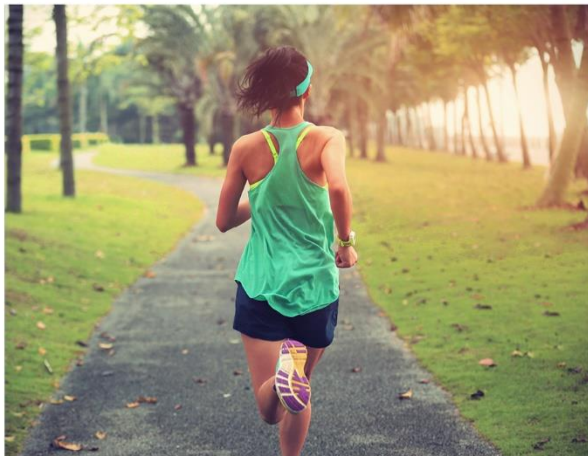

Your Group Benefits Booklet

Halifax Regional Municipality

NSGEU Local 222 - Active Employees

Plan Number: 15959

Effective Date: April 1, 2023

PRIVACY PROTECTION PRACTICES

In the course of providing customers with quality health, life and travel coverage, Medavie Blue Cross acquires and stores certain personal information about its clients and their dependents. The purpose of this document is to keep you informed about privacy protection practices at Medavie Blue Cross.

Protecting personal information is not new to Medavie Blue Cross. Ensuring the confidentiality of client information has always been fundamental to the way we do business and our staff takes the privacy policies and procedures we have in place to ensure that confidentiality very seriously.

What is personal information?
Personal information includes details about an identifiable individual and may include name, age, identification numbers, income, employment data, marital and dependent status, medical records, and financial information.

How is your personal information used?
Your personal information is necessary to allow Medavie Blue Cross to process your application for coverage under its health, life and travel plans. Your personal information is used:

- to provide the services outlined in your contract or the group contract of which you are an eligible member
- to understand your needs so that we can recommend suitable products and services, and
- to manage our business

To whom could this personal information be disclosed?
Depending on the type of coverage you carry with us, release of selected personal information to the following may be necessary in order to provide the services outlined in your contract:

- specialized health care professionals when necessary to assess benefit or product eligibility
- government and regulatory authorities in an emergency situation or where required by law
- Blue Cross Life Insurance Company of Canada and other third parties, on a confidential basis, when required to administer the benefits outlined in your contract or your group's contract, and
- the plan member of any contract under which you are a participant

We do not provide or sell personal information about you to any outside company for use in marketing and solicitation. Personal information about you or your dependents is not released to a third party without permission unless necessary to fulfill the services Medavie Blue Cross is contracted to provide to you.

To whom could this personal information be disclosed? (Cont'd)
To ensure Medavie Blue Cross is able to provide you with the best possible service, it is important that the personal information we use is accurate and up to date. You can help by keeping us informed of changes of address, marital status and the addition or deletion of dependents. Should you become aware of errors in our information about you, please contact our customer service personnel and we will ensure the data is corrected.

By becoming a Medavie Blue Cross customer or filing a claim for benefits, you are agreeing to allow your personal information to be used and disclosed in the manner outlined above. If you prefer that we not use or disclose your personal information in those situations where it is not necessary to administer your benefit plan, please visit our Web site or write to us at the address provided.

Please note that not allowing Medavie Blue Cross to use information about you may mean we may not be able to provide you with certain products or services that may be of use to you.

For more information on Medavie Blue Cross's privacy policy, contact us using one of the following:

www.medaviebc.ca

1-800-667-4511 or 1-800-355-9133 (in Ontario)

Chief Privacy Officer
Medavie Blue Cross
Risk Management Group
644 Main Street
PO Box 220
Moncton, NB E1C 8L3

or

privacyofficer@medavie.bluecross.ca

If the issue is not resolved to your satisfaction, you may file a complaint in writing to:

Office of the Privacy
Commissioner of Canada
112 Kent Street
Ottawa, Ontario K1A 1H3

ABOUT THIS BOOKLET

Medavie Blue Cross administers the following benefits on behalf of Halifax Regional Municipality:
- Hospital Benefit
- Extended Health Benefit
- Vision Benefit
- Drug Benefit
- Dental Benefit

Medavie Blue Cross underwrites Worldwide Travel Benefit and Referrals for Services Outside Canada.

The information contained in this booklet summarizes the important features of your group program; is prepared as information only; and does not, in itself, constitute an agreement. The exact terms and conditions of your group benefit program are described in the group policy held by your employer.

Where legislated, you have the right to request a copy of the group policy details pertaining to your insured coverage, a copy of your application for benefits, and any written statements or other records provided to the Company as evidence of your health. You may also request, with reasonable notice, a copy of the contract for insured benefits. The first copy will be provided at no cost to you. A fee may be charged for subsequent copies. All requests for copies of documents should be directed to Medavie Blue Cross.

Every action or proceeding against an insurer (i.e. Medavie Blue Cross) for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

This booklet replaces any previously issued booklet.

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HOSPITAL BENEFIT

If you (or your dependents, if applicable) incur charges in Canada for any of the following while insured, Medavie Blue Cross will pay the usual, customary and reasonable charges for these eligible expenses, based on any deductible, co-insurance or maximum amount shown below. Benefit maximums are applied on a per person basis.

Co-insurance: 100%

HOSPITAL ROOM

The difference between standard ward accommodation and semi-private or private room accommodation.

