

FAQ: Aon Choice, Retiree Health Exchange

Is the product available to me if my employment and group benefits are ending for reasons other than retirement?

No, the product is available to retirees aged 75 or under only.

I had family coverage as an active employee; can I choose to cover just myself?

Yes. Single or couple coverage is available.

Would coverage end when I reach a certain age?

Medical coverage is not tied to age and will continue for as long as premiums are paid. However, life insurance and travel insurance end at age 85. Depending on the plan you choose, the travel insurance trip duration limit may also reduce as you reach certain ages. Please refer to the Plan Description for further information.

I plan to retire before age 65, but coverage under my current employer plan will continue until I am 65. Can I join your program when my employer coverage ends, even though I'm already retired?

Yes. Coverage is available either at the time of retirement or whenever employer benefits come to an end, if that is after retirement.

I am aged 75 or under, but my spouse is aged over 75. Can my spouse still obtain coverage?

Yes, eligibility for coverage is determined based on your age when your group benefits terminate. Your spouse can be covered by selecting couple coverage (subject to the age limitations in place for each benefit).

If I do not enroll within 60 days of my retirement, will I still have the opportunity to apply?

Yes, enrolment is possible for up to six months after retirement, but after the 60 day period medical underwriting will apply.

Will I be refused coverage if I apply after the 60 day period and the medical questionnaire identifies me as high risk? Will my premiums be higher?

Once the 60 day window closes, participation will be either granted or denied based on the medical questionnaire. If you are accepted, there would be no modification to coverage based on your medical condition and premiums would not change. However, be aware that travel and trip cancellation coverage are both subject to pre-existing conditions exclusion clauses.

Will there be different rates depending on whether or not I am participating in my provincial health program and/or available public drug insurance program?

To be eligible to participate, you must be covered under your provincial health program and/or public drug insurance program if available. All rates are based on this requirement.

Will premiums change? How often?

Premiums are reviewed annually and changes would be introduced at the beginning of the year in January (you will be notified of premium changes at least 60 days in advance). Premiums may also change when you enter a new age band.

How do premium payments work?

You will pay premiums to the insurance company directly.

Payment options include:

- Pre-authorized debit (PAD)
- Retraite Quebec (monthly deduction from pension cheque – for Quebec public sector pension plan recipients only)

Why is there a limit on drug coverage? My current plan doesn't have a limit.

The retiree population is considered to be a higher insurance risk than non-senior populations. Limits for retiree drug coverage are standard in the Canadian market and help insurance companies mitigate the risk associated with insuring this higher risk population.

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This publication contains general information only and is intended to provide an overview of coverages. The information is not intended to constitute legal or other professional advice. Please refer to insurer's policy wordings for actual terms, conditions, exclusions and limitations on coverage that may apply.

Which drugs are covered? Are specialty/biologic medications covered?

The plan covers all prescription drugs that are not already covered under the public drug program of the province where you live. Only drugs legally requiring a prescription and prescribed by a qualifying healthcare professional will be considered. If you pay a deductible or copayment for a drug that is covered by your public plan, you can be reimbursed for these expenses under our plan.

Specialty/biologic medications are included in La Capitale's prior authorization drug list. This means that La Capitale must authorize use of the drug before it will agree to reimburse eligible costs. The list of drugs requiring prior authorization is maintained by La Capitale and may be revised on an ongoing basis.

Are pre-existing conditions excluded?

An excluded conditions clause applies for travel.

Does my dental choice have to be the same as my medical choice?

Yes. The dental choice must be the same as the medical choice (but dental coverage is optional). For example, if the Classic option is selected for medical, the only dental option available is the Classic option.

What if I want to change coverage levels (plan) in the future?

- Your initial plan selection (medical and dental) is locked-in for the minimum coverage period applicable, which is either 24 or 36 months
- After the minimum coverage period ends, you can make changes to your insurance plan on January 1 of each year
- Prior to 1 June 2020, you may upgrade or downgrade your coverage level. On or after 1 June 2020, you may only downgrade your coverage from one level to another (e.g., If your initial plan selection was Advance, you may only downgrade to Classic)
- Modules can only be changed one level at a time (e.g., If your initial plan selection was Premium, you may only downgrade one level to Advance)
- Certain life events may allow you to change coverage levels regardless of the minimum period. One example of a life event is turning 65
- Any change to your insurance plan would mark the beginning of a new minimum coverage period (of 24 or 36 months)
- Dental coverage will only be available in future years if selected at the point of initial election. If you opt out of dental coverage at any point in time, dental coverage will cease to be available at future dates

Can I keep my life insurance coverage if I cancel my medical coverage?

No, life insurance coverage will end if you cancel your health coverage.

Does the insurer have a health network to secure discounted medical services if I am travelling in the United States?

Yes, through a partner company called CanAssistance.

Can I submit my application online?

Online submissions are not currently available.

How do I apply?

- Read the Plan Design document for a detailed description of the benefits covered and choose the option that best suits your needs
- Download the application form from the secure Aon website and complete all the sections on the form (healthandbenefits.aon.ca)
- Send the original application to the address indicated on the top of the form within 60 days of the date that your group coverage ends
- Attach a document that demonstrates you were covered by a group health insurance plan that is terminating
- Complete the evidence of insurability form if this applies to you (see the next question)

Do I need to complete the declaration of insurability form?

You or your spouse (as applicable) must complete the declaration of insurability form only under the following circumstances:

- You or your spouse apply after the 60 day period
- To apply for optional life insurance, or to increase the amount of life insurance
- If you elect couple coverage and your spouse was not already covered as a dependent under the employer plan that is coming to an end (and was not covered under another group insurance plan in the past 30 days)
- To add your spouse at any time once your policy is already in force, and he or she was not covered under a group insurance plan in the past 30 days

Where do I go if I have questions?

If you have any questions about the insurance or how to apply, contact the call centre at 1.844.580.7640.

Call centre representatives are available from 8:30 a.m. to 5:00 p.m. Eastern Standard Time.