



Your Group Benefits Booklet

The University of New Brunswick

UNB - Retirees

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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 understand that the privacy policies and procedures we have in place to ensure confidentiality are to be taken 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:

- other Canadian Blue Cross organizations in order to administer your benefit plan if you reside outside the Atlantic Provinces, Quebec or Ontario
- 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.

PRIVACY PROTECTION PRACTICES

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.medavie.bluecross.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 The University of New Brunswick:

- Hospital Benefit
- Extended Health Benefit
- Vision Benefit
- Drug Benefit
- Health Spending Account

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.

The term “employee”, used in this booklet, shall mean a retired employee.

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.

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, less the amount allowed under any government health program. Benefit maximums are applied on a per person basis.

Co-insurance: 100%

HOSPITAL ROOM

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

OUTPATIENT SERVICES

Charges for outpatient and diagnostic services of a hospital approved by Medavie Blue Cross.

TERMINATION

Hospital benefit ceases upon death of the subscriber.

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.

Claims must be submitted within 24 months of receiving services or supplies. No claims will be paid by Medavie Blue Cross after the termination date of this plan.

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 eligible expenses, based on any deductible, co-insurance or maximum amount shown below, less the amount allowed under any government health program.** Benefit maximums are applied on a per person basis.

Co-insurance: 100%

OXYGEN

Charges for oxygen on the written authorization of the attending physician.

PRIVATE DUTY NURSING

Maximum: \$10,000 in a calendar year

Provided you do not reside in a convalescent nursing home and the nurse is not a relative, charges for medically necessary home nursing care performed by a registered nurse, registered nursing assistant or licensed practical nurse are eligible. Written authorization of the attending physician is required.

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

PROFESSIONAL AMBULANCE (IN CANADA ONLY)

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 the maximum deemed appropriate by the airline on a regularly scheduled flight.

ACCIDENTAL DENTAL

Dental treatment when natural teeth have been damaged by a direct accidental blow to the mouth or jaw. Services must be rendered or approved for payment by Medavie Blue Cross within 180 days of the accident. Benefits will be paid up to the usual and customary fee of the current Dental Association Fee Guide for general practitioners where services are rendered.

All deferred dental treatment must be completed and approved for payment by Medavie Blue Cross no later than the last day of the month in which the person turns 21 years of age unless otherwise prescribed by statute, in which case the statutory provision applicable in the province where the participant resides shall apply.

When such dental treatment must be deferred because of the age of the patient, or other factors which are justified, in the opinion of Medavie Blue Cross, the claim may be approved for later payment. To meet our payment criteria, the participant must have been covered by Medavie Blue Cross for accidental dental at the time the accident occurred, and must still be covered by Medavie Blue Cross at the time the services are rendered. The only exception to this criterion is when the participant is uninsured for dental benefits at the time the service is rendered, in which case the claim may be approved. The subscriber must submit to Medavie Blue Cross within 180 days of the accident complete details of the required services from the dentist and reason for deferment.

EXTENDED HEALTH BENEFIT



Helpful Tip

Remember usual, customary and reasonable charges may apply. Contact Blue Cross if you have any questions.

INTRAUTERINE CONTRACEPTIVE DEVICES/DIAPHRAGMS

Purchase of an intrauterine contraceptive device (IUD)/diaphragms on the written authorization of the attending physician.

DIABETIC EQUIPMENT

Maximum: \$700 in a calendar year

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

DIABETIC SUPPLIES

Charges for needles, syringes, swabs, test tapes, lancets, CGM sensors and insulin pump supplies for the treatment and control of diabetes on the written authorization of the attending physician.

HEARING AIDS

Maximum: \$2,000 for one hearing aid (limited to the left or right ear only) every three consecutive calendar years. Dependent children less than 21 years of age, requiring a hearing aid for each ear, are eligible for two hearing aids (one for each ear) to a combined maximum eligible expense of \$2,000 every three consecutive calendar years.

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

SMOKING CESSATION AIDS

Maximum: \$800 every 5 consecutive calendar years

Charges for smoking cessation aids.

INJECTABLES

Charges for vaccines and injectables.

CHRONIC DISEASE MANAGEMENT

Maximum: \$500 in a calendar year

Charges for services rendered by a Medavie Blue Cross approved provider specialized in chronic disease management. Services must be delivered by the Medavie Blue Cross 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.

EXTENDED HEALTH BENEFIT



Helpful Tip

Remember usual, customary and reasonable charges may apply. Contact Blue Cross if you have any questions.