TERMINATION

Hospital benefit ceases at the earlier of retirement or termination of employment.

WHEN AND HOW TO MAKE A CLAIM

Hospital Benefit is paid directly to the hospital. Your identification card should be shown at the hospital who will arrange to bill Medavie Blue Cross directly.

To make a claim, complete the claim form that is available from the hospital.

Claims must be submitted within 24 months of receiving services or supplies or the end of your Hospital benefit.

EXTENDED HEALTH BENEFIT

If you (or your dependents, if applicable) incur charges for any of the following while insured, Medavie Blue Cross will pay the usual, customary and reasonable charges for these amounts. The benefit amounts shown below are the amounts received after deductible, usual and customary, co-insurance and maximums, less the amount allowed under any government health program. Benefit amounts are applied on a per person basis.

Co-insurance: 100%

ACCIDENTAL DENTAL
Maximum: $5,000 per incident

Dental treatment when natural teeth have been damaged by a direct accidental blow to the mouth or jaw. Services must be rendered for payment by Medavie Blue Cross within 12 months following the date of the accident.

BURN PRESSURE GARMENTS
Maximum: $500 every calendar year

Charges for special made-to-measure dressings, when prescribed by a physician for burn patients.

DIABETIC EQUIPMENT
Maximum: $200 in a calendar year

Charges for the following equipment on the written authorization of the attending physician for treatment and control of diabetes: preci-jet, glucometer or equipment that performs similar functions and approved by Medavie Blue Cross.

DIAGNOSTIC AND X-RAY SERVICES
Charges for diagnostic and X-ray services, when carried out by a Medavie Blue Cross approved laboratory which, in the opinion of Medavie Blue Cross, is qualified to render such services. These services will include laboratory services and X-ray examinations.

HEARING AIDS
Maximum: $500 every five calendar years, including repairs

Charges for hearing aids (excluding batteries and exams) when prescribed by an otolaryngologist, otologist and/or registered audiologist.

INTRAUTERINE CONTRACEPTIVE DEVICES
Maximum: one occurrence every calendar year

Purchase of an intrauterine contraceptive device (IUD).

LYMPHODEMA SLEEVES
Maximum: two every 12 consecutive months, up to a maximum of $200

Charges for lymphodema sleeves.

MEDICAL EQUIPMENT & SUPPLIES
Maximum: $10,000 in a lifetime for medical equipment and unlimited for medical supplies

Charges for the rental (or purchase, if approved by Medavie Blue Cross) of manual or electric wheelchairs (including cushions and inserts), standard hospital beds, walkers, home accessories, detection devices for enuresis, insulin pump and transcutaneous electrical nerve stimulator (TENS machine), when prescribed by a licensed Physician. All charges must be pre-approved by Medavie Blue Cross with such approval being subject to periodic reassessment.

MOLDED ARCH SUPPORTS
Maximum: $200 every calendar year

Charges for molded arch supports, excluding their replacement (except for pathological change), when prescribed by an orthopedic surgeon, physiatrist, rheumatologist or the attending physician.

NICOTINE REPLACEMENT/SMOKING CESSATION PRODUCTS
Maximum: $500 per participant in a lifetime

ORTHOPEDIC FOOTWEAR & SUPPLIES
Maximum: $200 every calendar year

Charges for orthopedic footwear when customized with special features to accommodate, relieve or remedy some mechanical foot defect or abnormality, when prescribed by an orthopedic surgeon, physiatrist, rheumatologist or the attending physician. Also, charges for shoe modification, adjustments or supplies when prescribed by one of the health care professionals noted above to accommodate, relieve or remedy some mechanical foot defect or abnormality.

OSTOMY SUPPLIES
Charges for essential ostomy supplies.

OXYGEN
Charges for oxygen.

PRIVATE PRACTICE PARA-MEDICAL SERVICES
Charges for active treatment provided by private practice duly licensed, certified or registered practitioners as follows:

Maximum: $500 per practitioner every calendar year
chiropodist, chiropractor, osteopath, speech therapist, massage therapist, physiotherapist, podiatrist and acupuncturist

combined maximum of $500 every calendar year
naturopath and homeopath

$75 per visit to a maximum of $500 every calendar year
occupational therapist

combined maximum of $1,500 every calendar year
psychologist, social worker, counselling therapist and psychotherapist.

PRIVATE DUTY NURSING
Maximum: $10,000 every 12 consecutive months

Charges for medically necessary home nursing care performed by a registered nurse, registered nursing assistant or certified nursing assistant at your residence (other than a convalescent or nursing home) on the written authorization of the attending physician. In addition, services provided by an approved personal care worker are eligible under this benefit for up to four hours per day. Personal care workers offer essential services such as bathing, dressing, toileting, feeding and mobilization. The covered person may be eligible for services in his/her home if under the active care of a nurse or if requiring home care during the recuperation period after a discharge from the hospital.

All nursing services must be pre-approved by Medavie Blue Cross in order to be considered for reimbursement.

PROFESSIONAL AMBULANCE AND SPECIAL ATTENDANT
Maximum: $1,000 per incident

Professional ambulance to and from the nearest facility able to provide essential care. Air transportation, within Canada, on the written authorization of the attending physician, for a stretcher patient, up to three economy seats on a regularly scheduled flight. Travel expenses of a Registered Nurse (not a relative) when medically necessary and approved by Medavie Blue Cross.

