University of Toronto

Classification: Plan B - CUPE Local 3907
Grad Assist
Health Care Spending Account

Billing Division: 31497

Effective Date: September 1, 2016
WELCOME TO YOUR HEALTH CARE SPENDING ACCOUNT (HCSA) BENEFIT PLAN

ABOUT THIS BOOKLET

This booklet contains important information about your group benefits with the University of Toronto, your plan sponsor, available through the group contract with Green Shield Canada (GSC). It includes:

- a Table of Contents, to allow easy and quick access to the information
- a Schedule of Benefits, listing deductibles, co-pays and maximums that may impact the amount paid to you
- a Definitions section, to explain common terms used throughout the booklet
- detailed benefit descriptions for each benefit in your group benefits plan
- information you need to submit a claim

You are encouraged to read this booklet carefully. Please keep it in a safe place so that you may refer to it when submitting claims.

You will receive Identification Card(s) showing your GSC Identification Number to be used on all claims and correspondence. Your number will appear on the front of the card and end in -00, while each of your dependents along with their numbers will be shown on the back.

PLAN MEMBER ONLINE SERVICES

In addition to this booklet and our Customer Service Centre, we also provide you with access to our secure website. Self-service through the GSC website makes things quick, convenient and easy. Register today to:

- View your Benefit Plan Booklet
- Access your personal claims information, including a breakdown of how your claims were processed
- Simulate a claim to instantly find out what portion of a claim will be covered
- Submit certain claims online
- Search for a drug to get information specific to your own coverage (or coverage for your family)
- Search for eligible dental, paramedical, and vision care providers in a particular location (within Canada)
- Search for vision and hearing care providers who offer discounts to GSC plan members through our Preferred Provider Network
- Arrange for claim payments to be deposited directly into your bank account
- Print personalized claim forms
- Print personal Explanation of Benefits statements, when you need to co-ordinate benefits
- Get the support you need online

All you have to do is register online using your unique GSC Identification Number and provide your e-mail address. Once registered, a password will be mailed to the address GSC has on file for you. Register at greenshield.ca and see what our website can do for you!

OUR COMMITMENT TO PRIVACY

The GSC Privacy Code balances the privacy rights of our group and benefit plan members and their dependents, and our employees, with the legitimate information requirements to provide customer service.

To read our privacy policies and procedures, please visit us at greenshield.ca.
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SCHEDULE OF BENEFITS

HEALTH CARE SPENDING ACCOUNT

This schedule describes the Health Care Spending Account provided by your plan sponsor and administered by GSC that may be applicable if you are included in one of the Billing Divisions shown on the cover of this booklet.

Complete benefit details are provided in the Description of Benefits section of this booklet. Be sure to read these pages carefully. They show the conditions, limitations and exclusions that may apply to the benefits. All dollar maximums are expressed in Canadian dollars.

<table>
<thead>
<tr>
<th>Your Plan Covers:</th>
<th>Maximum Plan Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lump sum per plan member</td>
<td>$300 per benefit year</td>
</tr>
</tbody>
</table>

Benefit Year: September 1st to August 31st
DEFINITIONS

Unless specifically stated otherwise, the following definitions will apply throughout this booklet.

Benefit year means the 12 consecutive months September 1st to August 31st of each year.

Covered person means the plan member who has been enrolled in the plan or his or her enrolled dependents.

Dependent means

a) your spouse, if you are legally married or if not legally married, you have lived in a common-law relationship for more than 12 continuous months. Only one spouse will be considered at any time as being covered under the group contract;

b) your unmarried child under age 21;

c) your unmarried child under age 25, if enrolled and in full-time attendance at an accredited college, university or educational institute;

d) your unmarried child (regardless of age) who became totally disabled while eligible under b) or c) above, and has been continuously so disabled since that time and is considered a dependent as defined under the Income Tax Act, also qualify as a dependent; and

e) for Health Care Spending Account, in addition to your dependents above, your relative who is a Canadian resident and dependent on you for support and for whom you are claiming a tax deduction on your federal tax return, as outlined in the rules and regulations of the Canadian Income Tax Act.

Your child (your or your spouse’s natural, legally adopted or stepchildren) must reside with you in a parent-child relationship or be dependent upon you (or both) and not regularly employed.

Children who are in full-time attendance at an accredited school do not have to reside with you or attend school in your province. If the school is in another province, you must apply to your provincial health insurance plan for an extension of coverage to ensure your child continues to be covered under a provincial health insurance plan.

Plan member means you, when you are enrolled for coverage.
ELIGIBILITY

For You
To be eligible for coverage, you must be a plan member who is:
   a) a resident of Canada;
   b) covered under your provincial health insurance plan; and
   c) actively at work and have been certified as an eligible plan member by the University.

Coverage Effective Date
Your coverage begins on the date the University certifies that you are eligible for coverage, and have satisfied the eligibility requirements and are enrolled under the plan.

You will be eligible for coverage at the beginning of each benefit year if:
   • you are employed for at least one term; and
   • are not covered under the University of Toronto Graduate Students’ Union benefit plan.

Your dependent coverage will begin on the same date as your coverage.

If you have waived eligibility due to having coverage through your spouse’s benefit plan, you must request coverage from the University within 31 days after termination of the coverage under your spouse’s plan.

Your plan sponsor is solely responsible for submitting all required forms to GSC as of the Effective Date of this plan or as of the first date that you become eligible.

Life Event Changes
If you experience an eligible life event, you may elect to change your coverage with 31 days of your life event change. Qualifying life events include:
   a) marriage;
   b) a change in your marital status - divorce, legal separation, or the end of a common-law relationship;
   c) birth or adoption of a first child;
   d) a change in dependent child eligibility; or
   e) the death of a spouse or dependent child.