MEDICAL SUPPLIES AND EQUIPMENT

Charges for the following medical supplies and equipment, when prescribed by an authorized physician:

- burn pressure garments;
- surgical compression garments;
- rental (or purchase, if approved by Medavie Blue Cross) of a wheelchair, wheelchair cushions, scooter, walker or hospital-type bed;
- equipment for the administration of oxygen;
- insulin pump;
- compression pump;
- lymphoedema sleeves (limited to 2 in a calendar year);
- transcutaneous electrical nerve stimulator (TENS machine).

Charges for the purchase of cranial remolding helmet (limited to two per lifetime) when prescribed by a neurosurgeon, pediatrician or an appropriate specialist. Eligible expenses must be pre-approved by Medavie Blue Cross.

Once the original equipment purchase is approved, the rental or approved purchase of another piece of similar equipment will be limited to once every 5 consecutive calendar years.

ORTHOPEDIC FOOTWEAR & SUPPLIES

Maximum: \$250 in a calendar year

Charges for orthopedic footwear when the footwear has been customized with special features to accommodate relieve or remedy some mechanical foot defect or abnormality. A prescription from an orthopedic surgeon, physiatrist, rheumatologist, chiropodist/podiatrist or the attending Physician is required along with a copy of the biomechanical or gait analysis from the health care professional. Also, charges for footwear modifications, adjustments, supplies and/or molded arch supports when prescribed by one of the health care professionals noted above to accommodate, relieve or remedy some mechanical foot defect or abnormality.

MOLDED ARCH SUPPORTS

Maximum: \$200 in a calendar year

Charges for molded arch supports to accommodate, relieve, or remedy some mechanical foot defect or abnormality, excluding their replacement (except for pathological change), on the written authorization of an orthopedic surgeon, physiatrist, rheumatologist, chiropodist/podiatrist or the attending physician.

OSTOMY SUPPLIES

Charges for essential ostomy supplies on the written authorization of the attending physician.

EXTENDED HEALTH BENEFIT



Helpful Tip

Remember usual, customary and reasonable charges may apply. Contact Blue Cross if you have any questions.

PARAMEDICAL PRACTITIONERS

Maximum: 50 occurrences for a licensed physiotherapist, acupuncturist, athletic therapist, osteopath, dietician, chiropodist/podiatrist, chiropractor (including x-rays), naturopath, massage therapist and occupational therapist in a calendar year

PHYSIOTHERAPIST/ACUPUNCTURIST/ATHLETIC THERAPIST

Overall maximum: \$650 in a calendar year

Charges for treatment, except when performed in a hospital, by a licensed physiotherapist/acupuncturist/athletic therapist.

OSTEOPATH

Overall maximum: \$650 in a calendar year

Charges for treatment, except when performed in a hospital, by a licensed osteopath.

DIETICIAN

Overall maximum: \$650 in a calendar year

Charges for treatment, except when performed in a hospital, by a licensed dietician.

CHIROPODIST/PODIATRIST

Overall maximum: \$650 in a calendar year

Charges for treatment, except when performed in a hospital, by a licensed chiropodist/podiatrist.

CHIROPRACTOR

Overall maximum: \$650 in a calendar year

Charges for treatment, except when performed in a hospital, by a licensed chiropractor (including x-rays).

NATUROPATH

Maximum: initial visit is limited to \$80 and subsequent visits are limited to \$50

Overall maximum: \$650 in a calendar year

Charges for treatment, except when performed in a hospital, by a licensed naturopath.

MASSAGE THERAPIST

Maximum: \$60 per visit

Overall maximum: \$650 in a calendar year

Charges for treatment, except when performed in a hospital, by a licensed massage therapist.

OCCUPATIONAL THERAPIST

Maximum: \$500 in a calendar year

Charges for treatment, except when performed in a hospital, by a licensed occupational therapist.

EXTENDED HEALTH BENEFIT



Helpful Tip

Remember usual, customary and reasonable charges may apply. Contact Blue Cross if you have any questions.

MENTAL HEALTH PRACTITIONERS

Maximum: \$150 per visit

Charges for treatment, except when performed in a hospital, by a licensed psychologist, social worker, clinical counsellor, psychoeducator and psychotherapist.

SPEECH THERAPIST

Charges for treatment, except when performed in a hospital, by a licensed speech therapist.

PROSTHETIC APPLIANCES

Charges for the following remedial appliances or supplies, when authorized by the attending physician:

- artificial limbs;
- breasts;
- eyes;
- iron lung;
- canes or crutches;
- splints;
- casts;
- trusses; and
- braces.

Replacement, repairs and/or adjustments must be due to pathological or physiological change.

Hair prosthetics (wigs), when hair loss is due to an underlying pathology or its treatment, to a maximum of \$500 in a lifetime.