CHRONIC DISEASE MANAGEMENT
Maximum: $500 per calendar year

Charges for the services rendered by an approved Medavie Blue Cross provider specialized in chronic disease management. Services must be delivered by the approved provider for medical conditions deemed eligible by Medavie Blue Cross. Coverage includes: initial assessment, counselling and follow up sessions; education relating to symptom management, medication usage; and development of action plans.

PROSTHETIC APPLIANCES

Remedial appliances or supplies including artificial limbs and eyes (combined maximum of $10,000 in a lifetime for all artificial limbs and eye prosthesis), breasts (limited to a left and right prosthesis every 24 consecutive months), surgical brassieres (limited to two every calendar year), splints, casts, trusses (limited to one truss per 60 consecutive months) and braces (limited to one cervical collar every 12 consecutive months). Replacement must be due to pathological or physiological change. Denis Browne splint (limited to one per lifetime up to usual and customary charges, repairs and adjustments - $300 per calendar year). Repairs and/or adjustments are provided to a maximum eligible expense of $300 every calendar year.

Hair prosthetics (wigs), when hair loss is due to an underlying pathology or its treatment, to a maximum eligible expense of $400 every 12 consecutive months. Hair prosthetics, replacement therapy and other procedures for physiological hair loss are excluded (i.e., male pattern baldness).

SPEECH AIDS

Maximum: $1,000 in a lifetime

Speech aid equipment, (approved by a qualified speech therapist and the attending physician), for persons who do not have normal oral communication ability.

FM SYSTEMS

Maximum: $1,000 in a lifetime

Charges for FM system when required by a child for language development or for classroom.

TERMINATION

Extended Health Benefit ceases at the earlier of retirement or termination of employment.

WHEN AND HOW TO MAKE A CLAIM

Extended Health Benefit is reimbursed to the employee. The employee must pay the provider of service, obtain an official paid in full receipt and submit to Medavie Blue Cross for processing. Some services may require a completed claim form to accompany the receipt. You may obtain claim forms from your employer or provider of service as appropriate. To make a claim, complete the claim form that is available. Claims must be submitted within four (4) months and no later than 24 months of receiving services or supplies or the end of your Extended Health Benefit.

VISION BENEFIT

If you (or your dependents, if applicable) incur charges for any of the following while insured, Medavie Blue Cross will pay the usual, customary and reasonable charges for these eligible expenses, based on any deductible, co-insurance or maximum amount shown below. Benefit maximums are applied on a per person basis.

Co-insurance: 100%

CONTACT LENSES DUE TO DISEASE

Maximum: $200 every 24 consecutive months, every 12 consecutive months for participants under age 18

When medically necessary for ulcerated keratitis, severe corneal scarring, keratoconus or aphakia, provided sight can be improved to at least the 20/40 level.

EYE EXAMINATIONS, LENSES, FRAMES AND CONTACT LENSES

Maximum: $400 every 24 consecutive months, every 12 consecutive months for participants under age 18

Charges of a licensed optometrist or ophthalmologist for eye examinations. Charges for corrective eyeglasses, including lenses, frames and contact lenses when provided with a valid prescription by a registered and licensed ophthalmologist or optometrist. Coverage excludes expenses incurred for safety glasses or glasses/contacts for cosmetic purposes.

VISUAL TRAINING

Maximum: $100 in a lifetime

Charges of a registered, licensed optometrist or ophthalmologist for visual training and remedial eye exercises.

TERMINATION

Vision benefit ceases at the earlier of retirement or termination of employment.

WHEN AND HOW TO MAKE A CLAIM

Vision benefit is reimbursed to the employee. The employee must pay the provider of service, obtain an official paid in full receipt and submit to Medavie Blue Cross for processing. Some services may require a completed claim form to accompany the receipt. You may obtain claim forms from your employer or provider of service as appropriate.

To make a claim, complete the claim form that is available. Claims must be submitted within four (4) months and no later than 24 months of receiving services or supplies or the end of your Vision benefit.

DRUG BENEFIT

If you (or your dependents, if applicable) incur charges for drugs legally requiring a prescription in order to be dispensed, the eligible drug may be subject to quantity maximums and dollar maximums. All eligible expenses are considered less the amount allowed under any government health program or as approved by Medavie Blue Cross. Benefit maximums are applied on a per person basis.

Co-payment:	**10% to a maximum of $10 for each eligible drug on the prescription**
Co-insurance:	**program pays 100% of the remaining eligible expense**
Method of payment:	**paid directly to the pharmacy**

Includes prescription drug items approved by Medavie Blue Cross.

Charges for the following are also included:

- fertility drugs will be limited to $1,500 per treatment with a lifetime maximum of $3,000
- Glucose Monitoring Systems, including Continuous Glucose Monitoring (CGM) receivers, Transmitters or Sensors for Participants prescribed insulin for the treatment of diabetes, to a maximum of $4,000 per calendar year.

Diabetic supplies are paid directly to the pharmacy at the rate of Extended Health Benefits.

Shingles vaccine is limited to Participants over age 50; the Participant pays 20% to a maximum of $200 in a lifetime.

Certain prescription-requiring drugs on the eligible drug benefit list are eligible benefits on an individual Participant basis based on specific medical needs and when approved by Medavie Blue Cross under the Special Authorization process.

Eligible drug expenses include medically necessary items that, by law, can only be obtained with a prescription of a physician or dentist, that are authorized as benefits by Medavie Blue Cross, and are dispensed by an approved provider.

