

## COVID-19: Frequently Asked Questions

As you know, information about COVID-19 is changing rapidly, which means that we need to make decisions quickly and adjust our procedures to be flexible and responsive to your needs as we go through these trying times together. We want to assure you that you and your plan members are our primary focus, and that your Co-operators Account Executive is here to support you as your business needs change.

### Claims

#### How can plan members submit claims?

Plan members can continue to submit claims through our regular channels.

- **Health and Dental claims:** we encourage plan members to use e-claims, either through the mobile app or Benefits Now<sup>®</sup> for Plan Member portal. We are still accepting paper claims.
- **Disability claims:** please email to [Disability\\_claims\\_admin@cooperators.ca](mailto:Disability_claims_admin@cooperators.ca).
- **Life claims:** please email to [group\\_life\\_claims@cooperators.ca](mailto:group_life_claims@cooperators.ca) or submit through the mail.

#### Will plan members have problems getting their prescription drugs in Canada?

Pharmacies may limit the refill to a 30-day supply, as per the Canadian Pharmacists Association (CPhA) direction, to address potential drug shortages. Our prescription refill policy will remain unchanged. However, we do allow *maintenance medications*\* to be filled within 14 days of the refill date.

\* A maintenance medication is used to manage chronic conditions such as high blood pressure.

#### How are prescription drug prior authorization renewals or new applications being handled during the COVID-19 pandemic? (new as of April 2, 2020)

Plan members whose prescription drug therapy authorization period is expiring soon will have their authorization automatically renewed until July 1<sup>st</sup>. If pandemic restrictions are in place beyond July 1, we will reassess the need for a further extension. Our process for members who are newly prescribed a prior authorization drug remains unchanged.

#### Will service levels be impacted by the risk of COVID-19?

The Co-operators has a Business Continuity Plan for infectious disease and continues to monitor the situation closely. We are doing our best to maintain strong service levels but there may be some areas impacted.

#### Are there any resources available for plan members experiencing anxiety related to COVID-19? (new as of April 2, 2020)

We understand that plan members are unsettled and anxious during these times. In addition to our current offerings under paramedical practitioner, psychologist and related counselling services and EAP, plan members can access an iCBT module specifically designed to address pandemic related anxiety. [AbilitiCBT](#) is available through Morneau Shepell and accessible through AbilitiCBT app, using a smartphone or tablet. Plan members can access this information from the Benefits Now<sup>®</sup> portal.

## **Will virtual treatments provided by paramedical practitioners be considered for reimbursement? (new as of April 2, 2020)**

Covid-19 has reduced or eliminated plan member access to certain health care providers. In an effort to ensure you continue to receive necessary health care, The Co-operators will be providing coverage for virtual services performed by the following:

- Psychologists
- Psychotherapists
- Social Workers
- Naturopaths
- Registered Dietitians
- Physiotherapists
- Chiropractors
- Occupational Therapists
- Speech Therapists
- Dentist (certain services only)

We will continue to assess other potential virtual services and keep you informed of changes. The regular requirements of the health-care practitioner being licensed and registered in the province in which they are practicing and aligned with their regulatory bodies scope of practice remains applicable. The charge will be subject to the reasonable and customary amounts, as well as current audit practices.

## **Out of Country Coverage**

### **Do plan members have Out of Country (OCC) coverage?**



We continue to strongly encourage plan members to heed the Government of Canada's travel advisories and border closures.

- Plan members who travel outside Canada or are delayed in their return to Canada will continue to be covered under their group benefits plan.
- If the plan includes Travel Benefits Plus, additional expenses such as meals and accommodation will be considered.
- Plan members who choose to remain outside Canada face an additional risk because travel partners are facing increased difficulty in:
  - obtaining care in foreign health care systems; and
  - repatriation to Canada due to changes the medical systems are making to accommodate COVID-19.

### **What if the plan member is travelling out of the country for employment that is an essential service?**

Plan members that are part of an essential service industry, i.e. truck drivers hauling food and supplies, who must travel outside Canada for their employment, will continue to have Emergency Out of Country coverage as per the policy provisions.

**What if a plan member has trouble getting through to the Allianz call centre?**

Due to the unprecedented number of calls our travel insurance partner is receiving, and to allow them to focus on travelers who are outside of Canada, plan members should refrain from calling them unless they are currently outside of Canada and need either emergency medical or travel assistance.

**If a return flight is cancelled will assistance be available to the plan member?**

Trip interruption or cancellation coverages are not included in our standard OOC coverage.

**If a plan member is quarantined while outside Canada and must rearrange transportation home after quarantine, will meals and accommodation be covered?**

If the plan member was placed under quarantine by a physician or public health agency, and their policy includes Travel Benefits Plus coverage, they would be eligible for reimbursement for meals and accommodation.

**What if a plan member requires extra prescription medication because their return to Canada is being delayed? Will that cost be covered?**

If the plan member's return to Canada is delayed and they require prescription drugs refilled, they can submit the receipt for prescription drugs for consideration as usual.

## **Short-term disability claims due to COVID-19 quarantine**

We will consider STD benefits and waive the waiting period for a plan member **who meets all these requirements:**

- Has been diagnosed
- Has tested positive for COVID-19
- Is disabled

Our standard STD benefits and the contractual waiting period will apply for a plan member **who meets all these requirements:**

- Has symptoms
- Has not been tested for COVID-19
- Is disabled

A plan member who has been quarantined and is not disabled, does not qualify for STD benefits but may be eligible under one of the new EI benefits announced by the Government of Canada.

