance at an accredited school, college or university and dependent on the member for support. This includes students attending school outside their normal Province of Residence. Proof of enrolment will be required.

6. HOW DO THE BASIC AND ENHANCED EXTENDED HEALTH CARE PLANS DIFFER?

The **Basic** and **Enhanced** EHC Plans differ in the amount of coverage they provide.

The **Basic** EHC Plan provides:

- 80% coverage of eligible drugs to a maximum of \$1,000 per insured person per calendar year;
- 80% coverage for a variety of non-drug benefits (paramedical services, hearing aid coverage, private duty nursing, etc.) – individual maximums apply; and,
- A lifetime maximum for drug and non-drug coverage of \$200,000 per insured person.

The **Enhanced** EHC Plan provides:

- 80% coverage of eligible drugs to \$1,500, then 100% coverage until an overall \$2,500 maximum benefit is reached, per insured person per calendar year;
 - The same non-drug benefits as the **Basic Plan** with increased coverage maximums for certain benefits; and,
 - A lifetime maximum for drug and non-drug coverage of \$250,000 per insured person.
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7. IF I ELECT TO PARTICIPATE IN THE ENHANCED EHC PLAN, IS THERE ANY MINIMUM PARTICIPATION PERIOD APPLICABLE, OR CAN I MOVE FROM ENHANCED TO BASIC EHC AT ANY FUTURE PLAN RENEWAL DATE?

You can move up to the **Enhanced** EHC Plan (\$2,500 annual drug maximum) at any time. You would have to provide the difference in premium to cover the upgrade starting the effective date of the change. Coverage would be made effective the first of the month following the request to upgrade. You must participate in the **Enhanced** Plan for at

least two full plan years (24 months) before you can move back down to the **Basic** EHC Plan (\$1,000 annual drug maximum). Any new participant may elect the **Enhanced** EHC Plan when they first enroll.

Members applying for the **Basic** or **Enhanced** EHC Plan will need to submit evidence of good health unless they join **within 60 days of losing prior employer-sponsored EHC coverage.**

8. WHAT DRUGS ARE COVERED UNDER THE PROBUS EXTENDED HEALTH CARE DRUG PLAN?

Both of the Probus EHC plans will reimburse eligible prescription drug expenses subject to mandatory generic substitution (reimbursement to the lowest cost alternative among drugs that have identical active ingredients). Eligible drugs comprise of:

- Drugs, sera and injectables, and compounds/mixtures which by law require a prescription from a physician, dentist or practitioner legally qualified to prescribe, and dispensed by a licensed pharmacist.
- Both non-prescription drugs (which have a Drug Identification Number) and supplies required for treatment of cystic fibrosis, diabetes (e.g., lancets, test strips, syringes), heart disease or Parkinson's.
- Coverage for the treatment of erectile dysfunction to a maximum of \$350 per insured person per calendar year.

Limitations and restrictions:

- Exceptions include over-the-counter drugs, or drugs used for cosmetic purposes.
 - A \$5 (**Basic Plan**) or \$10 (**Enhanced Plan**) dispensing fee cap and 8% mark-up limit apply to each prescription when filled.
 - Maximum allowable supply is 100 days. Members can obtain up to a total 200 day supply by completing a Vacation Supply form when taking an extended vacation.
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9. WHY DO PROBUS PLANS DIFFER BY PROVINCE OF RESIDENCE?

The Probus Extended Health Care with Prestige Travel Plan covers all drugs requiring a prescription subject to certain maximums. How prescription drugs are administered varies by province – each province has a unique drug formulary (approved list of medications), as well as Pharmacare plan (drug benefit program available to residents affected by high prescription drug costs). These variances in provincial drug coverage initiated the need to make modifications to the Extended Health Care portion of the Probus EHC with Prestige Travel Plan in order to provide suitable coverage for members, dependent on where they live. Because Probus coverage is the second payor to provincial coverage, the amounts paid by the plan, and therefore the rates, may vary by province.

Please refer to your province's Pharmacare plan (or equivalent drug program) for more information:

British Columbia:

<http://www.health.gov.bc.ca/pharmacare/plani/planiindex.html>

Ontario:

<http://www.health.gov.on.ca/en/public/programs/drugs/>

All other provinces:

Please refer to your province’s Pharmacare plan (or equivalent drug program) for more information.