If an interchangeable drug has been prescribed, Medavie Blue Cross will reimburse to the lowest ingredient cost interchangeable drug when prescribed by a physician and dispensed by an approved provider. Regardless of whether your physician indicates the prescribed interchangeable drug cannot be substituted, Medavie Blue Cross will only reimburse to the lowest ingredient cost interchangeable drug.

You may request a higher cost interchangeable drug; however, you will be responsible for paying the difference in cost between the interchangeable drugs. For participants with an adverse reaction to the interchangeable drug dispensed, Medavie Blue Cross will consider reimbursement to another interchangeable drug on a case by case basis only, through the defined exception process.

TERMINATION

Drug benefit ceases at the earlier of retirement, termination of employment or age 65.

Certain benefits will require Special Authorization by Medavie Blue Cross. To apply for Special Authorization from Medavie Blue Cross, you must arrange for the health care professional rendering the service to complete a Special Authorization form. Any costs incurred for completion of Special Authorization forms is the covered person's responsibility.

- patient's name
- prescription number and date dispensed
- D.I.N. (Drug Identification Number) or drug name, strength and quantity

WHEN AND HOW TO MAKE A CLAIM – paid directly to pharmacy

For Drug benefits which are paid directly to the pharmacy, the Medavie Blue Cross Identification Card should be shown and the provider will arrange to bill Medavie Blue Cross directly.

WHEN AND HOW TO MAKE A CLAIM – reimbursed to the employee

For Drug benefits which are reimbursed to the employee, the employee must pay the provider of service, obtain an official paid in full receipt and submit to Medavie Blue Cross for processing. Some services may require a completed claim form to accompany the receipt. You may obtain claim forms from your employer or provider of service as appropriate.

To make a claim, complete the claim form that is available. Claims must be submitted within four (4) months and no later than 24 months of receiving services or supplies or the end of your Vision benefit.

WORLDWIDE TRAVEL BENEFIT

The Group Travel plan covers a wide range of benefits that may be available following an accident or unexpected illness incurred outside the covered person's province of residence while on business or vacation. Payment is subject to the maximum amounts and co-insurance amount indicated below, less the amount allowed under any government health program. Benefit maximums are noted in Canadian currency.

Co-insurance: 100%

ACCIDENTAL DENTAL
Maximum: $1,000

Charges for dental treatment necessitated by a direct accidental blow to the mouth. Such services must be rendered or reported and approved within 180 days of the accident and be supported by details of the accident.

AMBULANCE
Normal charges for ambulance service, including air ambulance and evacuation to and from the nearest qualified medical facility.

TRANSPORTATION EXPENSES
Extra costs of return economy fare for air transport from the place where emergency illness or injury occurred to the home city in Canada to include the following:

- Fare for transportation by stretcher including the return fare of an accompanying registered graduate nurse or other qualified medical attendant when ordered by the attending physician.
- Charges in excess of booked fare or prearranged charter fare that are incurred as a result of a change in the planned schedule, including additional fare of an eligible dependent covered under this contract who was travelling with stricken participant.
- Return fare for transporting a member of the immediate family (spouse, parent, child) to attend at the side of a participant who was travelling unaccompanied by a family member, following critical injury or illness necessitating in-patient hospitalization. Attendance and return must occur within 10 days of discharge from hospital.

This transportation expense benefit covers extra expenses only. In determining benefits, a reduction will be made by the level of expense a person would normally have incurred had no injury or illness occurred.

DIAGNOSTIC SERVICES
Charges for laboratory services for diagnostics and X-rays when ordered by the attending physician.

DRUG BENEFITS

Charges for drugs in a quantity sufficient for the period of travel. Eligible drug expenses include medically necessary items that, by law, that can only be obtained with a prescription of a physician or dentist, are authorized as benefits by Medavie Blue Cross, and are dispensed by a licensed pharmacist. Proof of purchase is required showing the name of the preparation, date of purchase, quantity, strength and total cost.

EMERGENCY AND PAYMENT ASSISTANCE

The services of a 24-hour emergency hotline are available to covered persons who need assistance while travelling. By telephoning the appropriate number on your "World Assistance Card" when a medical emergency occurs, coverage will be confirmed to the hospital or physician. Payment of medical expenses will be arranged or coordinated on behalf of the covered person. In addition, the following services are offered.

<u>Medical Assistance</u> - the covered person may call for a list of hospitals or medical facilities and arrangements will be made for:

- advice from a qualified physician,
- medical follow-up of the covered person's condition and communication with the employee and family,
- return home or transfer of covered person if medically permissible,
- transport a family member to the covered person's bedside or to identify the deceased.

<u>Non-Medical Assistance</u> - the covered person may call to obtain:

- an emergency response in any major language,
- emergency assistance in contacting the family or business,
- referral to legal counsel.

HOSPITAL ACCOMMODATION

The cost of hospital room accommodation (not a suite) and medically necessary inpatient/outpatient services.

MEALS AND ACCOMMODATION

Maximum: $1,500 ($150 per day)

Charges for extra costs of commercial accommodation and meals incurred by a covered person, remaining with a travelling companion when the trip is delayed due to illness or accident to a travelling companion or a covered person. This must be verified by the attending physician and supported with receipts from commercial organizations.

MEDICAL APPLIANCES

The cost of casts, canes, crutches, slings, splints, trusses, braces and/or temporary rental of a wheelchair when required due to an accident or sudden illness that occurs outside the province of residence and when ordered by a physician.

NURSE

Charges for private duty nursing (not a relative of the patient or an employee of the hospital) when ordered by an attending physician.

