



Welcome Plan

Basic health insurance for temporary,
new and returning Canadian residents.



Help your newest plan members feel at home

Recognizing the skills and fresh perspectives that a diverse organization offers, many employers look outside of Canada to enhance their workforce.

Welcoming these individuals and helping them feel at home in a new country is important. They'll likely have many questions about their new home, including health care coverage.

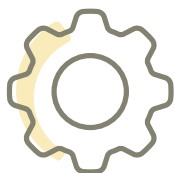
Welcome Plan helps ensure newcomers and their families receive valuable health care coverage

Coverage under your group benefits plan is intended to enhance basic provincial health care which may be available after a waiting period; however, during this period, individuals and their families who are new or returning to Canada may be without coverage.

Welcome Plan helps fill the gap

A Welcome Plan with Canada Life supplements the existing group benefits coverage. It provides eligible individuals and their families with temporary coverage for expenses that would normally qualify for reimbursement under the provincial health plan. This includes visits to the doctor, lab services, hospital ward accommodations, eye exams, emergency dental services and more.





How it works

Plan sponsor eligibility

Your organization must have a Canada Life supplemental health benefits plan in place.

Plan member eligibility

A Welcome Plan is for:

- Temporary residents of Canada (not eligible for coverage under provincial health care)
- Returning residents of Canada (while satisfying the provincial health care waiting period)
- New residents permanently relocating to Canada (who aren't currently covered under provincial health care)

This could include someone with a student or work visa, Canadian citizens returning home after living in a foreign country, landed immigrants seeking Canadian residency and other types of temporary residents.

To be eligible for coverage, an individual must be:

- Employed by you or be a dependant of the employed person
- Covered under your Canada Life supplementary health care plan (or covered under a spouse's group health care plan)
- Ineligible for provincial health care in their province or territory of residence, either indefinitely or until the provincial waiting period is satisfied
- Residing in Canada (whether as a temporary, new or returning permanent resident)

If a dependant is the only insured participant under the Welcome Plan, both they and the employee must be covered under your Canada Life supplemental health care plan.

Eligibility during the waiting period

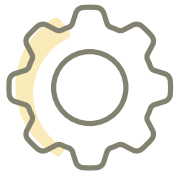
An employee or dependant is eligible while they're satisfying any waiting period under the plan sponsor's supplemental health care plan with Canada Life.

Effective date

Coverage is effective the later of the employee's date of hire, or date of arrival to Canada. For example, if a plan member is hired prior to arriving in Canada, their coverage is only effective upon their arrival to Canada.

Plan maximum

Coverage is provided to a maximum of \$1,000,000 (CDN) per person, per lifetime, with no deductible, for reasonable and customary submitted eligible expenses.



How it works

Reimbursement level is 100 per cent for the following services:

Physician services

- In-home, office, hospital or institution services
- Annual health examination
- Diagnosis, treatment and surgery for illness and injury
- Administration of anaesthetics
- X-rays
- Obstetrics

Hospital in-patient services

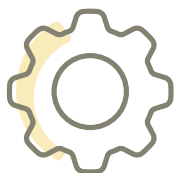
The following hospital in-patient services are covered:

- Hospital accommodation in a standard ward, including meals
- Drugs prescribed by a physician
- Use of operating and delivery rooms, radiotherapy facilities, and respiratory equipment, including anaesthetic and surgical supplies
- X-ray and laboratory services
- Nursing services
- Occupational therapy, speech therapy and physiotherapy, if prescribed by a physician
- Services of other hospital employees, such as nursing assistants
- A home visit, use of the hospital's home renal dialysis equipment and home hyperalimentation equipment, including supplies and medications, if prescribed by a physician

Hospital outpatient services

The following hospital outpatient services are covered when the treatment is prescribed by a physician and performed in a hospital:

- X-ray and laboratory services
- Use of radiotherapy, physiotherapy, occupational or speech therapy facilities
- Use of operating rooms, including anaesthetic and surgical supplies
- Nursing services
- Drugs prescribed by a physician and administered in the hospital
- Meals provided by the outpatient department during a treatment program



How it works

Ambulance services

Coverage for land or air ambulance provided by a licensed ambulance company, to the nearest centre where essential treatment is available.

Eye exams

- One eye exam every 12 months for children age 19 and under
- One eye exam every 24 months for all other plan members

Home care

Coverage to a maximum of \$5,000 per illness for home care that requires the skills and training of a professional nurse (who isn't a member of the patient's family).

Dental services

Coverage for in-hospital procedures where the patient is at medical risk and/or the procedure is performed in an operating room by a dental surgeon.

Out-of-country coverage

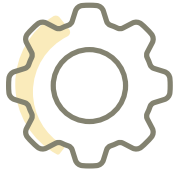
Out-of-country emergency care is covered when it's required as a result of a medical emergency arising while outside of Canada.

Coverage is available for the first 60 consecutive days after departure from Canada for emergency care required as a result of a medical emergency up to the following specified maximums:

- In-patient services, to a maximum of \$400 per day
- Outpatient services, to a maximum of \$200 per day
- Physician services, to a maximum of 15 per cent of the total submitted amount

Out-of-province coverage

Coverage for emergency care, required as a result of a medical emergency, including physician services and hospital standard ward accommodations.



How it works

Welcome Plan exclusions

Welcome Plan doesn't provide coverage for:

- Expenses incurred in a private health care facility, except on the written referral of a physician
- Services or supplies received outside Canada, or outside the person's province or territory of residence, on a non-emergency basis
- Organ transplants, whether expenses are incurred as a donor or a recipient
- Expenses arising from war, insurrection or voluntary participation in a riot
- Services or supplies associated with recreation or sports, rather than with other regular daily living activities
- Services or supplies associated with treatment for cosmetic purposes only
- Fertility or weight control treatments or related drugs
- Expenses incurred after the date of termination of coverage, except as provided under the extension of benefits provision

For more information on Welcome Plan coverage, contact your benefits advisor or Canada Life representative.



Important notice

This is not a contract. Actual terms and conditions are set out in the policy issued by Canada Life upon application approval. The policy contains important information concerning terms, conditions, limitations, exceptions and exclusions. Read carefully upon receipt.





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