Termination
Your coverage will end on the earliest of the following dates:
   a) the date you are no longer a member or staff member of the student association shown on the cover of this booklet;
   b) the end of the period for which rates have been paid to GSC for your coverage;
   c) the date the group contract terminates.

Dependent coverage will end on the earliest of the following dates:
   a) the date your coverage terminates;
   b) the date your dependent is no longer an eligible dependent;
   c) the end of the month in which your dependent child attains the specified age limit;
   d) the end of the period for which rates have been paid for dependent coverage;
   e) the date the group contract terminates.

Dependent Children Continuation of Coverage
Any child whose coverage would end because they have reached the specified age limit may qualify for continued coverage, subject to the following conditions:
   a) your child became dependent upon you by reason of a mental or physical disability prior to reaching this age; and
   b) your child has been continuously so disabled since that time.
HEALTH CARE SPENDING ACCOUNT (HCSA)

Your HCSA is governed at all times by the rules and regulations of the Income Tax Act. In the event of a dispute the Income Tax Act shall prevail. The liability for the HCSA lies solely with your plan sponsor.

Your HCSA is provided by your plan sponsor and administered by GSC.

Your HCSA is a spending account funded by your plan sponsor that you can use to pay for health and dental expenses that are not covered by your provincial health plan.

At the beginning of each benefit year, a predetermined lump sum amount as shown in the Schedule of Benefits will be allocated to your account annually to cover the reimbursement of your eligible expenses incurred during that benefit year. When you submit a claim, you will be reimbursed for eligible expenses up to the balance in your account.

Any balance remaining in your account on the last day of the benefit year will be forfeited at the expiration of the benefit year in which it was allocated.

ELIGIBLE EXPENSES

Eligible expenses include but are not limited to those that qualify for medical expense tax credits under the Canada Revenue Agency (CRA) Income Tax guidelines. It also includes the amount of the deductible and the percentage not covered by the group benefit plan or the amount in excess of group benefit plan maximums.

For a list of eligible medical expenses, visit our website at greenshield.ca, or for more information about eligible expenses you can consult a CRA office or visit the CRA website at cra-arc.gc.ca/medical.

Exclusions

Expenses not eligible for reimbursement are at all times governed by the non-eligible expenses, restrictions and limitations outlined in the Canadian Income Tax Act. An example of expenses would be:

a) premiums paid to provincial medical or hospitalization plans; and

b) medical costs for which you or your dependent are reimbursed or entitled to be reimbursed under a provincial health insurance plan, your group benefit plan or your spouse’s group benefit plan.

Maternity, Adoption or Parental Leave

If you elect to continue benefits under your group plan, you may continue to submit claims for expenses incurred prior to, or during, the period of your leave.
CLAIM INFORMATION

Inquiries
For detailed inquiries, contact your Benefits Administrator or contact us:
♦ Call our Customer Service Centre at 1.888.711.1119 to determine eligibility for a specific item or service and GSC’s prior-authorization requirements, or
♦ Visit our website at greenshield.ca to e-mail your question.

Submitting Claims
When submitting a claim to GSC, you must show the GSC Identification Number for the person who has received the benefit. You can find the applicable GSC Identification Number for yourself and each of your dependents listed on your GSC Identification Card. Original itemized paid receipts are required for claims reimbursement (cash receipts or credit card receipts alone are not acceptable as proof of payment).

For claims reimbursement forward an original itemized paid receipt (cash receipts or credit card receipts alone are not acceptable) including:
- Covered person’s name, address and GSC Identification Number
- Provider’s name and address
- Date of service
- Charges for each service or supply
- A detailed description of the service or supply
- Medical referral/physician prescription when required

You must pay the provider of service, then complete a HCSA Claim Submission Form and attach proof of payment. These claims must first be submitted to any provincial health insurance, or any private health care plan you may have (including a spousal plan, etc.).

When GSC is identified as a secondary carrier, submit the original Explanation of Benefits statement from the primary carrier and a copy of the claim form in order to receive any balances owing.

All claims must be received by GSC no later than 60 days after the end of the benefit year.

Submit all Claim Forms to:
GSC
Attention: Health Care Spending Account

<table>
<thead>
<tr>
<th>Department</th>
<th>PO Box</th>
<th>City, Province</th>
<th>Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Department</td>
<td>1652</td>
<td>Windsor, ON</td>
<td>N9A 7G5</td>
</tr>
<tr>
<td>Medical Items</td>
<td>1623</td>
<td>Windsor, ON</td>
<td>N9A 7B3</td>
</tr>
<tr>
<td>Paramedical Services</td>
<td>1699</td>
<td>Windsor, ON</td>
<td>N9A 7G6</td>
</tr>
<tr>
<td>Vision Department</td>
<td>1615</td>
<td>Windsor, ON</td>
<td>N9A 7J3</td>
</tr>
<tr>
<td>Dental Department</td>
<td>1608</td>
<td>Windsor, ON</td>
<td>N9A 7G1</td>
</tr>
</tbody>
</table>
Reimbursement
Reimbursement will be made by one of the following methods:
   a) Direct deposit to your personal bank account, when requested;
   b) A reimbursement cheque; or
   c) Direct payment to the provider of services, where applicable.

All dollar maximums and limitations stated are expressed in Canadian currency. Reimbursement will be made in Canadian or U.S. funds for both providers and plan members, based on the country of the payee.

Subrogation
GSC retains the right of subrogation if benefits paid on behalf of you or your dependent are or should have been paid or provided by a third party liability. This means that GSC has the right to recover payment for reimbursement where you or your dependent receives reimbursement, in whole or in part, in respect of benefits or payments made or provided by GSC, from a third party or other coverage(s). In cases of third party liability, you must advise your lawyer of our subrogation rights.