Once the claim application form is completed, please email to: [Disability\\_claims\\_admin@cooperators.ca](mailto:Disability_claims_admin@cooperators.ca)

**What if a plan member cannot obtain an Attending Physician Statement (APS) for their quarantine claims?**

Plan members who are unable to visit a physician to have an APS completed for their COVID-19 quarantine period can complete a self declaration. The Plan Member Confirmation of Illness form is available on our Benefits Now<sup>®</sup> sites.

## Plan Administration

### **Can coverage continue for plan members who are laid off?**

Coverage for plan members who are temporarily laid-off due to the COVID-19 pandemic can be extended for 90 days, provided premiums are paid. If it extends beyond 90 days, the coverage can be extended at the request of the plan sponsor for up to six months, on a premium paying basis. Coverage after 90 days excludes Short- and Long-term Disability, Emergency Out of Country coverage and Life Waiver.

### **Are benefit plans flexible for re-hiring previously terminated employees?**

Our policy includes a reinstatement clause which allows the terminated plan member's coverage to be reinstated within six months of their termination without evidence of insurability. The pre-existing condition period would not be restarted. Any plan member who had not fulfilled the pre-existing condition period prior to their termination would be required to complete the pre-existing period upon reinstatement. We require notification of the reinstatement within 31 days of the rehire. Plan members rehired after six months would be treated as new members.

### **What if business operations must be temporarily suspended?**

We will consider plan sponsor requests to suspend coverage and reinstate it within six months. The suspension will start following the period the premium has been paid for. If any arrears are owing, those premium amounts will need to be paid prior to benefits being reinstated.

The following will be suspended:

- Coverage
- Premium payments
- Claims reimbursements

Please contact your Co-operators Account Executive for assistance with this option.

### **What if a premium paying plan member on a temporary leave of absence wants to opt out of their plan?**

There may be situations where the plan member is laid-off and cannot afford their premium share. Please contact your Co-operators Account Executive to discuss these situations.

### **What if a plan sponsor must temporarily layoff staff and is not able to provide a return to work date?**

Plan sponsors can extend all coverages for plan members who are temporarily laid-off for up to 90 days on a premium paying basis. The date at the end of the 90-day period can be considered the return to work date.

### **Will The Co-operators offer flexibility to plan sponsors with premium payments?**

Our policy provides a 31-day grace period for payment of premiums. Our current process allows for a grace period up to 50 days before notice is sent and 60 days before we consider claims suspension. Termination of the plan for non-payment doesn't occur until 90 days. Plan sponsors can opt to suspend coverage, however, would be responsible for premiums in arrears when the plan is reactivated.

**What if, due to work slowdown or stoppages a plan member falls below the minimum hours worked outlined in the policy? (new as of April 2, 2020)**

During the COVID-19 crisis, we will be maintaining plan member coverage as if they are meeting the minimum hours worked requirement, for all non-refund accounting coverages. Plan sponsors only need to notify us of a salary reduction or their intent to terminate coverage for an employee who falls below the minimum hours **if** they do not want to maintain their current coverage level. As this is a temporary practice, policy wording will not be changed. For Refund Accounting arrangements, Sales Account Executives will reach out to you to discuss your plan. For Refund Accounting and Administrative Services Only arrangements, Sales account executives will reach out to the client/broker to discuss the specifics of the plan.

**Can disability coverage be added to an existing plan during this pandemic?**

Due to the current environment, we will postpone requests to add Short- or Long-Term disability coverage for the next three months.

**Can a plan sponsor elect to remove coverages on an existing plan?**

Yes, coverages such as Dental can be removed at the group/account/class level, but not at the individual employee level. Please contact your Co-operators Account Executive to arrange the policy amendment.

**If the plan sponsor chooses to pay all premiums, including the plan member share, while their members are off work, how will this affect non-taxable disability benefits?**

Any plan sponsors contribution to disability benefit premiums would make the disability plan taxable. If the plan sponsor chooses to pay 100% of the premium, the disability plan will need to be amended to be taxable. Any disability claims incurred during the time the plan sponsor was paying the premiums would be a taxable benefit to the plan member. Other benefits are not impacted by the plan sponsors decision to cover the plan members portion of the premium.

**Will The Co-operators be deferring renewals? (new as of April 2, 2020)**

For groups under 100 lives: Renewals will be automatically deferred for two months.

For example: groups that have a June 1<sup>st</sup> renewal will not see any rate adjustment until August 1.

For groups over 100 lives: We will follow the advisor/ plan sponsor's direction. As we are performing our analysis on the regular schedule, a plan sponsor can still opt to have the renewal processed on the original date - just let us know.

**How will salary-based benefits be impacted at time of claim?**

Benefits will be based on the salary that premium is being paid on.

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**How will The Co-operators accept premium payments? (new as of April 2, 2020)**

Plan sponsors can find their most recent bill on the Benefits Now<sup>®</sup> for Plan Sponsor portal and can submit payment using the following methods:

**1. Head Office billed clients**

Pre-Authorized Debit (PAD) for ongoing payments

- Complete fillable Group PAD form available on Benefits Now<sup>®</sup> for Plan Sponsor.
- Send an email to [Group\\_Billing@cooperators.ca](mailto:Group_Billing@cooperators.ca).

**2. Self-Administered, TPA clients**

EFT direct deposit at client's financial institution

- Send an email to [group\\_premium\\_remittance@cooperators.ca](mailto:group_premium_remittance@cooperators.ca) for Group Benefits banking information.
- Contact your financial institution to request payment to Co-operators Life Insurance Company and provide banking information provided by The Co-operators Group Billing.

**Note:** During the COVID-19 pandemic we do not recommend mailing cheques for payment of premium. We are investigating a new online banking payment option for Group Benefits clients.