PARAMEDICAL SERVICES

Charges made by a licensed chiropractor, osteopath, chiropodist, podiatrist or physiotherapist (not a relative) up to the usual and customary fee excluding charges for X-rays.

PHYSICIAN SERVICES

Customary charges by physicians in excess of allowances provided under government medical insurance at the usual and customary fee of the area where the service is rendered.

RETURN OF DECEASED

Maximum: $3,000

Charges for the cost of preparation and homeward transportation of the deceased covered person (excluding the cost of a coffin) to the point of departure in Canada by the most direct route.

VEHICLE RETURN

Maximum: $1,000

Charges for the cost of driving the covered person's vehicle, either private or rental, by commercial agency to the covered person's residence or nearest appropriate vehicle rental agency when the covered person is unable to return it due to sickness or accident.

EXCLUSIONS

1. No benefits are available under the plan for residents travelling outside their province of residence primarily or incidentally to seek medical advice or treatment, even if such a trip is on the recommendation of a physician.

2. No benefits are available under the plan for elective (non-emergency) treatment or surgery. This is defined as treatment or surgery (a) not required for the immediate relief of acute pain and suffering, or (b) which reasonably could be delayed until the covered person has returned to Canada or (c) which the covered person elects to have rendered or performed outside of Canada following emergency treatment for, or diagnosis of, a medical condition which (on medical evidence) would not prevent the covered person from returning to Canada prior to such treatment or surgery.

3. Benefits under the plan will not be paid if the covered person receives the same from a third party.

4. No benefits will be paid for expenses incurred as the result of abuse of medications, drugs or alcohol, suicide or attempted suicide, criminal acts, war or other hostilities.

5. Medavie Blue Cross, in consultation with the attending physician, reserves the right to return the patient to Canada. If any covered person is (on medical evidence) able to return to Canada following the diagnosis of, or the emergency treatment for, a medical condition that requires continuing medical services, treatment or surgery, and the patient elects to have such treatment or services rendered, or surgery performed, outside Canada, the expense of such continuing medical services, treatment or surgery will not be covered by this plan. Medavie Blue Cross accepts no responsibility in the event of deterioration of the covered person's medical condition during or after the transfer back to Canada.

6. Coverage is limited to expenses incurred as a result of a sudden illness or accident which occurs outside the participant's province of residence. Pre-existing conditions will be covered as a benefit, provided the condition is stable prior to travel, and when medical attention is not anticipated during the travel period.

   A pre-existing condition is considered stable if you, in the 90 days before the departure date, have not:

   a) been treated or evaluated for new symptoms or related conditions;
   b) had symptoms that increased in frequency or severity, or examination findings indicating the condition has worsened;
   c) been prescribed a new treatment or change in treatment for the condition (generally does not include reductions in medication due to improvement in the condition, or regular changes in medication as part of an established treatment plan);
   d) been admitted to a hospital for the condition; or
   e) been awaiting new treatments or tests regarding the medical condition (does not include routine tests).

   The above criteria will be considered collectively in relation to the overall medical condition.

7. This policy excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:

   a) expenses incurred while travelling in a country (or a specific region of a country) for which there is a Government of Canada travel warning, when such travel warning was issued before the departure date and the loss or expense is related to the reason for which the travel warning was issued; and
   b) insurrection, war (declared or not), the hostile action of the armed forces of any country or participation in any riot or civil commotion.

8. Coverage is limited to amounts that are in excess of coverage provided by any other plan. Where a court determines that the policy and any other plan(s) provide primary coverage, the benefit will be co-ordinated with the other plan, as described in the Co-ordination of Benefits section.

9. Medavie Blue Cross will not cover expenses in excess of $2 million Canadian per covered Participant, per incidence outside the province of residence.

   All claims and required government forms must be submitted within four (4) months of the date of service.

TERMINATION

Travel Benefit ceases at the earlier of retirement, termination of employment or age 65.

WHEN AND HOW TO MAKE A CLAIM

Obtain detailed receipts in duplicate for any expenses incurred outside your province of residence. Upon your return, send one of the receipts to your provincial government health plan for their consideration and payment. When a reply has been received from them, send proof of their payment together with appropriate receipts to Medavie Blue Cross - Claims Department for payment of the remaining eligible benefits. Always provide your Medavie Blue Cross Identification Number when submitting a claim to Medavie Blue Cross.

Claims for services outside of Canada are paid by Medavie Blue Cross in Canadian currency based on the rate of exchange in effect at the conclusion of the services.

REFERRAL FOR SERVICES OUTSIDE CANADA

When covered persons are referred outside Canada by the attending physician for medical services not available in Canada, Medavie Blue Cross will pay for the following eligible benefits. Payment will be made at the usual, customary and reasonable amount for charges in excess of provincial government health care allowances up to a lifetime maximum of $500,000.

Co-insurance: 100%

AMBULANCE
Charges for licensed ambulance services required to transport a stretcher patient to and from the nearest hospital able to provide essential care. Charges for air transport are included to a maximum of up to three economy seats on a regularly scheduled flight.

AMBULANCE ATTENDANT
Charges for travel expenses of an accompanying Registered Nurse or qualified medical attendant (not a relative) when medically necessary and approved by Medavie Blue Cross.