Hair prosthetics, replacement therapy and other procedures for physiological hair loss are excluded (i.e., male pattern baldness).

TERMINATION

Extended Health benefit ceases upon death of the subscriber.

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 24 months of receiving services or supplies. No claims will be paid by Medavie Blue Cross after the termination date of this plan.

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%

EYE EXAMINATIONS, LENSES, FRAMES, CONTACT LENSES AND CONTACT LENSES DUE TO DISEASE

Maximum: \$325 every 24 consecutive months for adults and every 12 consecutive months for dependent children less than 19 years of age

Charges of a licensed optometrist or ophthalmologist for eye examinations. Charges for corrective eyeglasses, including lenses, frames and contact lenses, but excluding safety glasses or glasses/contacts for cosmetic purposes. Charges for contact lenses when medically necessary on the written authorization of the attending physician for; ulcerated keratitis, severe corneal scarring, keratoconus or aphakia, provided sight can be improved to at least the 20/40 level.

TERMINATION

Vision benefit ceases upon death of the subscriber.

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.

Claims must be submitted within 24 months of receiving services or supplies. No claims will be paid by Medavie Blue Cross after the termination date of this plan.

DRUG BENEFIT

If you (or your dependents, if applicable) incur charges for certain prescription-requiring drugs, the eligible drug may be subject to quantity maximums, dollar maximums, deductibles, co-payments or other maximums as approved by Medavie Blue Cross. Benefit maximums are applied on a per person basis.

Co-payment: participant pays the dispensing fee for each eligible drug on the prescription

Co-insurance: 100% of the remaining eligible expense

Method of payment: paid directly to the pharmacy

Includes prescription drug items approved by Medavie Blue Cross and many commonly prescribed over-the-counter items approved by Medavie Blue Cross.

Charges for the following are also included:

- fertility benefit to a maximum of \$1,500 in a calendar year to a lifetime maximum of \$6,000
- weight loss treatments to a maximum of \$3,200 in a calendar year

Eligible drug expenses include medically necessary items that, by law, can only be obtained with a prescription of a physician or dentist, which 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 end of the month the participant reaches age 65.

WHEN AND HOW TO MAKE A CLAIM

The Medavie Blue Cross Identification Card should be shown and the provider will arrange to bill Medavie Blue Cross directly.

HEALTH SPENDING ACCOUNT

Under a Health Spending Account, you have access to a pre-determined amount of Health Spending Account credits. These credits are intended to pay for medical and dental expenses not covered under your medical and dental plan or your provincial plan. Health Spending Account credits can also be used to supplement existing benefits. These include costs exceeding the plan's maximum payable amounts, deductibles, co-insurance or any other portion of a claim that is not automatically paid. The amount in your Health Spending Account is not taxed as income except in Quebec where it is required to pay Quebec Provincial Income Tax.

ABOUT YOUR HEALTH SPENDING ACCOUNT

The policy year of your Health Spending Account is from July to June. Your Health Spending Account credits may be used to reimburse expenses incurred during the year or may be carried over to the following year's account. If Health Spending Account credits are rolled-over to the following year, a 90 day grace period will be given, during which all credits from the previous year must be exhausted. If these credits are not exhausted, they will be forfeited. Canada Revenue Agency does not allow the payout of unused balances in taxable cash as an alternate to the rollover requirement. Furthermore, should you leave your current employment, or your group terminates coverage with Medavie Blue Cross, you will have a period of 90 days to claim against your remaining balance before your credits are forfeited.

ALLOWABLE MEDICAL EXPENSES (not limited to the following expenses)

A Health Spending Account is a way to give employees more flexibility within the benefit plan, and a way to remunerate an employee with tax free dollars. Expenses eligible under a Health Spending Account is based on the Canada Revenue Agency Income Tax Act and differ from eligible expenses covered under group benefits plan. The following is a general overview of several expenses considered eligible for the Medical Expense Tax Credit under the Canadian Income Tax Act. For additional information regarding reimbursable expenses you may consult The General Income Tax Guide, or the Canada Revenue Agency at the following Internet site address; <http://www.cra-arc.gc.ca>. Medavie Blue Cross recommends that you contact Canada Revenue Agency to clarify the eligibility of any service or products for which you are unsure. Furthermore, Medavie Blue Cross does not assume responsibility to inform you of any changes made to the Canada Revenue Agency provisions hereinafter.