10. WHAT IS PHARMACARE? WHY DO I HAVE TO BE ENROLLED IN MY PROVINCE’S PHARMACARE PROGRAM TO BE ELIGIBLE FOR THE EXTENDED HEALTH CARE PLAN?

Generally, government plans are first payer and private plans are second payer of supplementary health and drug benefits.

Pharmacare is a government-subsidized drug benefit program for eligible residents that financially assists those that are critically affected by high prescription drug costs. This program has a different name dependent on the Province providing the coverage (e.g. B.C. – Fair PharmaCare, Ontario – Ontario Drug Benefit Program, etc.).

Coverage is typically based on total family income and the amount that family pays for eligible prescription drugs. Each year, Pharmacare enrollees are required to pay a portion of the cost of their eligible prescription drugs (sometimes called a “Pharmacare deductible”), before subsidization takes effect. The program then sets an appropriate deductible based on the family’s adjusted family income.

The Probus EHC with Prestige Travel Plan requires that members enrol in their province’s Pharmacare Program (where available) to ensure that members are receiving full coverage. It allows members to get the most from their supplemental health insurance plans before reaching the annual drug maximum.

Note: Probus members who have not enrolled in their provincial/territorial drug plan will have their claim rejected by Johnson Inc.

11. DO I HAVE TO PARTICIPATE IN THE PRESTIGE TRAVEL PLAN IF I’M ENROLLED IN THE EXTENDED HEALTH CARE PLAN?

Yes, the Prestige Travel Plan is a mandatory component of the Extended Health Care (EHC) plan. One of the ways we have been able to provide such comprehensive coverage at competitive rates is by bundling the EHC and Prestige Travel coverage together. The Prestige Travel Plan is an excellent product that provides superior coverage to Probus members and their family.

12. I NEED TRAVEL COVERAGE, BUT DO NOT WISH TO JOIN THE PROBUS EXTENDED HEALTH CARE PLAN. AM I ABLE TO JOIN ONLY THE PRESTIGE TRAVEL PLAN?

The Prestige Travel Plan is only available to members who enrol in the Extended Health Care (EHC) benefit. However, Probus members can enrol in the MEDOC Travel Plan without enrolling in the EHC plan. A stand-alone Trip Cancellation / Interruption plan is also available for members who already have third-party emergency medical travel insurance and wish to add annual trip cancellation, or increase their existing trip cancellation coverage.

13. WITH PROBUS OFFERING THREE TRAVEL PLANS, WHICH ONE DO I APPLY FOR?

The best Probus Travel Plan for you to apply for depends on your health and travel needs. Below is a summary of benefits:

1. Prestige Travel Plan (available to EHC benefit holders only):

- The Prestige Travel plan covers multiple single trips lasting up to 62 days per trip with a lifetime maximum of \$2,000,000 coverage for sudden and unforeseen eligible emergency medical travel expenses.
- Provides trip cancellation / interruption coverage for up to \$6,000 per insured, per trip.
- Guaranteed issue regardless of age or health status with no evidence of good health on initial enrolment (must apply within 60 days of losing coverage through a group sponsored Extended Health Care Plan).
- Supplemental trip extension coverage is available for purchase for trips lasting longer than 62 days.

2. MEDOC Travel Plan (available to all Probus Members):

- This Plan is attractive for those who travel for shorter durations with a Base Plan that covers multiple trips up to either (1) 17-days per trip, or (2) 35-days per trip.

***Note:** If you are in the Base 17-day plan and your trip goes past this duration, you will then move into the 35-day plan.*

- Supplemental coverage available to purchase (in addition to the Base Plan) for single trips longer than 35 days.
- Guaranteed issue (with short health questionnaire) regardless of age, health status, or date of application.

