



Enhancements to OLG's Group Benefits Plan Supplemental Questions and Answers February 1, 2022

This is a supplemental Q&A to address questions raised during the January 2022 employee information sessions on enhancements to OLG's Group Benefits Plan. The original [Q&A](#) is available on InsideOLG.

OVERALL

1. When do the changes to our group benefits plan take effect?

All changes were effective February 1, 2022. On February 1, the Consult+ service was added to your list of benefits on www.mycanadalifeatwork.com and the coverage levels in your benefits summary on GroupNet, Canada Life's plan member app, reflected the enhancements.

2. Who is considered an eligible dependent for the purposes of OLG's group benefits plan?

The employee's spouse and any children, subject to specific age limitations outlined in OLG's [Employee Benefits Guide](#) on InsideOLG, are typically considered eligible dependents. An employee's parent is not considered a dependent.

3. Where can I learn more about OLG's group benefits plan?

Accessing details about OLG's group benefits plan is easy. One option is to visit [Canada Life's plan member portal](#) (either by desktop or through the GroupNet app) for a full summary of benefits available to you. If you haven't already done so, you will need to register. Alternatively, you can view a copy of the [Employee Benefits Guide](#) on InsideOLG.

PARAMEDICAL SERVICES

4. What is the definition of "practitioner" within the context of paramedical services?

The term practitioner refers to an individual who practices a profession. Examples include a massage therapist, chiropractor and naturopathic doctor. Eligible employees and their eligible dependents will each be reimbursed up to \$500 every calendar year for each type of practitioner. For a complete list, please refer to the [Employee Benefits Guide](#) on InsideOLG, under Supplemental Health Plan.

5. Are dieticians an eligible practitioner covered under paramedical services?

No. Dietician services are not covered.

6. Are doctor's notes required to access paramedical services?

No. Doctor's notes are not needed to access paramedical services.

PRESCRIPTION DRUGS

- 7. According to my doctor, I need to take the brand name drug for my prescription. How can I apply for an exception to the mandatory generic provision so that my prescription is fully covered by OLG's drug plan?**

If a physician deems that a brand name version of a drug is required, both the physician and the employee must complete the form *Request for Brand Name Drug Coverage*, which is available on [Canada Life's Plan Member portal](#). The completed form must be submitted to Canada Life for adjudication. If approved as an exception, the brand name drug will be payable by the plan, subject to plan maximums.

- 8. How do I know if the medication I'm currently taking is a brand name or generic?**

Your pharmacist or your physician will be able to tell you.

- 9. I have a six-month auto renewal for a prescription and as of February 1, I started month three. Do I have to notify the pharmacy before the auto renewal takes place in order to change the prescription to the generic version?**

Yes. Prior to your prescription renewal notify your pharmacy of the plan change and discuss with your pharmacist if there is a generic available for the prescription.

- 10. If there is no generic equivalent to a brand name drug, is the brand name version covered by OLG's drug plan?**

Yes. This is considered a single source drug because there is no generic equivalent available. In these rare cases, OLG's drug plan will pay the cost of the brand name, up to plan maximums and subject to the plan deductible.

- 11. If I prefer to take a brand name drug, can I simply pay the difference in cost between the brand and generic versions?**

Employees may request the brand name version of a drug if a generic version is available but they will have to personally pay the difference in cost. Since generic drugs are often substantially cheaper than their brand name counterparts, the employee may incur significant personal costs.

VISION

- 12. Is laser eye surgery covered by our group benefits plan?**

Laser eye surgery is included in our vision benefit. The maximum vision benefit coverage is \$350 every 24 months. Eligible employees and their eligible dependents can use the \$350 benefit towards the cost of lenses and frames, contact lenses or laser eye surgery.

OTHER

- 13. What coverage does OLG offer for gym membership fees or fitness equipment?**

While gym memberships are not covered by our group benefits plan, OLG has partnered with Goodlife Fitness to offer discounts on membership. More information is available on [InsideOLG](#). Additionally, OLG partners with Perkopolis to offer many retail discounts.

- 14. I joined OLG on December 15 and my group benefits were to begin on March 1. Will my effective date move up since OLG is now waiving the waiting period for benefit coverage for new hires?**

As part of our benefits enhancements, OLG will waive the group benefits waiting period for all full time new hires as of February 1, 2022. This change impacts your eligibility; you are now eligible for our group benefits plan as of February 1.

On January 24, 2022, we reached out to employees who were hired between December 2021 and January 2022 to let them know about the change to their effective date. If you did not receive this email, please contact your HR Business Partner.

15. Where can I find a copy of the employee information session presentation that was delivered on January 25?

The presentation slides along with the recording of the information session is available on the [Benefits and Pension page](#) on InsideOLG.