HOSPITAL
All hospital charges for medically necessary services, less the amount allowed under the provincial government health care plan, such as:

- hospital room accommodation
- intensive care rooms
- nursing services
- operating and recovery rooms
- diagnostic and laboratory services including X-ray
- oxygen and blood
- prescription drugs including intravenous solutions
- physiotherapy

PHYSICIANS AND SURGEONS
Customary charges of physicians and surgeons for services rendered, less the amount allowed under the provincial government health care plan.

LIMITATIONS AND EXCLUSIONS

1. The referral outside Canada must be medically necessary and must not be for services available in Canada, as determined by Medavie Blue Cross.

2. The claim must have prior approval for payment from Medavie Blue Cross.

3. Payment will be made for the reasonable and customary charges of the provider of the services or supplies in the area in which the services are rendered.

4. Payment will only be made for services and supplies rendered while the patient was under the active treatment of a licensed physician.

5. Payment will not be made for treatment of any illness commencing within 12 months after the covered person's effective date of group coverage for which the covered person has received medical treatment or has been prescribed drugs 12 months prior to the effective date of this coverage.

6. The services to be provided outside Canada must not be experimental or investigative in nature.

7. Referrals outside of Canada exclude, but are not limited to, services not available due to waiting lists and/or treatment which has been refused by a physician in Canada.

TERMINATION
Referral for Services Outside Canada Benefit ceases at the earlier of retirement, termination of employment or age 65.

WHEN AND HOW TO MAKE A CLAIM
Obtain detailed receipts in duplicate for any expenses incurred outside your province of residence. Upon your return, send one of the receipts to your provincial government health plan for their consideration and payment. When a reply has been received from them, send proof of their payment together with appropriate receipts to Medavie Blue Cross - Claims Department for payment of the remaining eligible benefits. Always provide your Medavie Blue Cross Identification Number when submitting a claim to Medavie Blue Cross.

Claims for services outside of Canada are paid by Medavie Blue Cross in Canadian currency based on the rate of exchange in effect at the conclusion of the services.

Referrals outside Canada must be medically necessary and must not be for services available in Canada, as determined by Medavie Blue Cross. A letter from the referring physician is required as well as a description of the treatment rendered from the attending physician.

Your dental program covers you and your dependents for a wide range of dental services including the following benefits. Dental benefits are based on the usual and customary charges up to the current Dental Fee Guide for general practitioners in effect in the covered person's province of residence.

BASIC BENEFITS
Co-insurance: 100%

Diagnostics - clinical oral examinations (two recall exams every 12 consecutive months), tests and laboratory examinations, X-ray examinations include: full mouth or panoramic films (one of each type every 24 consecutive months), bitewings (one every six consecutive months).

Preventive Services - cleaning, polishing and fluoride treatments (limited to dependent children only - once every five consecutive months), pit and fissure sealants, space maintainers, maintenance and repairs.

Surgical Services - extraction of teeth, pre and post-surgical care.

Minor Restorative Services - Amalgam (acrylic, composite resin and silicate restorations restorations) and retentive pins.

ADDITIONAL BASIC BENEFITS
Co-insurance: 100%

Adjunctive Services - emergency treatment of pain, local anaesthesia (not in conjunction with operative or surgical procedures) as well as conscious sedation.

Prosthetic and Restoration Maintenance Services - repair of partial and complete dentures, relining or rebasing of dentures (limited to once per 36 consecutive months), recementing of bridgework and recementing of crowns, inlays or onlays. Recementing of bridgework or crown inlays or onlays is covered after a period of six months following installation.

Endodontic Services - diagnosis and treatment of the pulp (nerve) and tissue which supports the end of the root, root canal therapy and emergency procedures.

Periodontic Services - diagnosis and treatment of disease which affects the supporting tissue of the teeth, such as the gums and bones surrounding the teeth, periodontal appliances. Periodontal scaling and root planing is limited to a combined total of eight time units in any period of 12 consecutive months.

MAJOR RESTORATIVE BENEFITS

Co-insurance: 80%
Maximum: $1,000 per person every calendar year

Major Restorative Services - Crowns and veneers, inlays and onlay restorations (replacement will be covered only after a period of 5 years has elapsed following initial placement and the existing restoration is unserviceable and cannot be made serviceable).

Prosthodontic Services - Fixed bridgework, partial and complete dentures (replacement of a denture or a bridge will be covered only after a period of 5 years has elapsed following initial placement and the existing restoration is unserviceable and cannot be made serviceable).

DENTAL EXCLUSIONS AND LIMITATIONS

The dental plan does not cover the following expenses:

1. Splinting for periodontal reasons, where cast, crowns or inlays are used for this purpose, with or without onlays.
2. Veneers for cosmetic purposes.
3. Accidental dental services do not form part of the Dental Benefits being offered.
4. Services rendered by a dental hygienist but not administered under the supervision of a dentist.
5. Treatment or appliance, related directly or indirectly to full mouth reconstruction, to correct vertical dimension.

BENEFITS FOR LATE APPLICANTS

If application for dental benefits is made more than 31 days after the date on which the employee and/or dependent first becomes eligible, some benefits will be limited for the first 6 months of coverage and will start on the 7th month of coverage. This provision does not apply to dental services required as a result of natural teeth being damaged by a direct accidental blow to the mouth after the effective date of the late applicant's coverage.

TERMINATION

Dental Benefit ceases at the earlier of retirement, termination of employment or age 65.

WHEN AND HOW TO MAKE A CLAIM

Dental benefits are reimbursed to the employee. The employee must pay the provider of service, obtain an official paid in full receipt and submit to Medavie Blue Cross for processing. Some services may require a completed claim form to accompany the receipt. You may obtain claim forms from your employer or provider of service as appropriate.

