

Check your coverage.

Learn how much you're covered for under your current benefits or personal health insurance plan:

1. Sign in to [my Sun Life](#).
2. Choose [Coverage Information](#).
3. Choose [Medical coverage](#), [Drug coverage](#), [Dental coverage](#), or one of the other options.

Common questions about coverage

What's an R&C (reasonable and customary) limit?

A reasonable and customary limit is the amount of money that Sun Life (or another insurance company) chooses as the normal range of payment for a specific health-related service or medical procedure. You can think of it as a 'going rate' in the market, because it reflects the average cost associated with a service or product in a particular region.

Here's an example. Let's suppose you're going for a massage that costs \$130, but Sun Life's R&C amount is \$100. Your workplace plan also allows for 80% coverage of your massage therapy treatments. This means that after you submit your claim, you'll receive 80% of the R&C amount, which would be \$80 in this scenario.

It's important to know how much is covered under your benefits plan (and how much you may be responsible for paying out-of-pocket). That way you can minimize unexpected expenses and avoid disappointment.

What are 'paramedical' expenses, and how are they different than 'medical' expenses?

Paramedical expenses are medical services or products received from a licensed medical professional who is not a medical doctor or a nurse. Examples of paramedical practitioners include acupuncturists, chiropractors, massage therapists, physiotherapists, podiatrists,

You'll find your paramedical coverage information under 'Paramedical Services' list in the 'Medical' section of your coverage details.

How can I find out if there is a maximum number of covered visits, or any other limits, for my service?

There may be some limits that apply to your coverage, such as a maximum limit to the number of visits you're covered for any treatment or service. If any coverage limits apply to you, you'll find them under the 'Limits' section of your coverage details.

Not registered for an online account yet?

Take a few minutes to [register now](#). You can also call the Customer Care Centre at 1-800-361-6212, Monday to Friday, 8 a.m. to 8 p.m. ET. Please have your [coverage card](#) ready.

Q & A

What is my new policy number?

Your new Health and Dental policy is #150927

Will I get a new Certificate ID #?

Yes! Your current Certificate ID with Medavie BlueCross is only valid until December 31st, 2023. You will receive your new Certificate ID with Sun Life via email on January 2nd, 2024. This Certificate ID will be the same as your 6-digit NFP Employee/Payroll ID (123456).

Will I receive a pay direct drug card?

No, you will not receive a physical card, but you can obtain a copy from the Sun Life website as follows:

- Go to mysunlife.ca
- Right click on the coverage card and you have the option to save it to your desktop as an html not pdf. You also have the option to save it, print it, or take a picture.
- Through mobile you have the option to save it in in your wallet if you have an iPhone or take a picture if you have an android phone.

Can I get set up with direct deposit for my claim reimbursements?

Yes, as of January 1, 2024 you can register on mysunlife.ca and set up the direct deposit detailing your bank information.

Can I get set up with coordination of benefits (COB)?

Yes, as of January 1, 2024 you can register on mysunlife.ca, submit your first claim and mark that you have COB – it will stay in place.

Out of country coverage – what can I take with me if I'm travelling over the holidays?

Travel coverage is for 60 days at a time. Contact your HR team and they will provide you a travel card.

How are we reimbursed for a brand name or generic drug?

Charges in excess of the lowest priced equivalent drug are not covered unless specifically approved by Sun Life. To assess the medical necessity of a higher priced drug, Sun Life will require the covered person and the attending doctor to complete and submit an exception form. If a generic drug is not available, we will pay the brand.

What Practitioners are covered for Mental Health?

Psychologists, social workers, marriage and family therapists, clinical counsellors, or psychotherapists – coverage set for 90% up to a combined maximum of \$1,000 per person, per benefit year.

Who is our Preferred Provider for Drug reimbursement?

Telus Virtual Pharmacy.
(Please note: not applicable to Quebec Residents)

Can you provide some details around Lumino?

Sun Life developed the Lumino Health Network. We review and validate the latest health apps, products and services. If there is a fee associated with a product or service, Sun Life has negotiated exclusive discounts and we are passing them along to each member. We also feature articles, podcasts and videos. There are many links available through mysunlife.ca and we encourage you to review them.

Where do I make updates if I have a change of address or need to update personal information?

Please update this through your NFP UKG Profile. Benefits Update can be reviewed through NFP Employee Benefits Portal.

Health Spending Account – are you carrying over our balance from the prior carrier?

Yes, the 2023 balance will be carried over and must be used by the end of 2024.

What is my Health Spending allotment for the year?

Your allotment is \$750. Balance is carried over for 1 year

What is my Personal Spending allotment for the year?

Your allotment is \$300. You must use it or will be lost at the end of every year.

Is the Life Benefit taxable?

Premiums are taxable but if/when the life benefit is paid out, it is tax free.

I used to work with another company that also had their benefit with Sun Life – what can I expect when I sign in?

We will be running reports before the go live date to see if we can match previous Sun Life member to the current NFP members. You will always see other policies from prior companies but the NFP policy is where you look up all current benefit coverage. The prior policy will only give you history and look up option but no further details.

Please provide more clarity around Dental Implants?

We will pay the benefit that would have been payable under this plan for a tooth supported crown or a non-implant related prosthesis, respectively. We will take into account any limitations that would have been applied if there had been no implant. All other expenses related to implants, including surgery charges, are not covered. Always best to submit a pre-determination to confirm coverage.

What is my Vision Care Maximum?

\$200 per person in any 24-month period

What is my coverage for Eye Exam?

One exam per person in any 24-month period up to the Reasonable & Customary guidelines per Province.

If I waive EHC and Dental, do we still get an HSA and PSA allotment?

Only Quebec employees can waive Health and Dental coverage if they have comparable coverage through their spouse or another plan. If Health and Dental is waived, these employees will be eligible for the Personal Spending Account only.

Please note: there are no waivers outside of Quebec.