***Note:** It is important that you provide accurate and complete medical history on your applications and medical questionnaires. If you have questions about your health or medical history while completing your questionnaire, you should consult with your doctor.*

- Coverage includes:
 - Up to \$5,000,000 of eligible expense emergency medical coverage (subject to a **90 DAY STABILITY CLAUSE PRIOR TO DEPARTURE**);
 - Up to \$8,000 of non-refundable expenses for Trip Cancellation/ Interruption Insurance per insured, per trip (subject to a **90 DAY STABILITY CLAUSE BEFORE BOOKING**); and,
 - \$1,500 per insured (\$3,000 per family) of Baggage and Personal Effects benefits.

3. Stand Alone Trip Cancellation / Interruption & Baggage (available to all Probus Members):

- For members who already have third-party emergency medical travel insurance, but wish to add annual trip cancellation, or increase their existing amount of annual trip cancellation coverage.
- Covers up to \$6,000 per insured **PER YEAR** for trip cancellation before departure and \$6,000 per insured **PER TRIP** for trip interruption after departure.
- Up to \$1,000 for baggage and personal effects.

14. WHAT IS THE DEFINITION OF “SUDDEN & UNFORESEEN” IN RELATION TO MY TRAVEL EMERGENCY MEDICAL COVERAGE?

Prestige Travel Plan

An emergency under travel coverage is defined as any sudden and unexpected illness or injury which takes place during an insured trip and requires immediate medical treatment by a licensed Physician, Nurse Practitioner, Dentist or Dental Surgeon. The “sudden and unforeseen” aspect translates into the sudden onset of a medical condition, manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention could result in:

- a) permanently placing the individual’s health in jeopardy;
- b) serious impairment to bodily functions;
- c) serious impairment and dysfunction of any bodily organ or part; or
- d) other serious medical consequences.

Immediate contact to your travel insurance provider (Sigma Assistel) is necessary to ensure expenses are covered. At first onset of symptoms of a medical emergency and before the Insured Person seeks medical attention, he / she should contact the plan’s 24-hour assistance centre; however if the Insured Person is unable to do so because he / she is medically incapacitated, someone else must contact the travel insurance provider as soon as is reasonably possible. Otherwise eligible expenses may be limited.

MEDOC Travel Plan

The MEDOC plan covers reasonable and customary expenses arising from a medical emergency up to the plan’s specified maximum of \$5,000,000 per insured per illness/injury. A medical emergency is defined as any sudden and unforeseen illness or injury that occurs while on a trip and makes it necessary to receive immediate medical treatment from a licensed physician, dentist or dental surgeon or to be hospitalized. An emergency ends when the illness and/or injury has been treated such that your condition becomes stable, as determined by your attending physician, and the emergency has ended.

***Note:** The MEDOC plan does not cover pre-existing conditions incurred directly or indirectly as a result of a medical condition or related condition (other than a minor ailment), if in the 90 days before your day of departure or day of booking, that medical condition or related condition was not stable. In other words, the plan will not cover any medical conditions that were not deemed “stable” by your health care professional within 90 days of trip departure.*

Immediate contact to your travel insurance provider (Global Excel) is necessary to ensure expenses are covered. At first onset of symptoms of a medical emergency and before the Insured Person seeks medical attention, he / she should contact the plan’s 24-hour assistance centre; however if the Insured Person is unable to do so because he / she is medically incapacitated, someone else must contact the travel insurance provider as soon as is reasonably possible. Otherwise eligible expenses may be limited.

15. I AM PLANNING A TRIP NEXT WEEK. AM I ABLE TO GET TRAVEL COVERAGE? HOW MUCH LEAD TIME IS NECESSARY TO SET-UP MY POLICY? WHEN DOES MY COVERAGE TAKE EFFECT?

1. Prestige Travel Plan (available to EHC benefit holders only):

Coverage begins the day after your existing group EHC plan terminates*, or the date the insurer **APPROVES** your application if you are a Late Applicant. (*Members can apply for coverage earlier, however they must provide a letter advising us that they would like the EHC with Prestige Travel Plan to commence prior to their termination date as they require travel plan coverage.)

For Trip Cancellation/Interruption and Delay coverage is effective even if you have booked a trip prior to enrolling in the Prestige Travel Plan. However, coverage is only effective if you are unaware of any known reason why you would need to use coverage at the time you book your trip.