Professional Services

- acupuncturist
- audiologist
- chiropodist
- chiropractor
- Christian science practitioner
- dentist
- dental hygienist
- dental mechanic
- dermatologist
- dietician
- naturopath

HEALTH SPENDING ACCOUNT

Professional Services (cont'd)

- optician
- optometrist
- osteopath
- physiotherapist
- plastic surgeon
- podiatrist
- practical nurse (medical services only)
- psychiatrist
- psychologist
- registered nurse
- speech therapist

Additional practitioners may qualify as eligible providers under Canada Revenue Agency guidelines. In all circumstances, the practitioners must be recognized by the applicable legislation of the province in which the services are rendered.

Laboratory Examinations and Tests

- blood Tests
- cardiographs
- metabolism Tests
- spinal Fluid Tests
- stool Examinations
- urine Analysis
- x-ray examination

Dental Services

- radiographs
- preventive
- endodontics
- periodontics
- restorative
- oral Surgery
- orthodontics

Hospital Services

- room accommodation
- miscellaneous hospital services

Artificial Limbs, Aids and Other Devices and Equipment

- artificial limb
- iron lung
- rocking bed for poliomyelitis victims
- wheelchair
- crutches

HEALTH SPENDING ACCOUNT

Artificial Limbs, Aids and Other Devices and Equipment (cont'd)

- spinal brace
- brace for a limb
- ileostomy or a colostomy pad
- truss for a hernia
- artificial eye
- laryngeal speaking aid
- aid to hearing
- artificial kidney machine

Products or Services Requiring a Prescription

- A wig made to order for an individual who has suffered abnormal hair loss because of disease, medical treatment or accident.
- A needle or syringe designed to be used for the purpose of giving an injection.
- A device or equipment used by an individual suffering from a severe chronic respiratory ailment or a severe chronic immune system disregulation, but not including an air conditioner, humidifier, dehumidifier, heat pump or heat or air exchanger.
- A device or equipment designed to pace or monitor the heart of an individual who suffers from heart disease.
- An orthopedic shoe or boot or an insert for a shoe or boot made to order for an individual to overcome a physical disability.
- A power-operated guided chair installation, for an individual, that is designed to be used solely in a stairway.
- A mechanical device or equipment designed to assist an individual to enter or leave a bathtub or shower or to get on or off a toilet.
- A hospital bed, including any attachments to the bed.
- A device designed to assist an individual in walking, when the individual has mobility impairment.
- An external breast prosthesis that is required due to a mastectomy.
- A teletypewriter or similar device, including a telephone-ringing indicator, that enables an individual who is deaf or mute to make and receive telephone calls.
- An optical scanner or similar device designed to enable an individual who is blind to read print.
- A power-operated lift or transportation equipment designed for an individual who is disabled to allow the individual access to different areas of a building or to assist the individual in gaining access to a vehicle or to place the individual's wheelchair in or on a vehicle.
- A device designed exclusively to enable an individual who has a mobility impairment to operate a vehicle.
- A device or equipment, including a synthetic speech system, braille printer and large print-on-screen device, designed exclusively for use by an individual who is blind, in operating a computer.
- An electronic speech synthesizer that enables an individual who is mute to communicate by using a portable keyboard.
- A device or decode special television signals to permit the script of a program to be visually displayed.

HEALTH SPENDING ACCOUNT

Products or Services Requiring a Prescription (cont'd)

- A visual or vibratory signaling device, including a visual fire alarm indicator, for an individual who has a hearing impairment.
- A device designed to be attached to an infant diagnosed as being prone to sudden infant death syndrome in order to sound an alarm if the infant ceases to breathe.
- An infusion pump, including disposable peripherals, used to treat diabetes or a device designed to enable an individual with diabetes to measure blood sugar level.
- An electronic or computerized environmental control system designed exclusively for the use of an individual who has a severe and prolonged mobility restriction.
- An extremity pump or elastic support hose designed exclusively to relieve swelling caused by chronic lymphedema.
- An inductive coupling osteogenesis stimulator for treating non-union of fractures or aiding in bone fusion.

Vision Care

- The cost of eyeglasses (including frames and lenses) or contact lenses when prescribed by an oculist, ophthalmologist or an optometrist.
- The cost of laser eye surgery when performed by a medical practitioner.

Drugs and Other Preparations or Substances

- Drugs or other preparations or substances as prescribed by a medical practitioner or dentist and recorded by a licensed pharmacist.
- Birth control pills as prescribed by a physician and recorded by a pharmacist.
- Insulin or substitutes, tapes or tablets for sugar content tests by diabetics when prescribed by a physician.
- Injectable liver extract for pernicious anemia.
- Vitamin B-12 for pernicious anemia.