To make a claim, complete the claim form that is available.

Claims must be submitted within 24 months of receiving services or supplies or the end of your Dental benefit.

GENERAL EXCLUSIONS AND LIMITATIONS

Medavie Blue Cross does not cover the following expenses:

1. Medical examinations or routine general checkups required for use by a third party.
2. Elective services obtained outside the covered person's province of residence.
3. Charges which normally would not be made if the covered person was not covered under the plan.
4. Any item or service not listed as a benefit in this plan.
5. Medications restricted under federal or provincial legislation.
6. Registration charges or non-resident surcharges in any hospital.
7. Services performed by an unqualified practitioner.
8. Charges for missed appointments or the completion of forms.
9. Charges for health care planning assessments.
10. Any health care services and supplies that are not provided by a Medavie Blue Cross approved provider.
11. Convalescent, custodial or rehabilitation services, unless otherwise specified.
12. Conditions not detrimental to health.
13. Services that are not medically required, that are given for cosmetic purposes or that exceed the ordinary services given in accordance with current therapeutic practice.
14. Benefits the covered person receives or is entitled to receive from Workers' Compensation.
15. Mileage or delivery charges.
16. Any injury or illness resulting from the covered person's active participation in or related to civil unrest, riot, insurrection or war.
17. Participation in the commission of a criminal offense.
18. A service or supply that is experimental or investigative in nature.
19. A service or supply that is not medically necessary or proven effective.
20. Services for which the government prohibits the payment of benefit.
21. Services provided without charge or normally paid for directly or indirectly by the employer.
22. Services for which the employee or dependent is entitled to indemnity from any government plan, or any plan or arrangement.
23. Services as a result of self-inflicted injuries or any suicide attempt, whether the covered person is sane or not.

TERMINATION OF INSURANCE

Coverage for you and your dependents will cease on the earliest of:

- the contract termination date,
- the date you terminate employment,
- the date you cease to be eligible due to retirement, death, leave of absence, age limitation, change in classification, etc.

ALTERNATIVE BENEFIT

Where more than one form or alternative form of treatment exists, Medavie Blue Cross, in consultation with its Health Care Consultants, reserves the right to make payment for eligible services and supplies based on an alternate procedure or supply with a lower cost, when deemed appropriate and consistent with good health management.

CO-ORDINATION OF BENEFITS

In the event that benefits may be claimed under more than one section of the health care plan, the claim will be assessed in a manner that provides the greatest benefit to the employee.

With the exception of Worldwide Travel Benefit provided under the policy, if you are eligible for similar benefits under another group benefit plan the amount payable through this plan shall be co-ordinated with all benefit plans and will not exceed 100% of the eligible expense. Where both spouses of a family have coverage through their own employer benefit plans, the first payer of each spouse's claim is their own employer's plan. Any amount not paid by the first payer can then be submitted for consideration to the other spouse's benefit plan (the second-payer).

Claims for dependent children should be submitted first to the benefit plan of the spouse who has the earlier birth month in the calendar year, and then to the other spouse's benefit plan. When submitting a claim to a second payer, be sure to include payment details provided by the first payer.

Benefit payments will be co-ordinated with any other plan or arrangement, in accordance with the Canadian Life and Health Insurance Association (CLHIA) guidelines.

Payment for Worldwide Travel Benefit provided under this policy is limited to amounts that are in excess of coverage provided by any other plan(s), as specified in the Worldwide Travel Benefit Exclusions.

CONVERSION PRIVILEGE

If you should terminate employment, you may convert to an Individual Health and Dental plan currently issued by Blue Cross provided that application is made within 31 days following your date of termination.

ADDITIONAL BENEFIT INFORMATION

ELIGIBLE EMPLOYEES

To be eligible for group benefits, you must be a permanent employee who is a resident of Canada, covered under your provincial government plan, actively at work and working a minimum of 20 hours per week on a regular basis. Coverage commences immediately upon employment.

Employees may elect coverage, within 31 days of becoming eligible, by completing an application. Coverage is effective on the date of eligibility, except when: (a) the employee is not actively at work on the day that coverage would otherwise become effective, or (b) the application is made after the 31 day period.

If not actively at work when you would normally have become eligible, your coverage will commence when you return to work on a full-time basis.

All benefits described in this booklet are available to employees of the group, subject to application by the employee and underwriting approval.

ELIGIBLE DEPENDENTS

Dependents are defined as your legal spouse (as described below), and unmarried, unemployed dependent children including natural, legally adopted or step-children, or children over whom you or your spouse have been court appointed as guardian with parental authority. Children of a common-law spouse may be covered if they are living with the employee. All dependents must be residents of Canada and covered under the provincial government health care programs in the province of residence in order to be eligible for coverage.

The term "spouse" is defined as a person of the opposite or same sex who is legally married to the employee, or has continuously resided with the employee for not less than one full year having been represented as members of a conjugal relationship (common law). In the event of divorce, legal separation, or discontinuance of cohabitation ("common law" spouse), the employee may elect to continue membership of the former spouse or to provide notice to Medavie Blue Cross to terminate coverage for the spouse. Medavie Blue Cross will at no time provide coverage for more than one spouse under the same plan.

Dependent children are eligible for benefits if they are less than 21 years of age or, if 21 years of age but less than 26 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

Unmarried, unemployed children 21 years of age or older qualify if they are dependent upon the employee by reason of a mental or physical disability and have been continuously so disabled since the age of 21. Unmarried, unemployed children who became totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to the age of 26 and have been continuously disabled since that time also qualify as a dependent.

