

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[®] for Plan Member portal. We are still accepting paper claims.
- **Disability claims:** please email to Disability_claims_admin@cooperators.ca.
- **Life claims:** please email to 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?

Plan members whose prescription drug therapy authorization period is expiring soon will have their authorization automatically renewed until July 1st. 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?

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[®] portal.

Will virtual treatments provided by paramedical practitioners be considered for reimbursement?

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.

Will a plan member have trouble getting through to the Allianz call centre?

(new as of April 9, 2020)

We are pleased to advise that our travel partners at Allianz have been assisting plan members throughout the COVID-19 pandemic with service levels above 80%. They have also introduced an option within the phone queue for inquiries related to COVID-19.

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.

Disability Claims

How are short-term disability claims due to COVID-19 being handled?

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

If a plan member whose benefits have been extended while on temporary lay-off becomes disabled, when do disability benefits start if there is no scheduled return to work date? (new as of April 9, 2020)

Currently, a plan member who is on a temporary lay-off becomes eligible for disability benefits the later of the Return to Work (RTW) date or the end of the elimination period.

For COVID-19 related temporary lay-off situations, where no RTW date is provided, benefits will begin at the end of the elimination period, provided the date of disability falls within the first 90-days of the leave.

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[®] sites.

Plan Administration

If we are unable obtain a 'wet ink signature' from a plan member or plan sponsor, are other options available? (new as of April 9, 2020)

Due to the current COVID-19 environment, we are prepared to accept signatures for enrolment, disability or life claim forms in the following alternative ways:

Plan members and plan sponsors:

- Complete the form, print it, sign it, scan or take a photo of it and email it to us.
- Complete the form using your smart phone or computer and save a copy of it. Apply an electronic handwritten signature (actual signature written on a screen) to the document by using your e-signature app and email it to us. Note: We will not accept e-signatures that are not handwritten, such as 'click to sign' processes.
- Call us to request that forms be mailed out to you, complete them and return by mail.

Plan sponsors:

- Plan Sponsors Statements for disability claims can have the name and date typed on the form and submitted from an email address containing the plan sponsor domain. (i.e. @companyname.ca). Documents that don't have a handwritten signature will not be accepted if sent from a personal email address.
- Enrolment data can be uploaded to us in data format.

How are applications requiring medical underwriting being processed during the COVID-19 pandemic? (new as of April 9, 2020)

All applications where a Standard Health Questionnaire is the only requirement, will be medically underwritten and if possible, a decision provided. If during underwriting, further information is required or there are additional age and amount requirements (i.e. Paramedical, IBP, Urine, ECG) which require the services of a health care professional, these applications will be put into a pending status until health services resume.

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.

When would a plan member become eligible for benefits if they haven't completed the waiting period and are temporarily laid-off? (new as of April 9, 2020)

If a plan member hasn't completed the waiting period prior to being laid-off, the time spent while temporarily laid-off due to COVID-19 would count towards their waiting period. Plan members will be eligible for benefits the later of; their return to work date or the completion of the waiting period.

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?

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?

(new as of April 9, 2020)

The taxability of the disability plan is based on the premium contributions made by the employee. If there are any changes in the contributions where the employee is no longer contributing 100% of the premiums, in the event of a disability claim, the disability benefit would be deemed taxable to the employee. If the employer wishes to pay disability premiums on behalf of employees with a non-taxable disability benefit, we will require an amendment to the policy. Please note we always recommend that an employer seek an opinion from a tax expert when considering changes to employee compensation or benefits.

Will The Co-operators be deferring renewals?

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

For example: groups that have a June 1st 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.

How will The Co-operators accept premium payments?

Plan sponsors can find their most recent bill on the Benefits Now[®] 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[®] for Plan Sponsor.
- Send an email to 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 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.

There are many legislative changes that impact COVID-19. Please visit your Benefits Now[®] portal for the link to a comprehensive reference guide to help you address these programs, in consultation with your accountant or legal team.