Medical Treatments

- blood transfusion
- diathermy
- electric shock treatments
- healing services
- hydrotherapy
- injections
- insulin treatments
- nursing
- pre-natal; post natal treatments
- radium therapy

HEALTH SPENDING ACCOUNT

Miscellaneous Expenses

- The cost of diapers, disposable briefs, catheters, catheter trays, tubing or other products required by the patient because of incontinence caused by illness, injury or affliction.
- The cost of buying or renting an oxygen tent or other equipment necessary to administer oxygen.
- The costs of acquiring and the care and maintenance (including food and veterinary care) of an animal. These costs must be paid on behalf of a patient who is blind, profoundly deaf or who has a severe and prolonged impairment that markedly restricts the use of the patient's arms or legs. The animal must be specially trained to assist a patient in coping with his or her impairment and the animal must be provided by a person or organization whose main purposes is the training of animals for this function.
- Reasonable expenses, including legal fees and insurance premiums, paid to locate a compatible bone marrow or organ transplant donor for a patient. Reasonable travel, board and lodging expenses paid for the donor and a companion as well as the recipient and a companion.
- Reasonable expenses relating to renovations or alterations to an individual's dwelling. These expenses must be paid to enable the individual to gain access to the dwelling or be mobile or functional within it.
- Reasonable expenses relating to rehabilitative therapy, including training in lip reading or sign language, incurred to adjust for the patient's hearing or speech loss.

Non-Eligible Expenses

- non-prescription birth control devices
- Wigs, unless made to order for individuals who have suffered abnormal hair loss owing to disease, medical treatment or accident.
- maternity clothes
- athletic club memberships
- toothpaste
- scales for weighing food
- funeral, cremation or burials, cemetery plot, monument, mausoleum
- illegal operations, treatments or drugs illegally procured
- Payments to a municipality where the municipality employed a doctor to provide medical services to the residents.
- Medical expenses for which you are reimbursed or are entitled to be reimbursed.

WHEN AND HOW TO MAKE A CLAIM

Health Spending Account benefit is reimbursed to the employee. The employee must pay the provider of service, obtain an official paid in full receipt and complete a Health Spending Account claim form or, when a claim is for pay-direct drugs or dental services, submit the receipt or proof of billings to Medavie Blue Cross, indicating “pay the balance from my HSA” and sign each receipt or proof of billing. You may obtain claim forms from your employer or from Medavie Blue Cross.

The explanation of benefits, printed for employees after claim payment, indicates the amount of dollars paid under the health or dental program, the dollars paid under the HSA and the credit balance remaining.

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.

HEALTH INFORMATION

TERMINATION OF INSURANCE

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

- - the contract termination date,
- - the date you cease to be eligible due to death, 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.

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.

CONVERSION PRIVILEGE

If you should terminate your coverage, you may convert to an Individual Health plan currently issued by Blue Cross provided that application is made within 31 days following your date of termination. This conversion privilege is also available to the surviving spouse and/or dependents after the termination of the Survivor Benefit.

SURVIVOR BENEFIT

In the event of the employee's death, eligible dependents will continue to be covered for Health Benefits on a premium basis, however, coverage will end on the earliest of the following dates:

- the date that the surviving dependent ceases to qualify as a dependent under this contract;
- the date any similar coverage is obtained with respect to a covered dependent;
- upon the dependent spouse's attainment of age 65.

ADDITIONAL BENEFIT INFORMATION

ELIGIBLE EMPLOYEES

To be eligible for group benefits, you must be an employee who is a resident of Canada, covered under your provincial government plan. Coverage is effective on the date of retirement.

Employees may elect coverage, within 31 days of becoming eligible following the waiting period, by completing an application. Coverage is effective on the date of eligibility except when the application is made after the 31 day period.

ELIGIBLE DEPENDENTS

Dependents are defined as your legal spouse (as described below), and unmarried, unemployed dependent children including natural, legally adopted or step-children. Children of a common-law spouse may be covered if they are living with the employee. All dependents must be residents of Canada and be eligible for benefits 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), you 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 19 years of age or, if 19 years of age but less than 24 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

Unmarried, unemployed children 19 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 19. 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 24 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.

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.

PLAN MEMBER WEBSITE

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)

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@medavie.bluecross.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: 1-888-873-9200

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](https://twitter.com/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;
- one of our Quick Pay® locations;
- your group benefits administrator; or
- our Customer Information Contact Centre at the toll-free number listed above.

HOW TO SUBMIT A CLAIM

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 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 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);
- Visit a Quick Pay® location or mail your completed claim form to the nearest Blue Cross office. To find the Blue Cross office or Quick Pay location nearest you, visit our website at www.medaviebc.ca.