Dependent coverage begins for your eligible dependents on the same date as your coverage, or as soon as they become eligible dependents if added later, provided that dependent benefits were applied for within 31 days of their becoming eligible. If coverage is not applied for within this 31 day period, evidence of health on the dependents may have to be submitted and approved before coverage begins.

ELIGIBLE EXPENSE

Charges incurred by you (or your dependents, if applicable) for health care services and supplies that are:

- usual, customary and reasonable;
- recommended, approved or prescribed by a health care professional;
- in excess of the charges reimbursed, or entitled to be reimbursed, from all other providers of health and/or dental coverage;
- rendered by a person who does not normally reside in your home and is not a member of your immediate family either by blood or marriage;
- rendered by a Medavie Blue Cross approved provider; and
- rendered after the effective date and while the plan is in effect, unless otherwise specified.

An eligible expense is considered to be incurred on the date the service or supply was received. The benefit maximums specified identify the maximum eligible expense prior to the application of the co-insurance and after the application of any applicable usual, customary and reasonable limits.

EVIDENCE OF HEALTH

Proof of good health is not required if application is made within 31 days of first becoming eligible. If coverage is not applied for within this 31 day period, evidence may be requested for the employee and his dependents, if any, before benefits commence.

Certain other situations may require the submission of evidence of health before coverage will be approved. The cost of obtaining evidence of health is to be provided at your own expense if you or your dependents do not apply for coverage within 31 days of becoming eligible.

INSTRUCTION FOR MEMBERS

Medavie Blue Cross is continually developing its Web technology to respond to the needs of our customers. One such innovation, the Plan Member Website, will help you better understand, manage and co-ordinate your benefit plan.

The Plan Member Website is simple to use and is delivered in a secure environment. Now, when you want to access general information about your plan, view your claims and payment history, or print generic claim forms, you just have to click your mouse. The Plan Member Website is available 24 hours a day; seven days a week from home or work, all you need is an Internet connection. The Plan Member Website makes life easier for you.

ON THE PLAN MEMBER WEBSITE

There are a variety of options available to you on the Plan Member Website.

Coverage Inquiry: Detailed information about the Medavie Blue Cross benefit plan
Forms: Printable versions of generic Medavie Blue Cross claim forms

Member Information

- Members can view and/or update address information (where access is available)
- Request new identification cards
- Add/update banking information for direct deposit of claim payments (where applicable)

Member Statements

- Members can view claims history for member and dependents
- View record of payments issued to member and/or the service provider
- View Health Spending Account balances (where applicable)

Submit Claims electronically

FIRST-TIME ACCESS TO THE PLAN MEMBER WEBSITE

To register for the Plan Member Website, visit **www.medaviebc.ca** and log in.

Please ensure you make note of your password for future reference.

PLEASE NOTE

For security reasons, the Plan Member Website is for use of the plan member only.

We look forward to helping you take advantage of our online technology. For further information on the Plan Member Website, or for any questions about your Medavie Blue Cross benefit plan, please contact our Customer Information Center toll free at the number on the back of your identification card or e-mail *inquiry@medaviebc.ca*.

BLUE CROSS CONTACT INFORMATION

For more information about your group benefits coverage or the plan member website, please contact our Customer Information Contact Centre toll free at:

Atlantic Provinces: 1-800-667-4511
Ontario: 1-800-355-9133
Quebec: 1-888-588-1212
From Anywhere in Canada: 1-800-667-4511

Have your group policy number and identification number ready when you call for questions regarding your coverage.

Alternatively, you can email your questions to **inquiry@medavie.bluecross.ca** or visit our website at **www.medaviebc.ca**.

CONNECT WITH BLUE CROSS

Like us on Facebook at **facebook.com/MedavieBlueCross**

Follow us on Twitter at @**MedavieBC**

My Good Health®

My Good Health is a secure, interactive web portal that provides valuable health information and tools for managing your health. You can create your own health profile and use it to map personal goals using My Good Health resources.

Blue Cross is proud to help point your way to healthier living. Go to medaviebc.mygoodhealth.ca and simply follow the instructions to register for your free account!

Savings are available to Blue Cross members across Canada. To take advantage of these savings, simply present your Blue Cross identification card to any participating provider and mention the **Blue Advantage®** program. A complete list of providers and discounts is available at **www.blueadvantage.ca.**

HOW TO OBTAIN MORE INFORMATION

HOW TO OBTAIN A CLAIM FORM

Health benefit claim forms can be obtained from any one of the following sources:

- the plan member website;
- your group benefits administrator; or
- our Customer Information Contact Centre at the toll-free number listed above.

HOW TO SUBMIT A CLAIM

Medavie Blue Cross offers several convenient options to quickly and efficiently submit your health benefit claims:

- Provider eClaims for approved providers who have registered to submit claims to Medavie Blue Cross through our electronic claims submission service, our eClaim service allows approved health care professionals to instantly submit claims at the time of service. This eliminates the need for you to submit your claim to Medavie Blue Cross and means you only pay the amount not covered under your group benefit plan (if any);
- eClaims through our secure plan member website;
- Mobile App (visit www.medaviebc.ca/app for more information or to download the app);
- Mail your completed claim form to the nearest Medavie Blue Cross office. To find the Medavie Blue Cross office nearest you, visit our website at www.medaviebc.ca.