2. MEDOC Travel Plan (available to all Probus Members):

Medical coverage begins the day Johnson Inc. **RECEIVES** your completed application. Coverage details can be sent to members immediately by fax or email, and hard-copies of the documents are sent out via regular mail the day applications are processed. Please note Canada Post can take up to two (2) weeks to deliver mail throughout Canada.

For a trip to be covered under the Trip Cancellation portion of the plan, MEDOC coverage must be in effect on the day of booking your trip or purchased:

- a) within 5 business days of booking your trip or
- b) prior to any cancellation penalties being charged for that trip.

3. Stand Alone Trip Cancellation (available to all Probus members):

Coverage is effective the date your completed application is **RECEIVED** in office. At the time of booking, members must indicate they know of no reason for them, family member, or travel companion to seek medical attention and that their travel companion and their self are deemed fit to undertake and complete any covered trip as booked.

***Note:** There is a stability clause under this plan for anyone age 60 or over. Any medical condition that required consultation, diagnosis, treatment and/or investigation in the twelve (12) month period prior to the day of departure is not covered. Additionally, a medical condition that has a new medication prescribed or a change in the dosage of a medication in the ninety (90) days prior to departure is not covered. This also applies to the insured member's immediate family member, travel companion(s), travel companion's immediate family member, or the host at destination.*

If you have questions about applying for travel coverage, please contact the plan administrator, Johnson Inc.

16. I AM GOING TO ARIZONA FOR THE WINTER. CAN I CANCEL MY PROBUS HEALTH CARE COVERAGE WHILE I AM IN ARIZONA, AND ENROL WITHOUT EVIDENCE OF GOOD HEALTH UPON MY RETURN TO CANADA?

If you cancel your Probus coverage and subsequently wish to re-enrol into the plan, you will be required to submit evidence of good health, for Extended Health Care with Prestige Travel Insurance, and you may be declined coverage.

17. I AM COVERED UNDER THE PRESTIGE PLAN AND HAVE HAD A MEDICAL EMERGENCY. I CONTACTED THE TRAVEL PROVIDER WHOM INFORMED ME THAT I NEED TO SEEK TREATMENT AT A FACILITY OUTSIDE OF WHERE I'M STAYING. ARE THESE TRANSPORTATION EXPENSES COVERED UNDER MY TRAVEL EMERGENCY MEDICAL PLAN?

Yes, if a medical emergency calls for transportation, then an ambulance (or air transportation in rural areas) would be covered under the Travel Plan. In certain situations a taxi or other transport **MAY** be required. It should be noted that a member should **NOT** elect using a taxi if a medical situation is serious. Submitting a taxi receipt may result in the transportation expense claim being denied. However Sigma Assistel will review each claim on a case-by-case basis. The certificate of insurance states that transportation charges will be reimbursement for:

Licensed ground or air ambulance to the nearest medical care facility in which the required treatment can be provided, subject to a limit of one return trip.

ALL TRANSPORTATION MUST BE PRE-APPROVED AND ARRANGED BY SIGMA ASSISTEL CANADA.

18. HOW DO MY MONTHLY PREMIUMS CHANGE IF I JOIN ANY OF PROBUS PLANS MID-YEAR?

Extended Health Care with Prestige Travel Plan, Supplemental Travel & Dental

EHC with Prestige Travel, Supplemental Travel and Dental premiums are paid in pro-rated monthly installments, which remain consistent throughout the plan year (September to August), regardless of when you join.

Please note that if you choose to leave the EHC Plan and wish to re-enrol at a later date, you may be required to provide medical evidence of good health, and may be declined coverage.

MEDOC Travel

The MEDOC plan is also an annual policy with pro-rated premiums that are paid in equal monthly installments. Please note that if you elect to leave the MEDOC plan, and re-enrol prior to the next renewal year, rates will **NOT** be pro-rated and you will be responsible for the full year's premium. If you choose to leave the plan and re-enrol at a different renewal year, premiums will be pro-rated again.

Note: MEDOC requires the accurate completion of a Health Questionnaire at application and each annual renewal in September to determine rates.

FOR MORE INFORMATION ON THE COVERAGE AVAILABLE TO PROBUS MEMBERS, PLEASE CONTACT:

JOHNSON INC. - SERVICE DEPARTMENT

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